

FOUCAULT'S CRITICAL PSYCHIATRY AND THE SPIRIT OF THE
ENLIGHTENMENT: A HISTORICO - PHILOSOPHICAL STUDY OF
PSYCHIATRY AND ITS LIMITS

by Dr. John-Golfinos Iliopoulos

Phd

University College London

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I, Dr. John-Golfinos Iliopoulos confirm that the work presented in this thesis is my own.
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Abstract

My thesis revolves around three axes: the Foucauldian critical-historical method, its relationship with enlightenment critique and the way this critique is implemented in Foucault's seminal work, *History of Madness*. Foucault's exploration of the origins of psychiatry applies his own theories of power, truth and reason and draws on Kant's philosophy, shedding new light on the way we perceive the birth and development of psychiatric practice. Following Foucault's adoption of 'limit attitude', which investigates the limits of our thinking as points of disruption and renewal of established frames of reference, the thesis aims to dispel the widely accepted belief that psychiatry represents the triumph of rationalism by somehow conquering madness and turning it into an object of neutral, scientific perception. A history of limits examines the birth of psychiatry in its full complexity: in the late eighteenth century, doctors were not simply rationalists but also alienists, philosophers of finitude who recognized madness as an experience at the limits of reason, introducing a discourse which conditioned the formation of psychiatry as a type of medical activity. Since that event, the same type of recognition, the same anthropological confrontation with madness has persisted beneath the calm development of psychiatric rationality, undermining the supposed linearity, absolute authority and steady progress of psychiatric positivism. Foucault's critique foregrounds this anthropological problematic as indispensable for psychiatry, encouraging psychiatrists to become aware of the epistemological limitations of their practice, and also to review the ethical and political issues which madness introduces into the apparent neutrality of current psychiatric discourse.

TABLE OF CONTENTS

Introduction	4
1. WHAT IS ENLIGHTENMENT?	19
2. THE HISTORICAL CRITIQUE OF PHENOMENOLOGY	53
3. FOUCAULT'S EPISTEMOLOGY: SUBJECTIVITY, TRUTH, REASON AND THE HISTORY OF MADNESS	86
4 IS FOUCAULT AN ANTI-PSYCHIATRIST?	118
5. HYSTERIA AT THE LIMITS OF MEDICAL RATIONALITY	160
6. FOUCAULT AND PSYCHOANALYSIS: TRAVERSING THE ENLIGHTENMENT	200
Conclusion	242
Bibliography	251

Introduction

Michel Foucault's work has been widely represented as a challenge to the Enlightenment. The Enlightenment is generally characterized as a philosophical movement that places faith in rationality and progress. Foucault by contrast is regarded as a postmodern, anti-Enlightenment theorist whose lifelong preoccupation with power, knowledge and discourse is viewed as antithetical to reason and truth.¹ Foucault's seminal work, *History of Madness*, is considered to be a product of his anti-Enlightenment position, rendering him one of the main figures of anti-psychiatry. His views are widely accepted as an attack on the Enlightenment concern with reason, which supposedly produced the science of psychiatry by silencing what it considered as unreason. According to that commonly held assumption, Foucault undermines the oppressive character of reason and proposes a historical narrative based on power, knowledge and exclusion which refutes the Enlightenment project and questions the whole scientific edifice of modern psychiatry which still prevails in the west.

The present study offers a critique of this reading of Foucault, demonstrating how his theoretical approach does not oppose either the Enlightenment or psychiatry *tout court* but rather strives to foreground their susceptibility to renewal and transformation. Considering his work on Kantian critique and his historical methodology, we shall demonstrate that Foucault conceives the Enlightenment not as a teleological process of reaching scientific objectivity but as a critical attitude to the present moment as difference.² The *History of Madness* adheres to this Kantian understanding of the Enlightenment, offering a critique of the evolution of western psychiatry, tracing the ruptures and discontinuities that challenge the smooth and linear appearance of the progression of psychiatric knowledge. Our reading of that

text shows how Foucault's work does not oppose psychiatry, but unsettles its foundations, exposing its potential for being refounded on new terms.

Our analysis will not be restricted to an overview of the *History of Madness* based on Foucault's later essays on Kant and the Enlightenment. The existing French and Anglo-saxon literature on these topics is already abundant. The studies of Barry Smart, Frederic Gros, Thomas Osborne and Claire O' Farrell have offered a reevaluation of Foucault's relationship with Kant and the Enlightenment, dispelling previous categorizations of Foucault as an anti-Enlightenment, 'postmodern' relativist.³ Similarly, Todd May, Gary Gutting, Colin Gordon, Robert Castel and Nikolas Rose have reexamined the *History of Madness*, foregrounding its groundbreaking critical-historical method against the criticisms made by those historians and psychiatrists who attacked the book for its supposed lack of accuracy and its seemingly anti-psychiatric spirit.⁴ The influence of these seminal works on the debate on the Enlightenment, the theoretical implications of psychiatry and the domain of Foucault studies, has been immense. The aim of the present study, however, will not be to synthesize them, but to explore the possibility of using these works as background knowledge for a critical analysis of actual clinical topics. Thus, inspired by these valuable theoretical sources but also going beyond them, our study will focus less on the *History of Madness* itself and more on the whole spectrum of clinical reflections which Foucault himself conducted from his early analyses on Kantian anthropology and the critique of phenomenology prior to the *History of Madness*, to his sophisticated analyses of psychiatric topics as they appear in his recently published lectures, *Psychiatric Power* and *Abnormal*. These reflections complement the *History of Madness* and clarify earlier, unrefined themes of Foucault's critical thinking. In fact, it will be these reflections, along Foucault's reassessment of his own

oeuvre in his later interviews and articles that will serve as a lens through which Foucault's entire body of work will be reappraised, foregrounding a continuity between his earlier reflections on the birth of psychiatry, his general historical outlook and his detailed clinical observations. This continuity, however, will not constitute an artificial homogenization of Foucault's thinking, which is known for its inner tensions, its discontinuities and breaks; it will underscore Foucault's critical attitude as his 'one great thought';⁵ it will show how Foucault's anthropological exploration of rational forms subsists beneath the apparent contradictions of his work, connecting his diverse and multiple levels of analysis into a coherent critical approach both to the Enlightenment and to psychiatry.

While insisting on the uniformity of Foucault's thinking, however, we shall not attempt to present a general rational theory which will supposedly 'enlighten' psychiatrists. Neither shall we aim to provide a sociological analysis of psychiatric knowledge, to suggest more rational ways of exercising psychiatric power or to introduce therapeutic alternatives for clinicians.⁶ On the contrary, we shall illustrate that what psychiatrists have inherited from the Enlightenment is not the capacity to increase their rationality, but the possibility of its critique. The Enlightenment is not an emancipatory project promising the liberation of the psychiatric subject who asserts her rationality. On the contrary, it is a form of critical thought freeing the psychiatrist from the constraining effects which the excess of this rationality produces. The effect of Enlightenment critique is not to expand, refine or refute the domain of psychiatric knowledge, but to 'question the limits and powers it has abused'⁷ and to trace the weak points where the foundation of psychiatric rationality can appear most vulnerable to being overturned. This is not to imply an irrationalist method of approach but, on the contrary, a sceptical stance where psychiatric rationality

questions its own sovereignty and its claims to universality. It is a mode of examination of ‘a reason whose autonomy of structures carries with itself the history of dogmatisms and despotisms — a reason which, consequently, has the effect of emancipation only on the condition that it succeeds in freeing itself of itself.’⁸ As we shall emphasize throughout this study, it was the critical engagement of reason with itself which brought psychiatry as a discipline into existence, and it is the same conflict, the same battle which fuels current debates in psychiatry, bringing psychiatric rationality to its limit. It is this reflection on the limits of psychiatric rationality, this limit-attitude, which will guide our discussion and analysis of Foucault’s consistent involvement with all the major issues preoccupying psychiatry today — anthropology, phenomenology, epistemology, anti-psychiatry, simulation and psychoanalysis. Enlightenment critique, we shall argue, can place the mental health worker in a position to challenge not only the psychiatric institution but more generally the rational framework of the society in which she functions. Through the critical attitude, the psychiatrist can become a diagnostician, not only of her patients’ pathology, but also of her present reality inside and beyond the psychiatric institution.

Chapter 1 outlines Foucault’s critical approach. Foucault dismisses from the outset the supposed centrality of reason in the rejection of tradition, authority and prejudice that the Enlightenment allegedly advanced. He rather considers the Enlightenment as an investigation of the nature of reason, its function and its boundaries. Foucault shows how reason has both a technical and a reflective side, it constitutes both the foundation of knowledge and its limit, both the principle of the empirical investigation of man and the border of human cognition. Kant had already demonstrated this basic duality, this fundamental bifurcation of reason to which philosophy as critique must be attentive. Foucault, however, does not consider this

bifurcation as timeless and universal, belonging to a transcendental consciousness, as phenomenology and the Frankfurt School would have it.⁹ He adds another dimension to reason: history. There are specific historical moments when reason bifurcates and engages in a conflict with itself, generating breaks, ruptures and discontinuities. Such a rupture occurred in the late eighteenth century, when an internal splitting of reason gave birth to the sciences of man. Critique locates precisely this split, this conflictual relationship between reason's foundational and critical role which constituted the founding instance of psychiatry in the late eighteenth century.

Foucault therefore dismantles the misleading association of the birth of psychiatry with the supposed sovereignty of scientific rationality and the dawn of the Enlightenment. It was not because rationality reached a certain level of maturity that psychiatry was able to constitute itself as an institution and an organized body of knowledge. Late eighteenth century rationality was not more advanced or more progressive than others. Like all forms of rationality in the west, it formed the framework for the exercise of power, the management of individuals and the production of knowledge. What was unique in its application was that it established a norm. As a particular way of governing individuals and administering justice on the basis of rationality rather than the monarch, the territory or the state, it sought ways of establishing rational definitions of normality. At that point an important bifurcation took place: medicine was called upon to provide rational knowledge that would legitimize scientifically the norm, the rationally acceptable modes of government connected to it, and the correct application of the laws to which this norm was bound. This knowledge, however, could only be produced with reference to those who escaped the norm, and whose irrationality had to be spotted, isolated and excluded, in order to be restored to normality. Breaking with all previous rational knowledge

concerning the mentally disordered, the doctors of the time focused on the limits of cognition to account for what it was in those individuals that was totally foreign and inassimilable to reason. Those specialists were now called alienists and their medical undertaking was not only rational but also reasonable, it was an endeavour which was quasi-scientific and quasi-philosophical, consistent with Kantian anthropology and the postulate of the gap between the domain of reason and its limits, between the empirical determinations of man and his finitude. Proto-psychiatry was therefore a discourse of otherness which did not yet constitute a medical specialism, but resembled medicine only by analogy, which is why it survived only until the middle of the nineteenth century. It was from that historical point that a new form of rationality sought to insert a strictly medical methodology into this conceptual enterprise so as to achieve continuity and isomorphism with medical practice. Alienism gave way to psychiatry as we know it today, positivism prevailed and insanity was replaced by mental illness. The anthropological dilemma between reason and madness was replaced by a spectrum of diseases; phenomenology, psychology and biology offered an objective and aetiological grip on nosological entities previously regarded as philosophical concepts under alienism. Foucault's critique amounts to locating those occasions in the history of psychiatry where the anthropological problematic returns, not because of some metaphysical necessity, but because there is an indispensable core of alienism in the heart of psychiatric practice, an ineluctable opposition between madness and reason which surfaces at the weak points of the all-encompassing rationality of psychiatric positivism bringing about radical transformations and reversals.

In chapter 2 we move on to a deeper discussion of Foucault's critical approach, starting with its relationship with phenomenology, which, apart from being Foucault's

initial source of inspiration, constitutes the theoretical basis of modern psychiatry. As Foucault had demonstrated in his studies on Binswager and the phenomenologists prior to the *History of Madness*, phenomenology offers a rigorous description of lived experience, seeking to grasp its inherent meaning. It considers, however, this meaning as timeless and universal, reducible to a transcendental subject. Foucault on the other hand, looks for the construction of meaning through collective practices which generate a shared experience of rationality. This collective rational framework defines as irrational anything which falls outside its grasp, anything that is foreign to it. In order for this division to take place, in order for an irrational experience to be organized as a field of collective rational perception and an object of medical knowledge, and in order for this knowledge to be systematized and institutionalized, a regime of truth is required. This regime of truth is psychiatric diagnosis; psychiatric diagnosis organizes the political, juridical and administrative criteria for the selection and isolation of subjects as mad. Diagnosis demarcates the limits of meaning, it decides which experiences belong to the realm of the nonsensical and must be sequestered involuntarily or judged legally irresponsible. Truth is not inherent to human perception, as phenomenology claims, and diagnosis is not a system of classifying forms of lived experience susceptible to understanding. For Foucault, diagnostic truth is a discursive practice which first and foremost distinguishes those types of lived experience which can be recognized as rational by a specific form of medical perception, and those limit experiences which elude its grasp. Psychiatry was therefore born on the basis of a dual diagnosis of both reason and insanity, an arbitrary but nonetheless real division which made possible the organization of all subsequent psychopathology of lived experience.

The primacy of diagnostic truth over lived experience underlines the central importance of epistemology in Foucault's critique. In chapter 3 we focus on Foucault's approach to epistemology which is sceptical, to the extent that he does not consider the psychiatrist as a scientifically neutral subject, a phenomenologist performing strictly descriptive medical acts. His scepticism does not imply that the psychiatrist lacks validity but that the very act of diagnosing between reason and madness has deep political and ethical effects. Diagnosis is a political intervention; it is not merely a way of classifying diseases, but a scientific response to the political concerns of the society in which the psychiatrist lives, and which entitle her to legitimate administrative policies and judicial decisions with reference to madness. Diagnosis is also an ethical act. It is a truth regime which permits whole bodies of medical knowledge to define normality, setting up ways of constructing pedagogy, morality and ethics on the basis of the division normality/abnormality. Foucault, however, is not an anti-psychiatrist, portraying the psychiatrist as an oppressive figure using her knowledge as a mask for her coercive role as a political and normalizing authority. On the contrary, Enlightenment epistemology shows that if the influence of the psychiatrist is profoundly political and ethical, then her decisions can have subversive rather than oppressive effects. In today's biological and normalizing psychiatric practice which denies otherness and strives to insert strict objectivity into psychiatric discourse, there are occasions when diagnosing madness disrupts the positivist grip, thereby raising political issues for magistrates, drawing new diagnostic divisions for psychiatrists and suggesting alternative ways of conceiving normality. This is most evident in events in the history of psychiatry such as the dangerous individual of forensic psychiatry and the phenomenon of hysteria of the late nineteenth century, which we examine in chapters 4 and 5.

In chapter 4 our analysis becomes more ‘clinical’, to illustrate more clearly Foucault’s approach as we have described it so far. Using his reflections in his lectures at the Collège de France, we attempt to offer an interpretation of actual clinical practice through the prism of theoretical concepts which Foucault himself masterfully combined with his penetrating clinical insight. Thus, drawing mostly on his lectures entitled *Abnormal*, in this chapter we focus on the political implications of psychiatric diagnosis, stressing the clear distinction and opposition between critical psychiatry and anti-psychiatry. Anti-psychiatry considers the division of sanity and madness as a given fact, arguing that psychiatry is essentially a political force which labels, misdiagnoses and forcibly deprives the mad of their freedom by incarcerating them and imposing arbitrary models of normality on them. Foucault follows the opposite line of reasoning: it was the involvement of psychiatry in political and juridical disputes which gave birth to the category ‘madness.’ The mad as abnormal individuals endowed with rights emerged as a result of psychiatric diagnosis which, in the years of alienism, had not identified the insane as a political category or a subspecies of criminality punishable by forced hospitalization. On the contrary, proto-psychiatric diagnosis had carefully selected the mad and isolated them so as to avoid the confusion between delinquency and insanity, punishment and treatment. It was later, in the late nineteenth century, and more extensively in the twentieth, that the mad were inserted, under a security orientated form of rationality, into the dubious clinical category of ‘dangerousness’, causing psychiatric diagnosis to lose its rigour and become an instrument of punitive power. While anti-psychiatry overlooks this historical transformation attributing the blurring between crime and illness to the pseudo-scientific status of psychiatry, Foucault judges this development as the regressive effect of a new political situation rather than an intrinsic defect of

psychiatric knowledge. He does, however, see in this regression strong potential for renewal, insofar as the weakened epistemological position of the psychiatrist in the face of the danger of madness becomes a blind spot for political power. The monstrosity of madness is a singularity beyond the reach of our current security orientated rationality. The human monster resists medicalization, it defies ideological categories and is irreducible to unified and totalizing discourses of rights or liberation. Monstrosity poses a challenge to the psychiatric institution, to the courts and to the field of social work, where experts confront the fear that it provokes, the danger that it generates, and the political and social questions that it raises.

In chapter 5 our analysis shifts to the epistemological problematic of psychiatric discourse and its implications for the construction of a new ethics of truth. Psychiatric knowledge since the nineteenth century has sought to dispense with the duality of diagnosis, the basic dilemma madness/non-madness. In order to establish an objective model of normality and the recognition of the abnormal as mentally ill, it has adopted a model of truth based on a continuum between sameness and otherness, a limitless field of differentiation of diseases where every illness is made intelligible according to a common unit of measurement. Central to this effort is the medicalization of the elusive body of the insane through the discourse of pathological anatomy and neurology. Biology, neurology and instinct have formed the positivism of psychiatry, the model whereby psychiatric power penetrates the body of the insane, controls and categorises it in order to define it objectively as abnormal. This effort, however, confronts dead ends and contradictions. Here Foucault foregrounds simulation as the greatest epistemological obstacle impeding the linear progressive march of psychiatric positivism toward absolute objectivity. Simulation, the phenomenon of malingering which confuses the distinction between authentic and

inauthentic illness, is a fundamental difficulty which psychiatric knowledge has not been able to overcome, despite its efforts to eliminate it through elaborate etiological theories and statistical measurements which aspire to uncover illness in its bodily depth. Contrary to the anti-psychiatrists for whom simulation is proof that psychiatry is methodologically inadequate to reach an acceptable level of medical sophistication, for Foucault simulation is a critical phenomenon reintroducing the duality of diagnosis which positivist psychiatry tries to obfuscate. In his lectures, *Psychiatric Power*, Foucault studies simulation closely, and analyses hysteria as a special case of counterfeit illness which introduced alienism for the first time into the heart of psychiatric positivism. Hysteria appeared in the nineteenth century as a limit case which inserted itself neatly into the truth regime of neurology, affirming it diagnostically but with no recognizable anatomical localization. Charcot successfully used hysteria as an argument against simulation, he could not however assign it to a pathological seat and was obliged to demonstrate its presence through hypnosis and the dramatic presentation of its symptomatology. Through conformity and suggestibility, the hysterics turned Charcot into an alienist who abandoned his demonstrative neurological model and staged diagnostic truth in a theatrical and ritualistic way. The hysterics were no longer recognized as mad subjects and were discharged from the asylum as patients with real neurological disorders caused by psychological factors. They stood at the limits between the normal and the pathological, between sanity and madness, bodily ascription and psychological attribution. The hysterics marked a new era for psychiatry, the turning point after which psychiatric truth would have to reconsider its standards for the definition of normality, and the functioning of its institutions. After hysteria, neurology lost its

authority, madness was problematized again and Freudian psychoanalysis came on to the scene.

In the sixth and final chapter, we deal with Foucault's relationship with psychoanalysis. Psychoanalysis, Foucault shows, is part of the legacy of the Enlightenment to the extent that it is in itself a form of alienism. From his early writings Foucault had already identified psychoanalysis as a counter-science insofar as it posits human finitude as the point of reference for any subsequent research. The Freudian unconscious — and the Lacanian Real — thematize the irrational part of the psyche as the starting point and limit of the diagnostic process. The demonstrative power of the psychiatrist, psychoanalysis argues, always stumbles against man's negativity — his internal madness. In psychoanalysis, therefore, there is a critical split which is an inherent part of its diagnostic truth. This split, however, although thoroughly Kantian and anthropological, lacks historical perspective. For Foucault diagnostic splits do not come about spontaneously. They constitute critical moments in history resulting from the dynamic interaction, strategic opposition and conflict between those involved in the production of diagnostic truth — doctors, magistrates, patients. This was the case, as we show in chapters 4 and 5, with the forensic expert who tackles monsters instead of mentally ill subjects, and with Charcot who confronted the madness of the hysterics from within his objective neurological method. Psychoanalysis on the other hand, tries to reconcile and de-historicize this opposition, and submit it to the specific doctor-patient relationship. The figure of the analyst artificially produces the diagnostic rupture not in order to test and question madness, but to provoke its irruption in the form of crisis. This crisis is controlled and sustained by the authority of the doctor and can never trap her power, overturn it or question it. For Foucault, however, a crisis is a singular, subversive event, which puts the psychiatric institution

in check, otherwise it simply renews psychiatric rationality. This is why for Foucault psychoanalysis can have a critical value only if it is detached from its power effects as an institutionalized knowledge. As a challenge to the reality of the psychiatric institution and the power of the psychiatrist, and not as an authoritative power, psychoanalysis can inspire local struggles, stimulate crisis and debate and reveal contemporary forms of alienism as eventual sites of Enlightenment critique.

Thus the notion of alienism is a central idea of the present thesis. It encapsulates the common ground of psychiatric practice and Enlightenment critique and their shared field of application. Asserting the presence of alienism inside psychiatric discourse, however, does not amount to a nostalgic return to the supposedly ‘enlightened’ days of proto-psychiatry of the late eighteenth century. It does not suggest that psychiatry was closer to its truth and its essence at the moment of its birth. As Foucault would put it, ‘only a metaphysician would seek its soul in the distant ideality of the origin.’¹⁰ Historical analysis shows — and this will be a constant theme throughout our study — that as a discourse of limits, and therefore as a form of diagnostic truth consistent with the spirit of the Enlightenment, alienism does not refer to a project or a specific historical epoch, but to a scientific but also historico-philosophical reflection on the limits of psychiatric knowledge. Alienism is not an epistemological endeavour laying down methodological guidelines or invalidating the objective value of psychiatric truth, but a theory and practice taking into account the logical limitations which reason itself imposes on psychiatric knowledge. This is why alienism is not one scientific method among others, but a singular medical practice containing its own critique. It brings back today the question of the essential correlation between medical, historical and philosophical truth, at a time when scientific positivism proclaims their strict separation and

incommensurability. This fundamental correlation, marginalized by the dominant forms of western medical rationality, had been problematized not only by the philosophers and the proto-psychiatrists of the late eighteenth century, but also by their precursors of ancient Greek medicine who, from Plato and Hippocrates to the Stoics and Plutarch, had postulated the close kinship between medicine and philosophy as parts of a single region (*mia khōra*) where reason, *logos*, creates both the possibility for the exacting method of scientific observation and the conditions of its impossibility.¹¹

Notes and References

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3 See Barry Smart, *Foucault, Marxism and Critique* (London: Routledge, 1983), Frederic Gros, *Foucault: Le Courage de la Vérité* (Presses Universitaires de France, 2002), Thomas Osborne, *Aspects of the Enlightenment* (London: UCL Press, 1998), Claire O' Farrell, *Foucault: Historian or Philosopher?* (New York: St Martin's Press, 1989).

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5 I am alluding to Heidegger's famous dictum 'every great thinker has on great thought.' See Martin Heidegger, *Nietzsche: The Eternal Recurrence of the Same, vol. 3 and 4*, trans. by David Farrell Krell (San Francisco: Harper & Row, 1987), p. 4.

6 See for example, Dwight Fee, *Pathology and the Postmodern: Mental Illness as Discourse and Experience* (London: Sage Publications Ltd, 1999), Gillian Proctor, *The Dynamics of Power in Counselling and Psychotherapy: Ethics, Politics and Practice* (Herefordshire: PCCS Books, 2002), Gerald D. Monk, John Winslade, Kathie Crocket and David Epston, *Narrative Therapy in Practice: The Archeology of Hope* (New York: John Wiley & Sons, 1996), Catrina Brown and Tod Augusta-Scott, *Narrative Therapy: Making Meaning, Making Lives* (London: Sage Publications, 2006), Helen O'Grady, *Woman's Relationship With Herself: Gender, Foucault and Therapy* (London: Routledge, 2004).

7 Foucault, 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, trans. by Carolyn R. Fawcett (New York: Zone Books, 1991), p. 12.

8 Ibid., p. 12.

9 Foucault, 'Adorno, Horkheimer, and Marcuse: Who is a 'Negator of History?', in *Remarks on Marx*, trans. by R. James Goldstein and James Cascaito (New York: Semiotext (e), Foreign Agents, 1991b). Barry Smart contrasts succinctly Foucault to the Frankfurt School in his *Michel Foucault (Key Sociologists)* (London: Routledge, 2002), p. 138.

10 Foucault, 'Nietzsche, Genealogy, History,' in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London: Penguin Books, 1998), p. 373.

11 Foucault, *The Hermeneutics of the Subject: lectures at the Collège de France, 1981-1982*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2005b), p. 97-100.

CHAPTER 1

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

Our 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. We shall 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. We shall argue 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 interaction 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. We shall argue 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 our study. In this chapter we shall provide 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. It is our contention that his study of madness can be understood primarily as a study of the irreducible tension between reason and rationality.

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 and paradoxes. For Foucault, on the other hand, 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.¹⁷ The enlightenment is not a rational project but a '*limit-attitude*'¹⁸ 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 our 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.'¹⁹ 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.'²⁰ 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.²¹ 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.'²²

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.²³ 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.'²⁴ 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.²⁵ 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.²⁶ 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.²⁷ 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

After foregrounding the importance of the *Critiques* for the understanding of the epistemological aspect of the Enlightenment, Foucault turned his attention to Kant's anthropology. The 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. This is why on several occasions Foucault emphasizes the fact that Kant's anthropological project cannot be separated from the three Critiques: '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.'²⁸ With his study of the *Anthropology*, Foucault inaugurated his lifelong project of a historical exploration of the human sciences from the point of view of enlightenment critique. It constituted his 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.’²⁹ 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.³⁰

Kant’s problematic in the *Anthropology*, already in the spirit of his *Critique*, was centered around the long standing tension between psychology and philosophy. He was concerned with the growing 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.’³¹ 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, an *aporia*: 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.’³² 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.’³³ 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.’³⁴ This was precisely the method of the first psychiatrists of the late eighteenth century who actually inspired Kant, as we shall see in the following chapter, to construct his anthropology. These

proto-psychiatrists created psychiatry as a discipline by referring rational psychology to its limits. 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 disintegration 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.'³⁵ Theirs was not a rational psychological project investigating the soul, but a reasonable reflection on a radical alterity. It was their 'tragic confrontation with madness' which broke with all previous psychology and medical theories concerning mental disorder, demonstrating for the first time in western history that 'psychology can never tell the truth about madness because it is madness that holds the truth of psychology.'³⁶

The Perils of Anthropology

Anthropology is therefore a groundbreaking system which lies in the heart of the Enlightenment and the roots of western psychiatry. It is not, however, identical with Enlightenment critique. Although anthropology understands reason as offering a barrier against the excesses of rational psychology, it can seek to sublate reason and rationality or end up confusing them. While Kant, as we have shown, ingeniously

demarcated the boundaries of knowledge in terms of its source, its domain and its limit, his description does not exclude by definition the possibility of reason acting simultaneously both as the source and the limit of knowledge, as practical reason (rationality) and pure reason. It leaves open the possibility of a transition, a pendulum between the *a priori* and the fundamental in a dialectical process where rationality and reason exchange roles. Already in his *Anthropology*, Kant had hoped to reconcile the two heterogeneous dimensions of the transcendental and the empirical, of the realm of understanding and the limit of reason, which he had analysed in his *Critique*. He had attempted to bridge the gap between these dimensions in his efforts to construct a unified theory of the subject, causing western thought to slip into an anthropological slumber equally dangerous to the psychological illusion.³⁷ The human sciences since the early nineteenth century have constantly attempted to fulfill this ambition by producing ‘surreptitiously and in advance, the confusion of the empirical and the transcendental, even though Kant had demonstrated the division between them.’³⁸ 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 gradually regressed into psychologism 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 the anthropological illusion became dominant.

We can now see why, in a single movement, characteristic of the thinking of our time, all knowledge of man is presented as either dialectized from the start or fully dialectizable — as always invested with a meaning which has to do with the return to the origin, to the authentic, to the founding activity, to the reason why there is meaning in the world. We can also see why all philosophy presents itself as capable of communicating directly with the sciences of man or empirical studies of man without having to take a detour through a critique, an epistemology, or a theory of knowledge.³⁹

In the *History of Madness* Foucault concludes with the chapter ‘The Anthropological Circle,’⁴⁰ where he shows how, in the nineteenth century, anthropology, using the methodology of dialectics ceased to reflect on the *a priori* of reason and interpreted madness no longer as a limit experience reflected upon by reason, but as the mere opposite of rationality that could be studied empirically. Its efforts focused on the reduction of rationality to a subject-consciousness that could presumably reveal the inner truth of madness. This reduction, for Foucault, 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.

It is for this reason that the anthropology will serve as the anchoring point of enlightenment critique, but it will not be Foucault’s last word. Critique must dispel the illusions of anthropology. As Foucault notes, it must break ‘free of anthropology, by turning against it, and, in so doing, by grounding it.’⁴¹ 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.’⁴² Thus, like other critical theorists,

Foucault will be a consistent critic of positivism and psychologism which currently renew and sustain the anthropological illusion behind the appearance of objectivity and scientific progress. Crucially, however, he will place particular emphasis on the inherent dangers of certain theories which, despite their critical tenor, risk re-enacting the anthropological illusion.

Foucault frequently comes up against, as we shall show, the Frankfurt school and phenomenology, both of which have had a profound effect on psychiatric practice throughout the twentieth century with their influential Marxist, liberal or humanist types of critique, without, however, escaping the dialectical interpretation of Kant. 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.⁴³ 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.⁴⁴ According to the critique of psychology that these two schools of thought offer, reason has the duty to liberate the truth of madness and grasp its deeper meaning by questioning the dominating scientific apparatuses and mechanisms of coercion which obscure it. Both

humanism and phenomenology have taken anthropological consciousness for granted and reproduced it by claiming to organize the criteria capable of freeing it from the oppressive mechanisms which cloud it, violate it and prevent it from uncovering madness in its truth.⁴⁵ They have ‘dialectized’ the anthropology, transforming it into a positive field supposedly freed from external constraints. This is why phenomenology and humanism have either promoted the positivism of psychiatry, or criticized it in the form of anti-psychiatric discourse, which does not overcome but merely repeats and reinforces psychiatric rationality and anthropological thinking.⁴⁶

Foucault radically opposes Husserl and the Frankfurt School and stresses the need to avoid a normative view of reason and to resist its reduction to a form of positivity, if critical thought is to be reinstated in anthropology. ‘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.’⁴⁷ Not only positivism, but also 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 it is precisely the notion that rationality is a distortion of reason which undermines the anthropology. 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.⁴⁸ Foucault saw and spotted multiple transformations of rationality in his historical analyses, but ‘should one call that the demise of reason?’⁴⁹ 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. In its critical function, reason does not to reveal itself in its pure and unadulterated state and it does not offer access to the truth of madness, but merely indicates its presence at the borders of possible experience.⁵⁰ This is why phenomenology and humanist psychology have failed to escape the forms of rationality that they criticize, slipping easily into the dogmatism of psychologism. Phenomenological anthropology is deeply flawed in its suspicion toward irrational elements examined by psychiatry. As critique shows, it is reason itself which foregrounds irrational experiences as indispensable for the human sciences.⁵¹ Similarly, humanist anthropology is also 'in tension' with the spirit of critique insofar as it seeks to use reason in order to liberate the inalienable essence of man, whereas critical anthropology does exactly the opposite: in it reason alienates man from himself, establishing a relationship with alterity which brings about a radical break with his constituted truths, moving 'towards something radically Other.'⁵² What the anthropological endeavour in its critical form discovers is not human nature but a relation with something completely other, inhuman. That discovery calls for 'the destruction of psychology itself and the discovery of that essential, non-psychological because nonmemorable relation that is the relation between Reason and Unreason.'⁵³

The History of Rationality and the History of Truth

What is required, therefore, is a methodology that will free anthropology from the burden of dialectics. It is through historical research that Foucault will seek to dismantle these limitations intrinsic to the anthropological project. He will pursue a type of analysis that will avoid the false duality between rationality and reason and their dialectical opposition. This analysis will refute the humanist 'bifurcation of reason' generating ambiguities and contradictions.⁵⁴ It will indicate the limitations of phenomenology which lay in reducing rationality and reason to a transcendental subject which remains unchanged and stable through time. Historical research will foreground *forms* of rationality rather than 'rationality' in general and will explore the conditions under which these forms will establish different relationships with finitude and the problem of otherness throughout history. Crucially, historical investigation will uncover a field, a middle term, where rationality and reason dynamically interact and where their tension, rather than reconciliation, becomes more pronounced. This field, historical itself, is to be found inside the domain of knowledge, in the space at once conditioned by rationality and limited by reason. This field is truth.

Thus Foucault turns to the history of science which, through the work of Cavaillés, Bachelard and Canguilhem, foregrounded the epistemological question of the Enlightenment,⁵⁵ offering a way of analysing the critical interaction between rationality and reason, without the peril of dialectics. Rationality, the historical approach of these thinkers has helped to show, does not belong to a transcendental, atemporal and universal subject as Kant, Marcuse or Husserl would have it, but acquires historical forms which stem from specific practices and determine collective activities pertaining to knowledge and science. Forms of rationality are not global and

universal but local, specific and culture bound; they set the historical context for the problematization of experiences beyond reason, by marking out the logical space in which irrationality can become a problem and an area of perception. Thus, it was a collective form of rationality which made the anthropology of the eighteenth century possible, not its spontaneous thematization by specific thinkers. Anthropology itself was the product of historical contingencies. Kant's *coup de force* was not that he invented finitude, but that he managed to theorize and philosophise about an alien field of experience which had already been turned into an object of discussion and debate through social practices, juridical and institutional transformations. Madness was not the result of an oppressive rationality, nor an accident or a chance event in the history of scientific rationality. It was the concrete effect of a particular mode of rationality which incited reactions, induced discourses and raised concern in previously silent behaviours, practices and institutions which were now organized around something that could be called madness.

Shall we investigate this kind of rationalism which seems to be specific to our modern culture and which originates in Enlightenment? I think that was the approach of some of the members of the Frankfurt School [...] It may be wise not to take as a whole the rationalization of society or of culture but to analyse such a process in several fields, each with reference to a fundamental experience: madness, illness, death, crime, sexuality and so forth. I think that the word 'rationalization' is dangerous. What we have to do is analyse specific rationalities rather than always invoking the progress of rationalization in general.⁵⁶

Rationality is not prohibiting and oppressive, but productive. As the historians of science have shown, forms of rationality do not produce the objective truth of madness for a stable and unchanging knowing subject, but the conditions of truth under which the historical construction of the anthropological consciousness capable of conceiving madness became possible. Truth is neither an objective, ontological quality of madness as humanism and positivism assert, nor a property of the

consciousness which studies it, as the phenomenologists claim. It is not transcendental, total and all encompassing, but emerges through relations, and is local and differential. It is the mediating factor which makes possible the exclusion of madness by the rational consciousness which contemplates it. Truth is political through and through:

And then, you know all too well, that they've made me into the melancholy historian of prohibitions and repressive power, someone who recounts history according to two categories: insanity and its incarceration, anomaly and its exclusion, delinquency and its imprisonment. But my problem has always been on the side of another category: truth. How did power unfolding in insanity produce psychiatry's 'true' discourse? [...] I don't want to write the sociological history of prohibition but rather the political history of a production of 'truth.'⁵⁷

Foucault views truth as the middle term between rationality and reason, the locus of their interaction and opposition. That is why he does not deny it or relativise it in a 'postmodern' way, but, on the contrary, he insists on the clarification of its nature and its political significance. Foucault's method explores the true and false statements which condition what falls within the parameters of rationality and what eludes it. Forms of rationality do not impose a distorted perception of reality and a one-sided version of truth. In the history of the west, they have relied on demonstrability and validity, and the most rigorous description of reality possible. They promote truth claims free of moral, political or social prejudices. This is why these truth claims, and more specifically the 'true or false formulation (how it determines a domain of objects about which it is possible to articulate true or false propositions),'⁵⁸ are powerful on account of their capability of being generally accepted as accurate. While a truth claim which purports to distinguish between truth and falsity is always subject to rules which derive from social contingencies and specific forms of rationality, on the level of propositions 'the division between the true and the false is neither arbitrary nor

modifiable nor institutional nor violent.’⁵⁹ This is precisely the reason why a rigorous distinction between truth and falsity has the power of general acceptability and universal validity. It is this division that founds knowledge and supports a form of rationality by providing it with unquestionable legitimacy. Foucault aims to show that all discursive and non-discursive practices are reduced to the division between true and false claims. Bringing Nietzsche to the stage, Foucault calls this the ‘will to truth.’⁶⁰ This will to truth ‘constantly grows stronger, deeper, and more implacable.’⁶¹ The will to truth does not imply that epistemology (theories of knowledge, truth and certainty) contains irrational elements that need to be excavated and ruled out. It shows instead how human practices turn into an epistemological problem. Foucault’s Nietzschean question is very important historically and critically: ‘How did it come about that all Western culture began to revolve around this obligation of truth that has taken a lot of different forms?’⁶² There is no pre-given object such as madness that can be discovered and analysed in its truth. It was the will to truth, the obligation of telling the truth, which established a collective relationship with finitude and alterity — thus making the anthropology possible — by constructing madness as an object that could be understood medically, within a specific framework of true and false formulations that could fit into a medical model. This truth obligation presents itself in the form of clearly formulated types of discourse which Foucault calls ‘regimes of truth’ or ‘regimes of veridiction’:

Undertaking the history of regimes of veridiction — and not the history of truth, the history of error, or the history of ideology, etcetera — obviously means abandoning once again that well-known critique of European rationality and its excesses, which has been constantly taken up in various forms since the beginning of the nineteenth century. From romanticism to the Frankfurt School, what has always been called into question and challenged has been rationality with the weight of power supposedly peculiar to it [...] the problem is to bring to light the conditions that had to be met for it to be possible to hold a discourse on madness — but the same would hold for

delinquency and for sex — that can be true or false according to the rules of medicine, say, or of confession, psychology, or psychoanalysis.⁶³

Through the justification of propositions that can be tested as to their truth or falsity, regimes of veridiction provide legitimacy and scientific appropriation of irrationality. They produce, sustain and sanction prohibitions, systems of exclusion, but also mechanisms of production and liberation inside practices. The most important regime of truth of psychiatry (and of medicine in general) is diagnosis. Forms of rationality in psychiatric institutions rely on diagnosis to regulate their source allocations, organize areas of research, and arrange spaces in hospitals. Diagnosis as a tool of differentiation between true and false, authentic and inauthentic illness, not only determines the explanatory framework for mental disorders, but also promotes and justifies the goals of mental health policy, and supports the role of the institution in the field of public hygiene, research funding and medicolegal practice. Foucault will explore the diagnostic problematic of each period since the classical age, to show its role as mechanism of power for psychiatric rationality. In his *History of Madness* he will describe the conditions under which individuals diagnosed as outsiders in relation to the norms, rules and laws of society were excluded in the late eighteenth century. This exclusion gave rise to a novel distinction in the west, that between reason and its Other (madness), giving birth to alienism and the Enlightenment anthropological project. It was this distinction which established a basic dichotomy between the same and the other which has determined the fate of western psychiatry ever since.

Diagnosis is not an ideological construct, a system of untruth which sanctions false distinctions in order to exclude, oppress and exert violence.⁶⁴ It is a discourse of truth production on which a form of rationality depends in order to function. Every discipline, every domain of knowledge relies on a diagnostic truth regime which

sustains power by providing ‘the mechanisms and instances that enable one to distinguish true and false statements; the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.’⁶⁵ A form of rationality does not rest on the interplay between reality and false interpretations of it, but it is through the production of true statements that it is imposed, reproduced and transformed, and through which it relates to experiences which escape it. Rationality sets the rules for the separation between true and false statements and at the same time specific effects of power are attached to the true. There is a circular relation between truth and systems of power that produce and sustain it, and the effects of power which it induces and which extend it. It is the mutual support between a specific form of rationality and its truth effects which has created the anthropological slumber from which the human sciences have yet to emerge, reproducing the confusion between rationality and reason, science and ideology.

The Will to Illusion as Critique

Critique, therefore, does not amount to questioning the irrational rationality of science, the ideological contents supposedly linked to science, or to ensuring that a scientific practice is accompanied by a correct ideology or founded on ‘pure reason.’ It aims at challenging the political, economic, and institutional regime of the production of truth. As much as it is the power that consolidates and stabilizes a form of rationality, truth can simultaneously be its point of weakness. Truth, the division between truth and falsity, is a system of differentiation, a set of distinctions and a type of qualitative knowledge. Therefore, it is not a substance or an entity one can claim to

possess. It is an empty, unoccupied space, a void where only relations exist. 'Truth would be always present and yet never given,' Foucault says.⁶⁶ Truth consists of a set of strategies and rules that make up the game of distinctions and discernments. Power and rationality can undergo modifications and reversals when these rules and strategies change.

It is at this point, in this empty space of truth that reason can begin questioning and unsettling rationality. Reason can never be found in its pure state, but only in a position of limitation *vis-à-vis* an established regime of truth. The role of reason is subversive because it is the only faculty which can question truth and consider falsity. Here falsity, error, does not imply the opposite of truth, but illusion. This 'will to illusion', as Nietzsche would say,⁶⁷ does not undermine the critique of the Enlightenment but, on the contrary, constitutes its essential component; it is a necessary limit, a perverse but also indispensable hypothesis that exposes the false pretensions of rationality and the traps of power. For Foucault, it is crucial for any reflection on man's freedom and an ethical relationship with himself:

I think Kant's insistence on showing that the condition of tutelage is due only to man himself, echoes and corresponds, as if in empirical terms, to what critique tried to analyse when instead of seeking to refute errors which are transmitted, inculcated, and believed, it undertook to demonstrate how and for what reasons the illusions we produce may be necessary.⁶⁸

Illusion is not the refutation of a content of knowledge; it is not a mere revival of Kant's transcendental illusion which looks for the occasions when the application of the principles of the understanding goes beyond the limits of experience.⁶⁹ It does not, therefore, amount to erecting epistemological obstacles. It implies the self-deluding idea that rationality and knowledge have reached an endpoint.⁷⁰ As we shall show in the present study, Foucault will demonstrate how the construction of the diagnostic

model of truth of the alienists was followed by truth regimes which sought to eliminate otherness and establish a true/false division based on abnormality. These medical regimes of truth have transformed anthropology into a dialectical enterprise of naturalism and strict empiricism, aspiring to fix psychiatry on solid medical principles. Restoring critique in the heart of the anthropological project, reason will dismantle these positivist pretensions of psychiatry, reinstating alienism and the discourse of the anthropology which can in fact 'speak only the language of limit and negativity.'⁷¹ Critique will demonstrate that by installing medical truth and falsity inside its diagnostic apparatus, psychiatry will harbour the illusion that it has dispensed entirely with the alterity of madness, while in fact there are occasions when it is alterity itself which secretly controls the diagnostic regime. Monstrosity, hysteria and other forms of mental illness will arise from the limits of the diagnostic field as agents of a lost alterity who have the potential to set the game of truth and falsity *against* the psychiatric rationality that aspires to integrate and incorporate them. These unmarked terms, these blind spots of the psychiatric diagnostic system, will not finally reveal the truth of madness; on the contrary, making the diagnostic game more complex and enigmatic, they will defamiliarize psychiatry's deep seated rationality, and derealize its constituted practices and objects of knowledge, such as mental illness.⁷²

With its attentiveness to these limit cases where finitude emerges once again as the condition of impossibility for psychiatric rationality, reason and its critical enterprise can create zones of resistance through a permanent questioning of the 'relationships between structures of rationality which articulate true discourse and the mechanisms of subjugation which are linked to it.'⁷³ Inasmuch as specific agents of rationality exert power through the imposition of valid distinctions pertaining to truth,

reason is an instrument of those who resist through the power of illusion. With illusion and simulation, reason works around the truth in order to delimit its field of possible application, and to illustrate the restrictions in the production of truthful discourse when rationality reaches its limits: ‘critique is the movement by which the subject gives himself the right to question truth on its effects of power and question power on its discourses of truth.’⁷⁴

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.’⁷⁵ A diagnosis of our present condition contains an essential relationship with otherness, which is the very function of truth itself.⁷⁶ 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 and without the dilemmas erected

by phenomenology and humanism, the birth of the human sciences 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 the sciences of man 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, anthropology is not without perils. Foucault explores the historicity of rationality and truth in order to show that the illusion of anthropology stems from its presupposition that the knowing subject is permanent and universal, bearing stable conditions of possibility for knowledge and inherent forms of finitude. He shows instead how the subject of knowledge is constructed as such by specific and identifiable forms of collective rationality and ways of truth-telling which simultaneously transform his finitude into an object of knowledge. The construction of madness as an object to be known became possible under specific conditions which gave birth to the rational man capable of understanding and recognizing madness. From the birth of psychiatry to the present, Foucault records the mutual constitution and the simultaneous modes of disappearance of the psychiatric subject capable of relating to madness. He shows how the prevailing form of rationality and regime of truth in the late eighteenth century produced the madman as Other, how this Other turned into the mentally ill through changing forms of rationality and models of truth, and how reason locates events, breaks and discontinuities when models of truth were unsettled through the return of the eliminated Other.

This study will examine the conditions under which the anthropological survey mutated into a type of positivism and naturalism, into a rigid method of analyzing

detectable and measurable phenomena that can be fitted into an unproblematic understanding of nature. The sciences of man have taken up the emphasis that the Enlightenment placed on the individual, reducing every aspect of human behaviour to a universal meaning giving subject. Rationality and reason are thought to be processes ascribable to consciousness whose study can lead to the discovery of universal laws underlying human behaviour and to develop causal accounts of how these laws operate. Phenomenology, psychoanalysis and sociology have influenced psychiatric discourse to the extent that, through subjectivity, limit experiences can be pinned down and understood. All these theories and disciplines will be studied thoroughly in order to illustrate more clearly how Foucault's critical endeavour differs by problematizing the relationships between power, subjectivity and truth, including how these are involved in the production and transformation of psychiatric knowledge and practice in the west. Foucault's study revolves around these three axes and their relationship with alterity, which characterize the enlightenment not as its end goal but as its central problematic and its critical attitude. 'The point is not to say that the Greeks of the fifth century are a little like the philosophers of the eighteenth or that the twelfth century was already a kind of Renaissance, but rather to try to see under what conditions, at the cost of what modifications or generalizations we can apply the question of the *Aufklärung* to any moment in history, that is, the questions of the relationship between power, truth and the subject.'⁷⁷

Notes and References

1 Robert Wokler, 'The Enlightenment and the French Revolutionary Birth Pangs of Modernity' in *The Rise of the Social Sciences and the Formation of Modernity*, ed. by Johan Heilbron and others (The Netherlands: Kluwer Academic Publishers, 1998), p. 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. by 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. by 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* (UK and USA: Blackwell, 1993), Dave Robinson, *Nietzsche and Postmodernism* (UK: Icon Books, 2001). Bradley Lewis, *Moving Beyond Prozac*, p. 69. Foucault himself was aware of the term 'postmodernity,' which he characterized 'enigmatic and troubling.' See 'What is Enlightenment?', in *The Politics of Truth*, ed. by Sylvère Lontringer (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 Jürgen Habermas, 'Some Questions Concerning the Theory of Power: Foucault Again', in *Critique and Power*, p. 91-96. 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? Foucault: A Critical Reader. ed. by David Couzens Hoy (Oxford: Basil Blackwell Ltd, 1986), p. 116-121.

7 Foucault, 'Space, Knowledge, Power', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (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.' 'What is Revolution?' in *The Politics of Truth*, ed. by Sylvère Lontringer (New York: Semiotext (e), Foreign Agents, 1997), 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?', in *The Politics of Truth*, ed. by Sylvère Lontringer (New York: Semiotext (e), Foreign Agents, 1997), p. 47.

9 Foucault, 'Foucault', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by 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*, Volume 10, No 2, 2003, p. 180-198. 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', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 299.

- 11 Maurice Blanchot, 'Knowledge, Power, Truth?', in *Foucault/Blanchot*, trans. by Jeffrey Mehlman and Brian Massumi (New York: Zone Books, 1997), p. 80.
- 12 Foucault, 'How Much Does it Cost For Reason to Tell the Truth', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.358.
- 13 Friedrich Nietzsche, *The Will to Power*, trans. by W Kaufmann and R.J Hollingdale (New York: Random House, 1968), § 507.
- 14 'What is Enlightenment?', p. 109.
- 15 'Space, Knowledge, Power', p. 358.
- 16 'What is Enlightenment?', p. 119.
- 17 Ibid., p. 120-121.
- 18 Ibid., p. 124. In order to emphasize Foucault's distinction between the 'Enlightenment' as a rational project and the 'enlightenment' as a limit-attitude, I shall refer to the enlightenment without a capital 'E' throughout the rest of the thesis.
- 19 Ibid., p. 106.
- 20 Ibid., p. 111.
- 21 Ibid., p. 108.
- 22 'What is Critique?', p. 36.
- 23 'What is Enlightenment?' p. 108.
- 24 Cited in Gilles Deleuze, *Kant's Critical Philosophy*, trans. by Hugh Tomlinson and Barbara Habberjam (Minnesota: University of Minnesota Press, 1984), p. 3.
- 25 Foucault, *Introduction to Kant's Anthropology From a Pragmatic Point of View*, trans. by Roberto Nigro and Kate Briggs (New York: Semiotext (e), Foreign Agents, 2008), p. 60.
- 26 Ibid., p. 63.
- 27 Foucault, *The Government of Self and Others: lectures at the Collège de France, 1982-1983*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2009a), p. 31.
- 28 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 83.
- 29 Ibid., p. 75.
- 30 Foucault, 'Philosophy and Psychology' in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London: Penguin Books, 1998), p. 250.
- 31 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 57.
- 32 Ibid., p. 85.
- 33 Ibid., p. 68-69.
- 34 Ibid., p. 69.
- 35 'Philosophy and Psychology', p. 257.

36 Foucault, *Mental Illness and Psychology*, trans. by Alan Sheridan (California: University of California Press, 1987), p. 74.

37 'Philosophy and Psychology', p. 259. See also, Michel Foucault, 'A preface to Transgression', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by James D. Faubion (London: Penguin Books, 1998), p. 76.

38 Foucault, *The Order of Things: An Archeology of the Human Sciences* (London: Routledge Classics, 2002), p. 371.

39 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 123.

40 Foucault, *History of Madness*, trans. by J. Murphy and Jean Khalifa (London: Routledge, 2006a), p.512-540.

41 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 120.

42 *The Order of Things: An Archeology of the Human Sciences*, p. 372.

43 'How Much Does it Cost For Reason to Tell the Truth', p.353. 'Adorno, Horkheimer, and Marcuse: Who is a 'Negator of History?', p.116-117. Here Foucault responds to criticisms leveled 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', p. 91-96. See also, Nancy Fraser, *Unruly Practices*, p. 28.

44 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, 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. by Pascale-Anne Brault and Michael Naas (Stanford: Stanford University Press, 2005), p.124.

45 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., p. 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.

46 I am drawing here on Foucault's lectures at the *Collège de France* entitled 'Birth of Biopolitics', where he stresses a point of convergence between the neo-liberalism of the Freiburg School, the Critical Theory of the Frankfurt School and Husserl's phenomenology, insofar as they all critique the irrational rationality of capitalism, without however taking into account the rationality of specific governmental practices which precede and determine the economic grid of capitalist structures. The parallel I am drawing here is with the criticism of psychiatric power formulated by these trends of thought, which fails to touch on the forms of rationality which govern psychiatric power, which, as Foucault shows, are not irrational, but regional, local and productive. See Michel Foucault, *The Birth of Biopolitics: Lectures at the College de France, 1978-1979*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2007a), p. 101-121. In chapter 4 we shall discuss Foucault's relationship with the anti-psychiatric movement, where it will be shown how phenomenological, existential and humanist types of anti-psychiatric discourse do not manage to transcend or disrupt psychiatry, but risk reaffirming it.

47 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p.118.

48 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, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 229. Also, 'Technologies of the Self', in *Technologies of the Self, a seminar with Michel Foucault*, ed. by Luther Martin, Huck Gutman, Patrick H. Hutton (Massachusetts: The University of Massachusetts Press, 1988), p. 17.

49 'How Much Does it Cost For Reason to Tell the Truth', 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: Two Essays on Reason*, 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.

50 'How Much Does it Cost For Reason to Tell the Truth', p.354-355.

51 Foucault, 'The Subject, Knowledge, and the 'History of Truth', in *Remarks on Marx*, trans. R. James Goldstein and James Cascaito (New York: Semiotext (e), Foreign Agents, 1991b), p. 61.

52 'Adorno, Horkheimer, and Marcuse: Who is a 'Negator of History?'' p.121.

53 *Mental Illness and Psychology*, p. 74.

54 'How Much Does it Cost For Reason to Tell the Truth' p.354-355.

55 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, p. 8-9.

56 Foucault, 'The Subject and Power' in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.*, ed. by James D. Faubion, (London: Penguin Books, 2000), p. 328-29.

57 Foucault, 'End of the Monarchy of Sex', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.215.

58 'Questions of Method', p. 230.

59 Foucault, 'The Order of Discourse', trans. by Ian McLeod, in R. Young, ed, *Untying the Text: A Poststructuralist Reader* (London: Routledge, 1981), p. 54.

60 Foucault borrows this notion from Nietzsche ('Truth was posited as being, as God, as the highest court of appeal [...] The will to truth requires a critique — let us define our task — the value of truth must for once be experimentally called into question', in *Genealogy of Morals*, trans. by Kaufmann and Hollingdale, (Random House, 1967.), Ch. III, p. 152, 153), but he does not use it, as it will be shown, in a nihilistic fashion in order to question the value of truth or to argue that truth is a value. On this issue, see Maurice Blanchot's remarks in 'Knowledge, Power, Truth?', p. 79.

61 'The Order of Discourse', p. 56.

62 Foucault, 'The Ethics of the Concern For Self as a Practice of Freedom', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.444.

63 *The Birth of Biopolitics*, p. 35-36.

64 Foucault, 'Truth and Power', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 119.

65 Ibid., p. 131.

66 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 122.

67 'Truth does not count as the supreme value, even less as the supreme power. The will to semblance, to illusion, to deception, to becoming and change (to objectified deception) here counts as more profound, primeval, 'metaphysical' that the will to truth, to reality'. Friedrich Nietzsche, *The Will to Power*, trans. by W Kaufmann and R.J Hollingdale, ed. by W. Kaufmann (New York: Random House, 1968), § 853.

68 *The Government of Self and Others*, p. 32.

69 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 122.

70 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?' 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), p. 43-58

71 'What is Enlightenment?', p. 136.

72 John Rajchman, *Michel Foucault, The Freedom of Philosophy* (New York: Columbia University Press, 1985), p. 52, 58.

73 'What is Critique?', p. 45.

74 Ibid., p. 47.

75 Foucault, *The Archeology of Knowledge*, trans. by A.,M Sheridan Smith (London and New York: Routledge, 2006), p. 147.

76 Foucault, *The Courage of Truth, The Government of Self and Others II: lectures at the Collège de France, 1983-1984*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2011), p. 340.

77 'What is Critique?', p. 47.

CHAPTER 2

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*, 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 the phenomena of nonsense and irrationality originating in 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.

Foucault and Phenomenology

While critical of phenomenology's intention to grasp phenomena in a pure form, Foucault's work does not reject it outright. Foucault speaks in phenomenological terms, adhering to the idea of observable phenomena, whilst recognizing how all phenomena are always mediated and shaped by the culturally-derived rules of discourse and therefore do not exist in any strictly objective form. This is why he does not exclude mental disorder as a valid object of phenomenological investigation, but refutes the supposedly neutral, positivist model of phenomenological analysis which believes that it can objectify illness. He therefore refuses to propose a new theory or grand narrative to explain the underlying truth of phenomena. His historical analysis reflects critically on the limits of phenomenology to explore what lies beyond its grasp.

Phenomenology aims to study concrete and factual experience in a purely descriptive way. For this reason, psychiatry looks to it to provide a scientific basis to its analysis of madness. It is precisely the supposed objectivity of phenomenology that Foucault mainly contests. According to Foucault, phenomenology as a mode of analysis is limited by its contention that meaning is immanent in the lived experience to be described and that sense is implicit in perception and history. Meaning does not appear on its own, it is not 'already there' as an objective state which 'envelops and invests us even before we start to open our eyes and to speak.'² Meaning depends on conditions for its construction. By denying the contextual nature of meaning, its dependence on discourse, phenomenology restricts the scope for critique, for the idea that meaning is inherent in phenomena almost places it beyond question. This is where Foucault's inquiry becomes important because it discloses the potential for

challenging and questioning the conditions under which meaning appears or disappears in psychiatric discourse and practice:

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.³

Phenomenology asserts the universality of meaning, issued from a transcendental and timeless subject. The phenomenological universe is saturated with meaning, there are no gaps or holes in the network of meaningful connections. Objects which exist in their neutral facticity are always referred back 'to the active processes of meaning, to its digging and elaboration.'⁴ Any event, emerging in the space of silence and 'mute inertia',⁵ is engulfed in a world of 'primal significations which always existed as a disposition of the world around the self, tracing its paths and privileged locations, indicating in advance where the event might occur in its possible form.'⁶ Foucault, by contrast, is concerned precisely with the gaps, the cracks and the empty spaces devoid of meaning, the interruptions and instances of silence where events irrupt and objects of knowledge appear. In his historical studies he illustrates that the inscription of meaning into appearances is not a primordial practice but a response to the sudden, absurd and enigmatic emergence of phenomena in their raw state. An object of knowledge is constructed as a result of a radical disruption of the sequence of meaningful connections, not as an objective condition of the external world, as the 'rock of facticity' awaiting to be made intelligible.⁷ It was madness in its absurdity, silence and meaninglessness which incited, under specific historical conditions, certain contingent and not transcendental subjects to insert it into a discourse of

significations which could acquire the status of psychiatric knowledge. Foucault's contention is that phenomenology, trapped as it is in its presupposition of an endless proliferation and transformation of meaning, is unable to account for events, ruptures and discontinuities in the history of psychiatry, which occur whenever meaning appears or disappears, whenever it manifests itself in perfect clarity or undergoes radical reversal.

In this chapter we shall look at Foucault's break with phenomenology in the form of historical critique which sets in motion two crucial factors lacking in phenomenological analysis: forms of rationality and the history of truth. Meaning, Foucault demonstrates, arises inside background historical formations permeated by the form of rationality, the logic that governs the structuring and functioning of institutions, shaping a collective experience capable of designating experiences foreign and alien to it as irrational. He then explores what he calls 'the truth axis' of rationality, namely the way diagnostic models of truth are produced in terms of the separation of the true from the false.⁸ This process of separation consists in classifying and categorizing observed facts and behaviours from the field of pre-established irrationality in terms of the degree to which they conform to the conditions of what can be accepted as true and false illness. It is then that these irrational experiences which lie beyond intelligibility are problematized and isolated, becoming objects of study. The entire diagnostic system is then built upon the basic differentiation between these limit-experiences and other accessible forms of behaviour. This is how a new model of truth revolving around madness was constructed in the late eighteenth century in accordance with the Kantian anthropology. It will be from the nineteenth century onward that this diagnostic model will gradually undergo transformations and it will become 'phenomenological' in the sense that it will seek to dispense with the

dual diagnosis between reason and insanity and will seek to identify the truth of madness in the hermeneutic analysis of perception and the pathology of meaning. Foucault will show how, at the limits of this diagnostic model and its subsequent modifications, madness will once again disrupt the meaning behind the appearances which phenomenology will try to describe rigorously. In the course of history, insanity will turn these appearances against phenomenological hermeneutics, unmasking singular and borderline forms of experience that generate events, breaks and discontinuities in the history of psychiatry.

Foucault and Phenomenology

In his early writings, Foucault tackled phenomenological psychology. In 1954, he published *Dream, Imagination and Existence*, a lengthy introduction to 'Dream and Existence', a work by Ludwig Binswanger, a pioneer Swiss psychiatrist in existential Daseinanalysis, author of the first work in existential psychiatry to be written in the light of Heidegger's *Being and Time*. 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 investigates and uncovers the common thread running through phenomenologists as diverse as Husserl, Sartre and Heidegger. Their efforts share a common feature: description of the actual, lived experience of the sick individual: 'the understanding of the sick consciousness and the reconstitution of its pathological world, these are the two tasks of a phenomenology of mental illness.'⁹ Meaning is central in phenomenological and existential analysis. Comprehension is

necessary in order to grasp both the experience that the patient has of his illness (the way in which he experiences himself as a sick and abnormal individual) and the morbid world on which this consciousness of illness opens. Foucault asks the question whether it is possible to understand everything.¹⁰ Understanding cannot possibly go beyond its limits, in domains where meaning by definition no longer exists, as in madness. 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. In fact, Foucault concludes in the second part of his *Mental Illness and Psychology*, and in the introduction of the *History of Madness*, it was this very division which turned madness into an object of medical perception which preceded and conditioned the effort directly to explore the experience of the mad individual: '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.'¹¹ The central problematic of the *History of Madness* revolves around the observation that it was not the progress of reason that made madness more accessible to doctors. Madness lies beyond the grasp of reason. It is precisely what is outside the domain of reason: '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.'¹² The emergence of psychiatry as a discipline in the late eighteenth century cannot be explained retrospectively through the maturation of reason that somehow mastered the negativity of madness. Rationality remains by necessity foreign to the experience of madness. Thus, the history of psychiatry, despite its developments, has always been a *monologue* of reason on madness.¹³ As part of this monologue, phenomenological

analysis displayed inherent limitations, forcing Foucault 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.'¹⁴ Explaining the consciousness of the mad subject in terms of time, space or insight, as Binswanger and Minkowski do, amounts to interpreting irrationality on the basis of categories of rational thought.¹⁵ The decision to incarcerate a patient against their will relies on psychological premises about the patient's disturbed perception, stemming from the judgment 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. Foucault, by contrast, insists that a certain social, collective experience among those in possession of reason precedes and makes possible a scientific encounter with madness. This collective experience is what Foucault set out to explore:

In relation to phenomenology, rather than making a somewhat internal description of lived experience, shouldn't one, couldn't one instead analyze 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? And shouldn't that be analyzed? [...] through this experience of madness, how was madness presented as an object of knowledge for a kind of medicine which identified itself as mental medicine? Through which historical transformations, which institutional modification, was the experience of madness constituted with both the subjective pole of the experience of madness and the objective pole of mental illness?¹⁶

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. Historical investigation of the social experiences and mentalities must first and

foremost be 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?'¹⁷

In order to tackle these questions, Foucault sets out to explore 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 relationships already exist in Husserl in the form of the pre-reflective 'life-world', but always as the totality of our knowledge universe in accordance with and in relation to a transcendental subject.¹⁸ Foucault, on the other hand, seeks to make

manifest the logical correlations which form the backdrop against which consciousness and subjectivity take shape. Resembling structuralism and analytic philosophy, his methodology consists of showing how these logical connections are impersonal, 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 background totality of knowledge, but comprise the 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.¹⁹

Foucault, however, is not a structuralist, an analytic philosopher or a 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, humanism and dialectical thought, which he terms 'analytic reason.'²⁰ Analytic reason studies how 'logic is inserted into the very heart of reality,'²¹ 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.

Forms of rationality are thus logical structures specific to each society and generate 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. Foucault links forms of rationality closely with the exercise of power, offering a model of power relations which differs considerably from the one dimensional view of power as a system of coercion and oppression. Power is not synonymous with violence and the imposition of force in the form of constraint and prohibition. Power is a mode of action regulating the actions of others; it incites and induces the conduct of others, their possible or actual, present or future actions. It therefore includes calculated and rational mechanisms of directing the conduct of others, constituting a field of procedures of government. Governmentality is equivalent, in Foucault's thinking, with power. As he notes, 'when I say 'govern someone', it is simply in the sense that one can determine one's behaviour in terms of a strategy by resorting to a number of tactics [...] governmentality [...] the group of relations of power and techniques which allow these relations of power to be exercised.'²² Each society pursues its organization through rational means, and uses reason as its principle in order to direct people's conduct towards a common set of goals that will ensure the management of community affairs. Institutions are structured on the basis of a particular form of rationality, which appears as the explicit programme of this institution. Although a form of rationality may initially represent an ideal schema in the mind of a few individuals and therefore an imaginary production, as soon as it becomes embedded in the institution, it constitutes a fragment of its reality and directs the conduct of those subjected to it in the institution:

Practices do not exist without a certain regime of rationality [...] The rational schemas of the prison, the hospital, or the asylum, are not general principles that can be rediscovered only through the historian's retrospective interpretation. They are explicit programmes; we are dealing with sets of calculated, reasoned prescriptions in terms of which institutions are meant to be recognized, spaces arranged, behaviours regulated. If they have an ideality, it is that of programming left in abeyance, not that of a general but hidden meaning.²³

Forms of rationality are inscribed in practices and institutions and play an active role in them. They constitute the type of thought that sustains them, the logic according to which spaces are arranged, individuals are examined and treated, sources are allocated, laws and regulations are imposed. This is why Foucault takes pains to differentiate himself from analysts such as Erving Goffman, an American sociologist, whose influential work on the asylums in 1961²⁴ contributed to the formation of Community Psychiatry. Goffman studied closely the function of psychiatric institutions and was the first to suggest their potentially harmful effects of institutionalization²⁵ and stigmatization.²⁶ Foucault distances himself from Goffman's project on the ground that his own concern is the exploration of forms of rationality within the institution, not the institution itself and in general:

his problem is the way a certain type of institution works, the total institution — the asylum, the school, the prison [...]. Goffman's problem is the institution itself. My problem is the rationalization of the management of the individual. My own work is not a history of institutions or a history of ideas, but the history of rationality as it works in institutions and in the behaviour of people.²⁷

For Foucault, an analysis of the internal structure of an institution is not fruitful by itself since it leaves the rationality which governs it unquestioned. Only the analysis of forms of rationality can provide a framework for any phenomenological or institutional approach.

Forms of rationality are historically determined. Programming, measurement, and rational calculation change over time and place, 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, correction and control. 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 the human sciences.

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.²⁸

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 preestablished 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.²⁹

Forms of Rationality and Truth — Madness as the ‘Prodigious Other’

Insofar as each governmental logic, each form of rationality has its own specificity in each historical period, it becomes clear that the rationality of the late eighteenth century, although unique in the history of the west for its founding role for the human sciences, has no special privilege in the history of science. As we have shown, this moment did not emerge as a result of the progress of rationality. It was not on the basis of the discovery, by rationality, of universal laws underlying human behaviour, or the promise that human suffering would be overcome by the advance of science that the late eighteenth century gave birth to the human sciences. The eighteenth century was not an enlightened age that saw the maturation of reason. It was a period whose dominant form of rationality, no more mature or oppressive than others, problematized madness, allowing it to be studied in terms of truth and medical diagnosis. It is therefore in the dominant regime of truth which appeared during this period that we should look for an answer to the question posed by Foucault of ‘why was madness problematized, starting at a certain time and following certain processes, as an illness falling under a certain model of medicine [...] (and) how was the mad

subject placed in this game of truth defined by a medical model or body of knowledge...³⁰ To illustrate the formation of this truth regime, a method beyond the scope of phenomenological description of lived experience is needed, a method which will demonstrate how madness as an experience at the limits of phenomenology could be transformed into an object of medical perception in the late eighteenth century.

As we showed 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 psychiatry 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',³¹ 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.'³² 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',³³ which is analysed by Foucault as the event around which the whole *History of Madness* is centered.³⁴

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 enstrangement, 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.’³⁵ 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 (*Verrückung*), as they are in Suvage, 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.³⁶

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.’³⁷ 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.³⁸

The madman lacks this freedom. She lacks the faculty of reason which enables her to hypothesize that her convictions may be a mere simulation. She is therefore trapped in her unconditional truth as she is unable to conceive error. Because of her inability to use her reason and therefore to communicate her 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 judgment 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.³⁹

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.'⁴⁰ 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.'⁴¹ 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.'⁴² 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.'⁴³ Madness, for the alienists, was not the patient's distorted perception. It was a type of error, 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.⁴⁴ 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 binarism 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 behavior, and therefore prompted compulsory admission and immediate

treatment.⁴⁵ 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.⁴⁶

From Phenomenology to the History of Truth

Foucault therefore shows how madness was not integrated by the calm advance of rationality. It was a product of exclusion by reason which reduced it to silence as an impossible experience. Thus, his critical historical method operates at the limits of phenomenology. Whereas phenomenology promotes a hermeneutic approach to the historical variations in the immediacy of lived meaning in which madness can be recognized, Foucault indicates the conditions which, through the interruption of meaning, brought about the formation of madness as an object of medical perception. Madness was produced through truth effects, through a model of truth which, both external to and constitutive of meaning, established a distinction between true and false medical statements which made possible the recognition of a lived experience *as mad*. Phenomenology cannot account for this crucial transformation, inasmuch as it is precisely the dimension of truth that it lacks. This is why Foucault is critical of phenomenology on the ground that its focus on lived experience fails to take into account the model of truth shaping that experience: 'It is very noteworthy that [Sartre's] way led from the history of truth to phenomenology while the way of the subsequent generation to which we belong, arose particularly to sever itself from

phenomenology in order to return to the question of the history of truth.’⁴⁷ Foucault analyses a collective rational experience rooted in the distinction between true and false, authentic and inauthentic irrationality, which affects how we interpret and understand our experience of pathology. Phenomenology lacks a historicity of reason as well as a history of truth that would contextualize pathology and explain its problematization in the course of history.

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, on the other hand, shows how madness emerged as an effect of truth, independently of a transcendental rational subject and at the margins of everyday experience. It was born, therefore, 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.⁴⁸

Husserl’s innovation consisted of constructing phenomenology as an anti-psychology enterprise that questions the problematic of the cogito as a foundation of knowledge and empirical truth about man. Husserl focused on how thought can 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, he went on to ‘dialectize’ it by replacing Kant’s dilemma between same and other, with the search

for an originary consciousness. He downplayed truth in favour of meaning. He effectively denied the existence of madness as a problem of human finitude, by reducing it 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.’⁴⁹ Truth, in Husserl’s system, 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 *eidōs*, an essence possessing only formal properties, given to intuition under specific conditions of perception.⁵⁰ According to Husserl, then, 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.⁵¹

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, a Kantian thing-in-itself, or an empty space containing only formal properties, which is nonetheless necessary for modes of representation and signification.⁵² He is sceptical of both the Kantian universal ‘madness’ and the Husserlian essence of ‘madness’ which can be intuited and whose meaning can be unearthed through phenomenological reduction and imagination.⁵³ 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.⁵⁴ He shows how the appearance of madness was arbitrary historically but nevertheless real; madness was

brought into existence through a regime of truth which inscribed it in reality and submitted it to the legitimate division between true and false:

Madness, disease, delinquency and sexuality. In all of these cases, it was not a question of showing how these objects were for a long time hidden before finally being discovered, nor of showing how all these objects were only wicked illusions or ideological products to be dispelled in the light of reason finally having reached its zenith. It was a matter of showing by what conjunctions a whole set of practices — from the moment they became coordinated with a regime of truth — was able to make what does not exist (madness, disease, delinquency, sexuality, etcetera), nonetheless become something, something however that continues not to exist. That is to say, what I would like to show is not how an error — when I say that which does not exist becomes something, this does not mean showing how it was possible for an error to be constructed — or how an illusion could be born, but how a particular regime of truth, and therefore not an error, makes something that does not exist able to become something. It is not an illusion since it is precisely a set of practices, real practices, which established it and thus imperiously marks it out in reality.⁵⁵

Foucault posits the existence of a diagnostic form of knowledge which inserts a primitive experience with no meaning of its own, into the game of truth and falsity, whereby it acquires the significations and structures of ‘madness.’ Diagnosis is thus not a representational property of a stable consciousness but a discursive practice which, on a formal level of knowledge, ascribes specific determinations and formal attributes to a concrete experience which can be recognized as mad. This regime of truth neither represents nor reveals but constructs madness, not in the sense that it produces it linguistically, but because it brings about the ascription of the universal ‘madness’ to a specific form of experience which then could be called mental illness.⁵⁶

Foucault’s phenomenology and the simulacrum

Psychiatric diagnosis is therefore at the heart of the psychiatric regime of truth which is anterior and exterior to the hermeneutic approach to madness.⁵⁷ Madness is

first and foremost an epistemological problem, a question of an applied differential logic, rather than a problem of mathematical entities or ontological substances. This is why the centrality of diagnosis in Foucault's system reinstates logic as a theory of appearances into phenomenology.⁵⁸ In this respect, Foucault is a more consistent phenomenologist than Husserl himself. Starting with his *Logical Investigations*, Husserl had begun with the formal, descriptive study of the contents of consciousness but gradually concerned himself with the interrogation of man's being, with 'the question of ontology' (Foucault's emphasis).⁵⁹ While he initially focused on the study of images and the force with which they envelop and immobilize the pathological consciousness, he soon aspired to 'make these images speak' through a meticulous and descriptive language which looks for investments of meaning, metaphysical structures and mechanisms of psychic causality.⁶⁰ Foucault's logical analysis, by contrast, deals with impersonal surface phenomena which *produce* the individual consciousness of madness. His study is not an investigation of the pathological perception of the patients; instead, he focuses on the other side of the dividing line, on the formation of *medical* perception where diagnostic truth and the silence of the image are made to form an audiovisual tool for the description of madness. 'A hearing gaze and a speaking gaze: clinical experience represents a moment of balance between speech and spectacle.'⁶¹

Taking this fragile relationship between the visible and the expressible, this two-dimensional space of configuration of illness as his anchoring point, Foucault does not suggest ways of constituting a possible space of localization of illness, of discovering the ontological depth of the patient's morbid perception — her anatomy or her psychology.⁶² On the contrary, remaining on the same level of surface events, he records the alterations of the medical perception of madness through the subversive

participation of the patients themselves in the game of appearances. He looks for those instances in the history of psychiatry when images arising from the patients' clinical manifestations do not unveil but block access to the inner truth of their experiences, bringing about new interruptions of meaning. Foucault shows how the more psychiatry seeks to modify its diagnostic truth regime so as to accommodate and make possible the formation of causal theories (neurology, biology, genetics) and the psychological appropriation of madness through meaning, the more the mentally ill reinsert the question of otherness, resisting meaning and causality. They disrupt the phenomenological universe of signification, but without constituting logical errors, theoretical impasses, or disciplined obstacles inside an established body of knowledge. They present as 'vain images' and false appearances, as simulacra which do not reveal an experience but allow it to escape representation.

For Foucault simulacra are symptoms that not only evade signification, but disrupt the whole system of meaning; through these symptoms, an experience 'delegates and manifests itself, but (also) withdraws and in a sense conceals itself'⁶³. The simulacrum strips momentarily an image of its determined meaning. It has the property of 'designating no meaning but referring to a model.'⁶⁴ As a false appearance, the simulacrum does not refute the distinction between the true and the false that makes up the truth model on which psychiatric discourse is based, but it insidiously affirms this distinction, while depriving it of any referentiality. It thus brings alterity dangerously close to the world of sameness through the identity of images and the apparent stability of truth, while preventing this coming together from acquiring a fixed ground and substantiation, letting Otherness 'recede into an inaccessible distance.'⁶⁵ Simulacra preoccupied Foucault in his studies of the history of psychiatry, with hysteria being an exemplary case which inverted the Husserlian

endeavour that seeks the meaning invested in appearances, installing falsehood into the regime of truth that uncovers the essence behind phenomena.⁶⁶ Through hysteria, Foucault shows how the simulacrum is a form of resistance to psychiatric power and truth, to the terms of the division between reason and madness, not a minor scientific error.

Psychiatric diagnosis is the epistemological arena in which a battle is waged between a psychiatry which strives to give medical meaning to madness, and those who resist it from the standpoint of the role they are assigned as mental patients. Foucault explores the terms of this conflict which unsettles precisely the diagnosis that makes it possible, creating significant scientific and political effects. He shows how the medicalization of madness is not a linear and irreversible task. There is a price to pay for recognizing an experience as mad, and building, on the basis of this recognition, forms of knowledge, normative frameworks of behaviour and potential modes of existence as opposed to and in relation to the mad subject. There is a cost, for psychiatry, in 'constituting the madman as the absolute other in that it not only pays this theoretical price, but also an institutional and even economic price as the organization of psychiatry allows it to be determined.'⁶⁷

Conclusion

Phenomenology is part of the rational project of psychology which tries to grasp madness in terms of the significance of daily experience that it claims to be able to analyse. Foucault, by contrast, shows that madness is a 'focal point of experience,'⁶⁸ 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.'⁶⁹ It is a singular

experience around which psychiatric, psychological and sociological knowledge has been constructed, social forms of behaviour have been developed, and ethical norms have been established. Foucault applies the same method and same type of critique in all his studies on prison, sexuality and ethics. In a statement which epitomizes his entire project, he points out that 'I have taken pains to understand how man has reduced some of his limit-experiences to objects of knowledge: madness, death, crime [...] The relationship between limit-experiences and the history of truth. I am more or less imprisoned or wrapped up in this tangle of problems.'⁷⁰ His preoccupation with limit-experiences offered not only a critical weapon *vis-à-vis* institutions, but also a way of reflecting on his epistemological concerns, his ethical attitude and his treatment of the notion of the enlightenment.

Foucault considers the fate of those experiences at the limits of rationality in western cultures. He does not offer theories that explain these experiences, but tries instead to reflect on the effect that they have on rational thought. His aim is not to liberate, understand or express the experience of madness, but to examine its confrontation with reason. This is why Foucault's main area of reflection was not madness itself but the domain of all those conflicts and struggles which have taken place around the question of madness. Although Foucault could have provided a philosophical or psychological theory of madness from his perspective as a historian and a thinker, he undertook his project from the position of the specific intellectual who became directly involved with those struggles which have produced the consciousness of madness, as well as with those conflicts through which madness itself has challenged the rational world which tries to capture it. It is from within such participation, from his personal engagement in real institutions, political debates and

ethical confrontations provoked by the enigmatic experience of madness, that Foucault has been able to produce a discourse both true and politically effective:

If one is interested in doing historical work that has political meaning, utility and effectiveness, then this is possible only if one has some kind of involvement with the struggles taking place in the area in question. I tried first to do a genealogy of psychiatry because I had had a certain amount of practical experience in psychiatric hospitals and was aware of the combats, the lines of force, tensions and points of collision which existed there. My historical work was undertaken only as a function of these conflicts. The problem and the stake there was the possibility of a discourse which would be both true and strategically effective, the possibility of a historical truth which could have a political effect.⁷¹

Enlightenment critique is a militant and ‘cynical phenomenology’, as Barthes would say,⁷² where truth and experience do not form a common field reducible to signification, but are in constant tension and mutual interdependence. Phenomenology unfolds the entire field of possibilities connected to daily existence, seeking to unearth the truth of experience through the ascription of meaning. For Foucault, by contrast, experience contains no inherent meaning but organizes a mode of being which can be mediated and interpreted only through the distinction between truth and falsity. The ontology of ourselves in its raw state is not true or false, mad or sane. It is transformed, modified and becomes politically important, when it relates to the truth:

An experience is neither true nor false: it is always a fiction, something constructed, which exists only after it has been made, not before; it isn’t something that is ‘true’, but it has been a reality. To summarize, then: the difficult relation with truth which is entirely at stake in the way in which truth is found used inside an experience, not fastened to it, and which, within certain limits, destroys it.⁷³

Thus, enlightenment critique is not a form of Gnosticism; it does not offer a mode of esoteric knowledge, an access to the secrets and mysteries of the experience of madness through elaborate exegetical methods.⁷⁴ It is not a form of mysticism either, a form of union with the world of insanity, an ‘attempt to join — even if it means crossing the night — the positivity of an existence by opening a difficult line of communication with it.’⁷⁵ As a critical ontology of the present, enlightenment critique

takes experience as experiment, as its etymological root denotes, a test with the truth which classifies that experience as irrational, mystical or meaningful.⁷⁶ Hence Foucault's own appraisal of the *History of Madness* as an 'experience-book,' a diagnosis of our current position in relation to madness, its perception and its history in the modern world. It invites his readers to relate this experience to the test of truth in order, not to provide an immediate grasp of madness in itself, but to incite debate and provoke conflict around the established political, epistemological and ethical criteria of truth which designate madness as an experience at the limits in our culture. This is why Foucault's work combines truth with fiction so that it demonstrates the link of this experience with our present reality, and at the same time makes it appear modified to us. 'This experience that permits us to single out certain mechanisms (for example, imprisonment, penalization) and at the same time to separate ourselves from them by perceiving them in a totally different form, must be one and the same form of experience.'⁷⁷

Notes and References

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

2 Ibid., p. 88.

3 Ibid., p.89.

4 Foucault, 'Theatrum Philosophicum', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by James D. Faubion, (London: Penguin Books, 1998), p. 351.

5 Ibid., p. 351.

6 Ibid., p. 351.

7 Ibid., p. 351.

8 'Questions of Method', p. 230.

9 *Mental Illness and Psychology*, p. 46.

10 Ibid., p. 45.

11 *History of Madness*, xxviii.

12 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.

13 Ibid., xxviii.

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

15 *Mental Illness and Psychology*, p. 50-55. 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, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 6.

16 Foucault, 'What our Present is', in *The Politics of Truth*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1997), p. 150-151.

17 Ibid., p. 151.

18 'Who are you, Professor Foucault?', p.95.

19 'Interview avec Michel Foucault' *Dits et écrits*, 1: 654, Cited in Davidson, A. 'Structures and Strategies of Discourse: Remarks Towards a History of Foucault's Philosophy of Language,' in *Foucault and His Interlocutors* ed. by Arnold Davidson (Chicago and London: The University of Chicago Press, 1997), p. 6.

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

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

22 'What our Present is', p. 156. Michel Foucault, 'Omnes et Singulatim' *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 324. As we saw in the previous chapter, there are local and specific forms of rationality, which consequently regulate diverse

power relations: 'when I speak about the relationships of power and the forms of rationality, which regulate and govern these, then I'm not speaking about the power which governs all of society and superimposes its rationality on it. Relationships of power are manifold. They have various forms which can be executed within the family, inside an institution, an administration, between a ruling and subservient class in specific and common forms of rationality.' 'How Much Does it Cost For Reason to Tell the Truth', p.360.

23 'Questions of Method', p. 230-231.

24 Erving Goffman. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City, New York: Anchor, 1961).

25 Institutionalization refers to a condition considered to be caused by institutions in which the individual shows apathy, inability to plan for the future, submissiveness, withdrawal and low self-esteem. Barton used the term 'institutional neurosis' to describe a syndrome related to institutionalization (see Russell Barton, *Institutional Neurosis* (Bristol: Wright, 1959).

26 Stigma is an attribute of an individual which marks him or her as being unacceptable, inferior or dangerous and 'spoils' identity. In the case of psychiatric disorders, it occurs in societies which value rationality.

27 'Truth is in the Future', p.299. See also: 'the criticism of power wielded over the mentally sick or mad cannot be restricted to psychiatric institutions; [...] The question is: How are such relations of power rationalized?', in 'Omnes et Singulatim', p. 325. Similarly, about the prison: 'Nor did I want to write an historical work about the institution, in the sense that I did not want to recount how the penal and carceral institution functioned in the course of the 19th century. I tried to raise another problem: to discover the system of thought, the form of rationality, which since the end of the 18th century has underlain idea that the prison, in sum, is the best means, one of the most efficient and most rational, to punish infractions in a society.' Michel Foucault, 'What Calls for Punishment?', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.423.

28 'A Dialogue Between Michel Foucault and Baqir Parham', in J. Afary, and K.B Anderson, *Foucault and The Iranian Revolution, Gender and the Seductions of Islamism* (Chicago: The University of Chicago Press, 2005), p.188.

29 '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,' p. 9, 13.

30 Foucault, 'The Ethics of the Concern for Self as a Practice of Freedom', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.439.

31 *History of Madness*, p. 175-208.

32 *Ibid.*, p.144.

33 *Ibid.*, p. 182.

34 *Ibid.*, p. 381-419.

35 *Introduction to Kant's Anthropology From a Pragmatic Point of View*, p. 69.

36 *Ibid.*, p. 31.

37 *Ibid.*, p. 90.

38 *Ibid.*, p. 90.

39 Foucault, 'The Confession of the Flesh', in *Michel Foucault, Power/Knowledge, selected interviews and other writings 1972-1977* by Michel Foucault, ed. by Colin Gordon, trans. by Colin Gordon, Leo Mashall, John Mepham, Kate Soper (England: Harvester Press, 1980), p. 213.

40 Foucault, *Abnormal: Lectures at the Collège de France 1974-1975*, trans. by Graham Burchell (London: Verso, 2003a), p.130.

41 Ibid., p. 131.

42 *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. He have seen Kant's anthropological project in relation to alienism. In the next chapter we shall explore Descartes's 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. by Joachim Neugroschel and Jean Steinberg (Oxford: Blackwell, 1981), p. 31).

43 *Abnormal*, p.158.

44 Foucault, *Psychiatric Power: lectures at the Collège de France, 1973-1974*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2006c), p. 133-134.

45 Ibid., p. 266-267. This constitutes the break between Derrida and Foucault, as we shall see in the next chapter. Whereas for Derrida the binary opposition between reason and madness is by definition unstable and undecidable, Foucault examines the historical conditions under which this binarism became, in real practice, clear and fixed.

46 Ibid., p.132-133.

47 'How Much Does it Cost For Reason to Tell the Truth', p.357.

48 Foucault, *Security, Territory, Population: lectures at the Collège de France, 1977-1978*, trans. by Graham Burchell (London and New York: Palgrave Macmillan, 2007b), p. 118.

49 *The Order of Things: An Archeology of the Human Sciences*, p. 355.

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

51 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 *eidōs*. See Jean-François Lyotard, *Phenomenology*, trans. by Brian Beakley (New York: State University of New York Press, 1991), p. 37-42. The presentation, to intuition, of the *eidōs*, 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.

52 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), p. 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 Block. He does not, however, identify with it. 'How Much Does it Cost For Reason to Tell the Truth' p.348-349. Also, 'But Structuralism was not a French Invention', in *Remarks on Marx*, trans. by R. James Goldstein and James Cascaito (New York: Semiotext (e), Foreign Agents, 1991b), p.36. For Foucault's distance from formalism, see John Rajchman, *Michel Foucault, The Freedom of Philosophy* (New York: Columbia University Press, 1985), p. 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' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 15.

53 For a critique of Kant's formalism, see 'Foucault' in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion (London: Penguin Books, 1998), p. 459-

462. For a critique of Husserl's notion of intentionality, see 'Dream, Imagination and Existence', trans. Forrest Williams, *Review of Existential Psychology and Psychiatry*, Vol. XIX, no 1 (1984-1985), p. 38-42.

54 *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.

55 Ibid., p. 19. Foucault shows how all dividing lines that separate radically different worlds and mentalities are artificial, historically determined, but nevertheless real and concrete. For example, commenting on the historically constructed division between the western countries and the Eastern Block during the Cold War, he once noted in an interview: 'There are hundreds of millions of Europeans separated from us by a line that is both arbitrary in its reason for being and uncrossable in its reality.' 'The Moral and Social Experience of the Poles Can No Longer be Obliterated' in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 469.

56 As Foucault notes, it is a 'nominalist negativism, since it involves replacing universals like madness, crime, and sexuality, with the analysis of experiences which constitute singular historical forms.' *The Government of Self and Others*, p. 5.

57 Nietzsche introduced diagnostic thinking as a type of qualitative knowledge which contested Husserl's totalization. Diagnosis is a form of knowledge which 'defines and determines differences.' 'An Historian of Culture' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.95.

58 Alain Badiou contrasts logic as the discourse of appearances to mathematics as the theory of being in his work *The Logic of Worlds: Being and Event II*, trans. by Alberto Toscano (London: Continuum, 2009).

59 *The Order of Things* , p. 355.

60 'Phenomenology has succeeded in making images speak; but it has given no one the possibility of understanding their language.' 'Dream, Imagination and Existence', trans. Forrest Williams, *Review of Existential Psychology and Psychiatry*, Vol. XIX, no 1 (1984-1985), p. 42.

61 Foucault, *The Birth of the Clinic*, trans. by A. M Sheridan (London: Routledge, 2005a), p. 138. See also, Chris Philo, 'The Birth of the Clinic': An Unknown Work of Medical Geography. *Area*, Vol.32, No, 1 Mar., 2000, pp. 11-19.

62 *The Birth of the Clinic*, p. 138.

63 Foucault, 'The Prose of Acteon', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by James D. Faubion (London: Penguin Books, 1998), p. 127.

64 Ibid., p. 127.

65 Ibid., p. 132.

66 See chapter 5 in the present study.

67 'How Much Does it Cost For Reason to Tell the Truth', p.355.

68 *The Government of Self and Others*, p. 3.

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

70 Foucault, 'The Subject, Knowledge, and the 'History of Truth'', in *Remarks on Marx*, trans. by R. James Goldstein and James Cascaito (New York: Semiotext (e), Foreign Agents, 1991), p. 71.

71 Foucault, 'Questions on Geography,' in *Space, Knowledge, Power, Foucault and Geography*, ed. by Jeremy W. Crampton and Stuart Elden, trans. by Colin Gordon (England: Ashgate Publishing Limited, 2008), p. 174.

72 Roland Barthes, *Camera Lucida*, trans. by Richard Howard (London: Vintage, 2000), p. 20.

73 'How an 'Experience-Book is Born'' in *Remarks on Marx*, p.36.

74 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).

75 Foucault, *Foucault/Blanchot*, trans. by Jeffrey Mehlman and Brian Massumi, (New York: Zone Books, 1997.), 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).

76 On the etymological affinity between 'experience' and 'experiment', see 'How an 'Experience-Book is Born'', p.27. Foucault not only relates experience to the notion of experimentation, but also demonstrates the interconnection and strict separation between experience and the domain of truth and time, in 'Thought and Emotion' in *Duane Michals: Photographies de 1958 à 1982* (Paris: Paris Audiovisuel / Direction des Affaires Culturelles de la Ville de Paris, 1982), ix, xii. Here I show the inaccuracy of claims such as 'According to Foucault, a person cannot experience an authentic emotion[...] According to Foucault, such experiences are shaped and informed by prevailing discourses,' put forward by Louise Phillips in *Mental Illness and the Body, Beyond Diagnosis* (London: Routledge, 2006), p. 20.

77 'How an 'Experience-Book is Born'', p.38.

CHAPTER 3

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 labeled an anti-psychiatrist.

Strictly speaking, however, Foucault is not an epistemologist. An epistemologist tries to measure the objective value of a science, the degree of its universal validity, and to analyse its internal structure. She starts with an abstract, universal knowing subject and then focuses on the structure and principles of scientific statements themselves, examining their ability to yield true knowledge.⁵ Foucault's domain of research, on the other hand, is, in the line of Canguilhem and Bachelard, the coupling of epistemology and the history of science, studying how historically determined sets of discourses, institutions and practices, bring into play specific scientific activities through the production of truthful discourse.⁶ He does not, therefore, contest the validity of scientific truth, and does not explore the conditions

under which a scientific statement can be recognized as true. He rather explores the external components which make the production of true scientific statements possible. These components are undoubtedly heterogeneous to the scientific endeavour which they engender, but they do not distort or falsify it.⁷ Foucault's concern, therefore, is not to reveal the impurity of a science, but to examine 'how, approximately, can a type of knowledge (*savoir*) with pretenses to scientificity arise from a real practice...'⁸ Thus, as we shall now illustrate, he does not seek to question the scientific status of the psychiatric subject in order to refute her ability to articulate true statements, but, on the contrary, he investigates the extra-psychiatric forms of truth telling which constitute the psychiatric subject as capable of formulating true statements. He then considers the conditions under which these true statements can produce valid knowledge about subjects recognizable as mentally ill, who, as a result of this knowledge, are excluded, marginalized, encompassed, trained or guided in their conduct and behaviour.⁹ Foucault therefore considers what he calls the 'politics of truth', the social and institutional confrontations, struggles and conflicts producing subjects qualified as psychiatrists, and the 'ethics of truth,' that is, the establishment of certain relationships of subjects with themselves and others as a result and effect of the psychiatric endeavour.¹⁰ This dynamic relationship between these three modalities of truth (politics, science, ethics) permeates his epistemological studies in the field of psychiatry. For Foucault, truth is thus 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.¹¹

Foucault therefore dismantles the image of a calm history of progress based on a founding subject whose increasing rationality will uncover the truth of mental illness, free of any political or ethical determinations. Using the philosophical

analogon of Descartes, he shows how in its origins psychiatry had established a fundamental relationship with the otherness of madness, a relationship which 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 only since the development of positivism that psychiatry sought to disengage its scientific knowledge from non-scientific elements but also to *ground* political and ethical issues on the most objective research possible. This positivist effort, Foucault argues, 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. Phenomenology, psychology and biology have encompassed all fields of human behaviour, laying claim to a universal understanding of all possible experience. The madman has disappeared as other and has become the mentally ill. The historically contingent relationship between the psychiatrist as a subject of knowledge and the mentally ill as newly formed medical object of study has come to be seen as necessary and timeless. Truth is not regarded as a historical factor bringing together subject and object, but as a more complete knowledge of the object based on growing technological perfection. By claiming to be able to discover the nature of mental illness, demonstrative psychiatric truth aims to provide unequivocal answers to problems exceeding its own domain.

Foucault challenges this model of linear progress, not because he contests the epistemological validity of psychiatry, but because it is precisely this validity which 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. It is madness itself which, at the edges of diagnosis, the psychiatric regime of

truth *par excellence*, has destabilized 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 which bring about crises, ruptures and breaks.

It is therefore in the confrontation with the radical alterity of madness that we shall trace Foucault's contribution to psychiatric epistemology as a form of enlightenment critique. We shall demonstrate that Foucault's enterprise is not merely an anti-psychiatric treatise that views the invention of madness as a result of an oppressive rationality. Foucault does not celebrate the exclusion of unreason as a phenomenon whose study could give back to the madmen the voice that they have been denied. He does not perform a moral or political inquiry into the cultural and social prejudices that prevent doctors from acknowledging madness. Foucault rather describes the ongoing epistemological battle between the scientists, who establish divisions of truth and falsity, and the patients, who represent a term that lies beyond these divisions. It is this conflict around the potential of articulating truth and falsity in relation to mental illness that forces, we shall argue, psychiatry to reconsider its ethical and political attitudes and gain awareness of the limits of its rationality.

Foucault's Scepticism

Foucault's epistemological method is a form of scepticism.¹² 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.¹³ He does not, however, share the commonsensical 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.'¹⁴ 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 scepticism with regard to his reflections on finitude and possibility of the anthropology 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 which 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 which introduces a political and ethical

context for the formation of scientific knowledge. This context, this spiritual dimension of knowledge, will become the source of inspiration for Foucault and his investigation of the historically informed rules which produce the cognition-truth axis and problematize its limitations, shaping only at a final stage the internal truth criteria for psychiatry.

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 himself.¹⁵ 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.¹⁶

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.¹⁷ According to the usual epistemological interpretation, Descartes's *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 she will deduce the law of her representations, never letting go of the line of self-evidence, for truth to be attained. Descartes's 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.¹⁸

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.¹⁹ If we read Descartes's

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.²⁰ 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?’²¹ As the meditation proceeds, this search for truth transfigures the subject conducting the meditation.²² Descartes’s 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 which 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 *parresia* in the sense that it is actually the philosopher as such who speaks in saying ‘I’, and in affirming his *parresia* 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.²³

Crucially, Descartes centers his moral 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 her, the sky, the air, the earth, colours, figures, sounds, are illusory; she believes that her body is made of glass, or she 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.²⁴ 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.²⁵ Madness must therefore be excluded if the doubting subject is to exert an ethical and political role based on truth.

Descartes's 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.'²⁶ 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, incommensurable 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.²⁷ 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 which calls for a rational investigation of its nature. Nor is there a rational subject which 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.²⁸ 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.'²⁹ 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 she seeks the truth, by way of the effect upon her occasioned by the articulation of truth. This transformation entails prohibitions, interdictions and restrictions which 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 himself which must be renounced if she wants to behave rationally and regulate her behaviour on true principles. The Cartesian scientist submits to the ascetic price of reason, accepting the necessity of excluding her irrational side as a condition for the modification of her 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*. Foucault shows 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. This is not to imply that the reasons for this exclusion are reducible to the rationalist process of a transcendental Cartesian subject, applicable to

all periods. On the contrary, Foucault shows that the heart of these transformations occurred not during the time of Descartes, but almost a hundred years later, during the Enlightenment. This is Foucault's main concern: to explain why madness became an object of knowledge during the Enlightenment, and under which conditions. His aim is to replace the simplistic view that the Enlightenment inherited Descartes's rational project and brought it to its climax, with the critical approach which brings to the fore crucial distinctions and decisions made by the man of the Enlightenment amidst existing forms of rationality.³⁰ Instead of treating the individual of the late eighteenth century as a pre-given rational subject seeking to exclude madness in order to assert the autonomy and sovereignty of her rationality, Foucault explores the historical conditions under which this subject was formed *as* rational through the exclusion of madness. Repeating but also going beyond Descartes's asceticism which begins with a fundamental will to truth, a presupposed methodical path of doubt from which madness must be excluded, Foucault is even more sceptical: he examines how such a will to truth emerged historically, which conditions generated it, and why it necessitated the exclusion of madness. If, for Descartes, something has to be renounced in order for knowledge to be produced, Foucault reverses this proposition by asking, 'what must one know about oneself in order to be willing to renounce anything?'³¹ Starting with this question, Foucault sets out to demonstrate that the Cartesian will to truth is not transhistorical but it was the product of the specific agonistic interplay of political, scientific and ethical components which surfaced in the late eighteenth century. The result of this interplay 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 the asylum therapist was not linked to the possession of professional medical qualification, in the sense of ownership of a corpus of scientific medical knowledge. 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 which 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 she 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 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 judgment: 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 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's category of *demons*, 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 we shall show 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 unreasonable 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 There 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 division 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. Psychiatry was born.

The Death and Return of the Other

Our 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 as a structuralist endeavour devoid of epistemological validity.⁴¹ Our discussion 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, we have placed greater emphasis 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, we illustrated that a particular game of truth in the late eighteenth century focused on madness as the impossibility for thought. We have shown how diagnosis was the truth regime which 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 the true, authentic illness, representing 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 we 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.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 we have 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 isomorphous and strictly continuous with the rest of medicine. In order to achieve this isomorphism, 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, 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 elimination of otherness itself. It paved the way for a narrative according to which psychiatry 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 practice 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 because psychiatry has adopted the advances of medicine and technological development (neuroscience, psychopharmacology), but 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.

Foucault does not question the scientificity of neurobiological and social psychiatry, its objectivity or its demonstrative truth. He shows how this scientificity has generated the false image of the solidity and unity of psychiatric diagnosis which is, in actuality, determined by forces external to it. His critique consists of indicating those occasions when madness itself shatters this false image, precisely at the moment when positivism claims to have entirely dispensed with it. Madness resists 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:

Psychiatry as we know it couldn't have existed without a whole interplay of political structures and without a set of ethical attitudes; but inversely, the establishment of madness as a domain of knowledge changed the political practices and the ethical attitudes that concerned it. It was a matter of determining the role of politics and ethics in the establishment of madness as a particular domain of scientific knowledge, and also of analyzing the effects of the latter on the political and ethical practices.⁴⁸

Foucault examines thoroughly the clinical forms through which madness disrupts the coherence of diagnostic truth. As we shall see in the following chapters, he studies the case of the dangerous individual of nineteenth century forensic psychiatry, and the problem of hysteria in the neurology of the same period. Both clinical entities emerged from within a diagnostic truth regime that sought to impose scientific uniformity between the law and evidence-based medicine, as well as between neurology and alienism. The singularity of these patients consisted not in escaping these categorizations, but in fracturing the desired interdisciplinary continuum. While appearing as ordinary medical categories, these patients challenged either the political role of psychiatrists, or the established ethical codes couched in normality. Thus, dangerousness became a dubious clinical category, oscillating between legal and psychiatric truth. It defied its legitimate placement either in prison or in a mental hospital, provoking administrative rather than a strictly juridical or medical reaction. Similarly, hysteria belonged neither to a general hospital nor to a psychiatric institution or even to the psychoanalytic couch; it was a singular mode of subjectivity irreducible to medical or psychological norms.⁴⁹ Neither of these clinical cases undermined theories and causal explanations, but, more radically, they both disrupted the truth of psychiatric discourse. They occupied an epistemological void, a non-space where psychiatrists were forced to exert a political and moral, rather than strictly

scientific role. They were both monsters, not only because they provoked fear, danger or bewilderment, not only because they appeared as inhuman, other, but mainly because they were epistemologically exterior to whole field of normality created by psychiatric theory. They showed that psychiatry, like 'each discipline recognizes true and false propositions; but it pushes back a whole teratology of knowledge beyond its margins.'⁵⁰

Increasing the rationalisation 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, an event which irrupts suddenly in the form of crises.⁵¹ In the truth-crisis, madness reintroduces fear, distance and division inside the established unity, homogeneity and continuity which positivism seeks to achieve through the rejection of the 'prejudices' connected to the ethical and political questions of otherness. It is the mad, the patients themselves, who dismantle the positivist continuity between the two poles of the knowledge relationship,⁵² 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.⁵³ For Nietzsche, as Foucault reads him, it would not be the exclusion but the inclusion of madness which costs the psychiatric subject her authority in the field of knowledge. The more the psychiatric subject aspires to transgress the limits of her knowledge, the

more she sacrifices herself as an agent of knowledge, will and representation. Confronting madness, the psychiatric subject loses her status as the origin of knowledge, meaning and truth, and she is no longer the universal Kantian agent of knowledge and morality.⁵⁴ On the contrary, she loses her unity and becomes multiple, facing the fact that she is 'not one but split, not sovereign but dependent, not an absolute origin but a function ceaselessly modified.'⁵⁵

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, and the way this distinction interacts with modes of government and forms of subjectivity).⁵⁶ 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.'⁵⁷ 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 poses questions concerning the rationality that underpins the qualification of the psychiatrist as a truth-teller; it challenges the moral, ethical and political conditions that entitle her to present herself and to be considered as a truth-teller; it considers the consequences of telling the truth about subjects and imposing this truth as a norm. It is at the level of its practice that Foucault challenges the truth which endows the psychiatrist with the position of a valid speaker of scientific discourse, questioning the self-evidence of her status and her indispensability, and foregrounding the effects of her discourse on the object which it addresses and about which she is qualified to speak (the mad, the mentally ill, the psychoanalytic subject).⁵⁸

Foucault's psychiatric critique is not a form of nihilism.⁵⁹ He does not deny the existence of psychiatric truth, and does not attach this truth to systems of arbitrary (political and ethical) values which need to be overthrown. Instead, he critiques these systems of values on the basis of contingent but intelligible

practices of truth telling.⁶⁰ If there are values and metaphysical prejudices hidden in rationality, these do not determine the emergence of truth according to a certain causality.⁶¹ The truth that they seek to produce no longer belongs to them. On the contrary, truth reverses values, silences certain behaviours or gives voice and expression to others. Truth is a perspective, not in the sense of being relative on account of limitations inherent in human nature, but because it is strategic and polemic.⁶² It 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.⁶³ 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.'⁶⁴ Critique illustrates how 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 her institution, posing at the same time the question of the *ethos* to which her 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.

Notes and References

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.' Michel Foucault, 'Truth and 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', p. 2.

3 Gilles Deleuze, *Foucault*, trans. by Seán Hand (Minnesota: University of Minnesota Press, 2000), p. 109. Also, Gilles Deleuze, 'Michel Foucault's Main Concepts', in *Two Regimes of Madness, texts and interviews 1975-1995*, trans. by Ames Hodges and Mike Taormina (New York: Semiotext (e), Foreign Agents, 2006), 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', in 'The Ethics of the Concern For Self As a Practice of Freedom', p.439.

5 Michel Foucault, 'The Archeology of Knowledge' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.57.

6 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, p. 17.

7 Arnold Davidson, 'On Epistemology and Archeology: From Canguilhem to Foucault,' in *The Emergence of Sexuality, Historical Epistemology and the Formation of Concepts* (Cambridge, Massachusetts and London, England: Harvard University Press, 2004), p. 192-206.

8 Foucault, 'But Structuralism was not a French Invention', p.102.

9 *The Courage of Truth*, p. 3.

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

11 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?' 'The Subject, Knowledge, and the History of Truth', in *Remarks on Marx*, p.62.

12 'Foucault', p. 461. Foucault, 'The Return of Morality,' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.473. On Foucault's scepticism, see John Rajchman, *Michel Foucault, The Freedom of Philosophy*, p. 2-3, and Paul Veyne, 'Foucault's Scepticism,' in *Foucault, His Thought, His Character*, trans. by Janet Lloyd (London: Polity Press, 2008), p. 37-53.

13 For an analysis of the phenomenological method and the use of *epoché* as a sceptical tool, see Lyotard, *Phenomenology*. For Pyrrho's influence on Husserl, see Richard Appignanesi and Oscar Zarate, *Introducing Existentialism* (London: Icon Books, 2001), p. 62.

14 'Truth and Juridical Forms', p. 13. On Descartes and Kant, see *The Hermeneutics of the Subject*, p. 26, 190.

15 *The Hermeneutics of the Subject*, p. 233-243.

16 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. *The Courage of Truth*, p. 189-190. On the ethical dimension of ancient scepticism, see Roland Barthes, *The Neutral, lecture course at the Collège de France, 1977-1978*, trans. by Rosalind E. Krauss and Dennis Hollier (Columbia: Columbia University Press, 2005), p. 201.

17 *The Hermeneutics of the Subject*, p. 190-191.

18 Foucault, 'On the Genealogy of Ethics: An Overview of Work in Progress' in *The Foucault Reader*, ed. by Paul Rabinow (London: Penguin Books, 1984), p. 372.

19 *The Hermeneutics of the Subject*, p. 358.

20 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 which 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 which 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.*, p. 460-61.

21 Foucault, 'The Discourse of History', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.28.

22 Foucault, 'My Body, this Paper, this Fire', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London: Penguin Books, 1998), p. 406.

23 *The Government of Self and Others*, p. 349.

24 *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 Derrida, 'Cogito and the History of Madness', in *Writing and Difference* (London: Routledge, 2002). 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.

25 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.' 'My Body, this Paper, this Fire' p. 393.

26 *The Hermeneutics of the Subject*, p. 18.

27 'My Body, this Paper, this Fire', p. 401-402.

28 'Truth and Juridical Forms', p. 3.

29 *Ibid.*, p. 15.

30 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.' 'What is Critique?', p. 47.

31 'The Technologies of the Self', p. 17.

32 'The Subject, Knowledge, and the History of Truth', 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, & lunatics.* (London: Tempus, 2006), p. 21-22). 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*. (Foucault, *History of Madness*, trans. J. Murphy & Jean Khalifa (Routledge, 2006), p. 108-131). 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 *Rewriting the History of Madness, studies in Foucault's 'Histoire de la folie'*, ed. Arthur Still and Irving Velody (London: Routledge, 1992), p. 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-judicial manner, which is why they remained marginal.

33 'The Discourse of History', p.22.

34 On the asylum as a 'heterotopia', see 'Different Spaces', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by James D. Faubion, (London: Penguin Books, 1998), p. 180. See also, Chris Philo, 'Edinburgh, Enlightenment, and the Geographies of Unreason', in *Geography and Enlightenment*, ed. by David Livingstone (Chicago: University of Chicago Press, 2000), p. 372-398.

35 Foucault, 'The Birth of Social Medicine', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 13.

36 *The Order of Things*, p. 80-84.

37 *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.' 'But Structuralism was not a French Invention'', p.99.

38 *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, 2004a), p. 62.

41 See, for example, Porter, 'Shutting people up', *Social Studies of Science*, 12: 467-76, 1990, and Hayden White, 'The tasks of intellectual history', *The Monist*, 53:606-30.

42 Derrida, 'Cogito and the History of Madness'.

43 Foucault, 'A historian of Culture', p.95-96.

44 Fulford and others argue that diagnostic statements are permeated by value judgments. 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), p. 17, 18. See also, John Sadler, *Values and Psychiatric Diagnosis* (Oxford: Oxford University Press, 2005), p. 191. 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 'Questions of Method', 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 'Discourse of History', p.28, and 'The Archeology of Knowledge', p.63.

48 Foucault, 'Polemics, Politics and Problematizations', in *The Foucault Reader*, ed. by Paul Rabinow (London: Penguin Books, 1984), p. 387.

49 Monica Greco, in her work *Illness as a Work of Thought* (London and New York: Routledge, 1998), explores, in an explicitly Foucauldian vein, the existence of cases such as hysteria and more recent types of mental illnesses akin to it, where presupposed subjectivities appear as empty and puzzling, dismantling the psychological approaches used in today's clinical practice.

50 'The Order of Discourse', p. 60.

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

52 'Truth and Juridical Forms', p. 13-14.

53 '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, grows slack, the entry of a masked 'other.' Michel Foucault, 'Nietzsche, Genealogy, History', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion (London: Penguin Books, 1998), p. 380-381.

54 On the Kantian universal subject of the *Critique of Practical Reason*, see 'On the Genealogy of Ethics', p. 372.

55 Foucault, 'The Birth of a World,' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 67.

56 '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. 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' in *Michel Foucault, Power/Knowledge, selected interviews and other writings 1972-1977* by Michel Foucault, ed. Colin Gordon, trans. by Colin Gordon, Leo Mashall, John Mepham, Kate Soper (England: Harvester Press, 1980), p. 49.

57 *The Courage of Truth*, p. 68.

58 The process of identifying the 'importance of telling the truth, knowing who is able to tell the truth, and knowing why we should tell the truth,' constitutes the 'critical tradition in West', which we have inherited from the ancient Greeks and Kant. See Michel Foucault, *Fearless Speech*, ed. by Joseph Pearson (New York: Semiotext (e), Foreign Agents, 2001), p. 170.

59 *The Government of Self and Others*, p. 5-6.

60 Foucault defended his analysis against the consistent charge of nihilism, nominalism and historicism. *Ibid.*, p. 5-6.

61 'Foucault', p. 462.

62 'Truth and Juridical Forms', p. 14.

63 Ibid., p. 14.

64 'Nietzsche, Genealogy, History,' p. 371.

CHAPTER 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, or 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 alienism 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, dismantling the anthropological and positivist illusion of psychiatry. 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 a few years later.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 labeled 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 antipsychiatry 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.

In this chapter we shall focus on Foucault's lecture course, *Abnormal*,¹³ which highlight 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, as we shall show, 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.

For Foucault, the major medico-legal crisis of the late eighteenth century was one of the groundbreaking events in the history of western psychiatry. It was not, however, a crisis supposedly produced by the inconsistent reality of the psychiatric institution, but one of those events which have made that reality inconsistent and subject to change. It was in this sense, we shall argue, that Foucault introduced a

break with the anti-psychiatric community. Although he agrees with the anti-psychiatrists that power and truth are the targets of a subversive critique, he insists that both terms need to be redefined before their attack is possible. That is why he does not put forward one more theory and does not propose solutions or alternatives, but describes the struggles that bring forth the fragility of that power and that truth, the points of resistance and possible lines of disengagement. Foucault does not aspire to produce a discourse which will provide a foundation that can serve as a point of reference for all possible critique. His critique precludes the possibility of a pre-established consensus according to a Habermasian ideal of a transparent community among critics.¹⁵ The problem of power and truth is general enough to address the political ramifications of psychiatric practice, but it is also local enough not to fit into a programme, serve as a factor of unity or become suitable for tactical occasions. Any critique of power and truth is part of the nexus of power which it criticizes, while at the same time it stands at its limits as a singular intervention which *creates* the possibility of consensus rather than asserting it in advance. It therefore poses a challenge to the psychiatric power relation as well as to those involved in its critique, inviting them to begin with the question of ‘what proportion of nonconsensuality is implied in such a power relation, and whether that degree of nonconsensuality is necessary or not, and then one may question every power relation to that extent [...] one must not be for consensuality, but one must be against nonconsensuality.’¹⁶

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.¹⁷ Many leftist discourses which Foucault characterizes as 'lyrically anti-psychiatrist'¹⁸ regard power as inherently oppressive and the relationship between psychiatrist and patient as containing an endogenous reality of domination. Basaglia, 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.¹⁹ Existential psychiatrists such as Laing and Cooper 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.²⁰ 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.²¹ 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.²²

Foucault investigates 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.'²³ Over the centuries, the truth obligation, this will to truth imposed by the system of power, the obligation for

any subject to know oneself, to tell the truth about oneself, and to constitute oneself 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.²⁴ 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.²⁵ 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 which generated the human sciences.²⁶ 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.'²⁷

Foucault points out that the law is not the mask of power or its alibi.²⁸ 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.²⁹

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.³⁰

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 discourse — 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).³¹ 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 privileging? 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.³²

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 we have 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.³³ Szasz, 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*,³⁴ 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 which 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 which silenced madness, rather than the birth of a new discipline.³⁵

Foucault reads Szasz's narrative as a piece of historicism.³⁶ 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-specialised 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.³⁷ There was no need to 'inscribe the crime, however outrageous, in terms of something like a nature',³⁸ and therefore 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 rather than the correction of deviants, that is, of the criminals, madmen, or 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, and marks a new type of critique where legal discourse no longer supported but limited the arbitrariness and illegitimacy of the sovereign.³⁹ The other form of critique emerged from the extension of scientific reflection on the validity of governmental interventions, 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 either of 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 authenticity and its natural rights.⁴⁰

Foucault shows, by contrast, that it was not the advanced rationality of the exact sciences which were presumably able to annex the complex, confused and ambiguous domain of human behaviour.⁴¹ It was not the increased awareness of the nature of man and his universal rights which 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.⁴² In discipline there is no sovereign, no duality and no asymmetry; 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.'⁴³

What interests Foucault, we argue, 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 problem of critique and the problematic of the enlightenment.⁴⁴ 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, the unassimilable.⁴⁵ 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.⁴⁶ 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 that turned him into a temporary despot, a defiant of the norm and the social rules. This rationality had to be made intelligible, diagnosed, and restored to the norm. Importantly, among the various types of mental disorder whose detection and diagnosis were required by the penal system, one in particular raised concern: the human monster. The human monster was the subject in which madness manifested itself exclusively in the form of crime. In the monster, delirium intruded violently, causing a temporary disturbance in the form of a crack, a break between the individual's earlier life and his behaviour during the crime; it was also a condition that spared the moral consciousness of the subject, excluding the possibility of the crime being ethically motivated. Monstrosity therefore constituted the point where the law reached the limits of its application. The human monster created anxiety by its capacity to breach the law 'while leaving it with nothing to say.' It violated the law and trapped it by triggering a response different from the law itself. It provoked violence, suppression or medical care. In the monster, the law confronted the unintelligible, it faced the limits of reason.⁴⁷ It needed psychiatric expertise to pin down unreason, spot it in an individual and refer to it in order to define legal responsibility. Psychiatry became the most pertinent, the most appropriate response to this problem, since it could provide scientific answers.⁴⁸ But its answers, its

knowledge, could no longer rest on the tautology of defining the norm on the basis of preconceived conceptions of man. It was rather based on a paradox to the extent that it was asked to produce rational rules for identifying a behaviour which escapes rationality. Psychiatric knowledge was obliged to construct valid medical propositions centered around an impossibility, a monstrosity which is exceptional and inexplicable by definition:

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.⁴⁹

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:⁵⁰

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.⁵¹

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 judgment 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 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. We should bear 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 fulfills the truth conditions created by schemas of rationality. Multiple practices, institutions and systems of

knowledge revolve around the production of valid distinctions and solid clinical differentiations, which 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.'⁵² 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.⁵³

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.’⁵⁴ 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 which 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 Pinel and Esquirol were primarily diagnosticians.⁵⁵ 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.⁵⁶

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 which 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.⁵⁷

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.⁵⁸ Although Foucault accepts the role of psychiatry as an instrument of public hygiene, his conclusion, as we showed, 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 prison and the asylum in the late eighteenth century.⁵⁹ 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

Through Foucault's later works, we have shown how 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. We have also shown that 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. We need to consider what the status of madness is in Foucault's system and how it differs from anti-psychiatry. We also need 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 we have seen, 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.⁶⁰ It was born simultaneously with madness as its empirical and institutional expression. It is thus illusory to disengage the one term from the other. Anti-psychiatry promotes this disengagement by seeking to ‘demedicalize’ madness, dismissing mental illness as a distortion of the reality of madness.⁶¹ It purports to produce the truth of madness in forms other than those of the knowledge relation, and to free the supposed entity of madness from the concept of mental illness altogether. Foucault challenges this pretention as utopian. He disputes the defense of madness as a vague anthropological constant to be liberated, and foregrounds the universal ‘madness’ as a notion always staged in new modes of perception, new forms of mental illness. What interests Foucault are those occasions when madness manifests itself as a problem urgent enough to necessitate the transformation of the diagnostic categories which represent it, provoking new political, juridical and institutional solutions. These solutions 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 behaviour problems, there are reasons for questioning politics: and politics must answer these questions, but it never answers them completely.’⁶²

As we have shown, 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 medicalisation 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 symptomatology 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.⁶³

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?'⁶⁴

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.⁶⁵

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 form 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.⁶⁶

I tried to see, then, how this set of power relationships which encircled madness and defined it as mental illness was something completely different from a pure and simple power relationship, from a pure and simple tautological affirmation of the following type: I, reason, exercise power over you, madness.⁶⁷

Foucault makes no prior assumptions about madness, and even supposes that madness does not exist: madness is not a substance masked and repressed by the authority of the doctor who imposes an arbitrary nosography and diagnosis upon it. There is no permanent and transhistorical medical model which restrains and suppresses. On the contrary, Foucault shows how the medical model and the diagnostic thinking of the alienists conceived madness as an experience at the limits, an anthropological problem, an idea of reason which gradually became an object of medical attention. ‘Madness cannot be found in its raw state’, Foucault notes.⁶⁸ 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, therefore, 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,'⁶⁹ 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.⁷⁰

For Foucault, therefore, mental illness is the enactment of a problematization, not an entity problematic in itself. Paradoxically, 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.⁷¹ 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.'⁷² 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.⁷³ 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, the detection of automatism and lack of free will should take place before the actual crime, so that the individual's preemptive 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 her illness with the possibility of legal transgression. Dangerousness, however, is not a clinical notion, it is not a medical category, but an administrative term which concerns social defence rather than medicine.⁷⁴ 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.⁷⁵ Since, however, her future culpability could not be demonstrated at the level of disturbed consciousness and logical error, as in the monster, the proof of her 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.⁷⁶ 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.'⁷⁷ 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 offense not yet committed.⁷⁸ Instead of increasing the rigour of her diagnosis, the forensic psychiatrist dealt with an exploded symptomatological field which tackled disorders of conduct rather than the

search for delirium, producing ‘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.’⁷⁹ Consistent with the security system of policing abnormalities, forensic psychiatry presented a derisory image of mental illness closely knit with morality and social offence, precisely at the moment when it sought to describe pathology in a value-free way.

For Foucault this adulteration and derision of psychiatric expert opinion is not an intrinsic epistemological flaw of mental illness. It is the price that the psychiatric subject had to pay for aspiring to incorporate madness. Despite its efforts to submit mental illness to a pacifying, inclusive network of socialization, the security orientated form of rationality ended up multiplying compulsory admissions where heterogeneous forms of abnormal conduct were excluded on the basis of their suspected insanity. ‘Everyone in the asylum potentially carries the danger of death’, Foucault notes.⁸⁰ As a result, the new forms of mental illness unleashed the monstrous aspects of madness, instead of enjoining it into a nosography of rationalization. Madness began to pose the danger of its alterity beneath the anonymity of ordinary behaviour, behind the most commonplace disturbance of conduct. It returned by inserting the absolute diagnosis between reason and madness that the new psychiatric rationality tried to ward off at all cost, renewing the anthropological problematic of alienism. This ‘neo-alienism’, this identification of madness with danger which is still prevalent today, has generated a new juridical and administrative crisis which calls for a redefinition of the terms of the debate about mental illness. This crisis can no longer be critiqued by injecting more rationalization and psychologism into diagnosis. It cannot be overcome by rejecting diagnosis as a repressive instrument of the patients’ rights. Scientific knowledge of man and humanist discourse are *de facto*

overshadowed as forms of critique by the urgent need to reflect on the anxiety and fear that madness provokes in this new form of punitive power.⁸¹ It is madness itself which resists medicalization by adopting all possible medical, political or moral attributions, disqualifying the psychiatrist as a scientific subject and becoming more dangerous and terrifying the more it is subjected to rational understanding.

Therefore, it is no longer enough to criticize the excess of rationality which exercises terror over madness. Critique must also foreground the ways madness 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.’⁸² This is why the *History of Madness* was not a praise of madness, just as *Discipline and Punish* was not an apology for crime.⁸³ 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.⁸⁴ These efforts 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;⁸⁵ he indicated the urgent need to criticize the private, ‘liberated’ medicalized apparatus

which Szasz has privileged over the therapeutic State;⁸⁶ 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.⁸⁷ ‘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.’⁸⁸ 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:

Everyone dreams of writing a history of the mad, of going over to the other side and tracing the great evasions or the subtle retreats into delirium from the beginning. Yet, under the pretext of tuning in and letting the mad themselves speak, one already accepts the division between the two as a fact. It’s necessary to put oneself at the point where the machinery that makes these qualifications and disqualifications is actually operative, and putting the mad and the non-mad on two sides facing each other.⁸⁹

The new form of knowledge that Foucault’s work offers is a differential knowledge which does not promote a new rationality and does not advance knowledge of the irrational or the unknown. It belongs to the realm of truth — its character as differential can be conceived as the very definition of truth — and it therefore stands at the lines of division, accentuating the tensions between opposing sides, making them more conflictual, rather than dialectically sublating them. It is from this perspective that the *History of Madness* can be considered a ‘dangerous’ book, which, although descriptive in its design, is structured ‘in such a way that the possible paths of attack are delineated.’⁹⁰ The book supported neither the faith in rationalist medicine nor the romanticism of a mythical irrationality. It showed how both attitudes collapse when they come into conflict, transforming the relation that we have with madness, the institution of psychiatry, and the truth of its discourse.

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',⁹¹ 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.⁹² 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.⁹³ 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.⁹⁴ 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.'⁹⁵ 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 has rejected the term anti-psychiatry — described Laing as a defender of psychiatry, a 'drug-guru' and the high priest of 'super-sanity'. Peter Sedgwick, 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.⁹⁶ All totalising 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.⁹⁷ 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 preexisting 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.⁹⁸

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:

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.⁹⁹

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.¹⁰⁰ 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 which 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.

It was this 'we' of the alienists that brought about the conditions for the birth of the asylum and the science of psychiatry. The psychiatric community of the late eighteenth and early nineteenth centuries shared specific institutional, epistemological and philosophical concerns that were decidedly different from the ones shared in the previous periods, or the ones existing today. Foucault's work disputes the conception of an increasingly sophisticated medical rationality that supposedly began with the Enlightenment and has brought us closer to the truth of madness ever since. Enlightenment critique consists of exploring the historical terms on which this unique type of community was formed, so that the psychiatrist of the present can reflect on the origins of his own discipline and perform a diagnosis of his own 'we', his own actuality and his own community.

Notes and References

1 On the relationship between mathematics and power, see 'The Ethics of the Concern For Self as a Practice of Freedom', p. 445. On psychiatry as a dubious science, see Michel Foucault, 'The Social Extension of the Norm' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 197.

2 'How an 'Experience-Book is Born'' and 'The Subject, Knowledge, and the 'History of Truth', p.35, 75. See Maurice Blanchot, 'The Great Confinement' in *The Infinite Conversation*, trans. by Suzan Hanson (Minnesota: The University of Minnesota Press, 1993), p. 196-201. Roland Barthes, 'Taking Sides' in *Critical Essays*, trans. by Richard Howard (Evanston: Northwestern University Press, 1972), p. 163-170.

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.' 'The Subject, Knowledge, and the 'History of Truth' p. 79. See also, 'How an 'Experience-Book is Born'' and 'The Subject, Knowledge, and the 'History of Truth'' p.35, 79.

4 'The Subject, Knowledge, and the 'History of Truth', 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. 'The Subject, Knowledge and the 'History of Truth', p.82.

5 In an interview, Foucault recounts an incident which 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', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.380.

6 Michel Foucault, 'Problematics' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.418.

7 Michel Foucault, 'Clarifications on the Question of Power' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.261. Also, 'How an 'Experience-Book is Born', p.35.

8 'Clarifications on the Question of Power', p.261. Also, 'An Ethics of Pleasure', 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. *Psychiatric Power*, p. 39, 344.

10 Ibid., p. 341.

11 Ibid., p. 345.

12 Ibid, p. 13.

13 *Abnormal*.

14 Ibid., p.113.

15 'The Ethics of the Concern for Self As a Practice of Freedom', p. 446.

16 'Politics and Ethics: An Interview', p. 379.

17 'The Social Extension of the Norm', p. 199.

18 Ibid., p. 198.

19 *Psychiatric Power*, p. 345. See Franco Basaglia, 'Breaking the Circuit of Control', in *Critical Psychiatry*, ed. by David Ingleby (New York: Penguin Books, 1981), p. 184-192.

20 Ibid., p. 345.

21 'Problematics', p. 416, 418.

22 '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.' 'Clarifications on the Question of Power' 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.' 'Truth and Power' p. 119-120. 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 Hampshire: Palgrave MacMillan, 2007), p. 25-28. As Foucault explains, his concern is not the nature of power but the investigation of its practices. See 'Intellectuals and Power,' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 79.

23 Michel Foucault, *Society Must be Defended: lectures at the Collège de France, 1975-1976*, trans. by David Macey (New York: Picador, 2003b), p. 24-25.

24 'Truth and Juridical Forms', p. 34.

25 Michel Foucault, *The History of Sexuality, Vol I*, trans. by Robert Hurley (Harmondsworth: Penguin, 1979), p. 97. See also Foucault's remark in 'Truth and Juridical Forms', 'We thus have a type of truth-establishment closely tied to the administrative management of the first great state reform known in the west', p. 45. The juridical form of truth in the age of the sovereign was restricted to the inquiry, which, with the scientific and technological advances of the classical age, such as the technique of voyage, gave rise to the sciences of observation -- geography, astronomy, mathematics and the study of climates.

26 It was the legal method of *examination* of the late eighteenth century, which engendered the human sciences. 'Truth and Juridical Forms', p. 42, 43.

27 *The Birth of Biopolitics*, p. 35.

28 Michel Foucault, 'Powers and Strategies' in *Power/Knowledge, selected interviews and other writings 1972/1977* by Michel Foucault, ed. by Colin Gordon (England: The Harvester Press, 1980), p. 14.

29 *The Birth of Biopolitics*, p. 34.

30 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', trans. by Marjorie Beale, in *Law and the Order of Culture*, ed. Robert Post (Berkeley CA: University of California Press, 1991), p. 138-161. 'Truth and Juridical Forms', p. 59.

31 Michel Foucault, 'The Meshes of Power,' in *Space, Knowledge, Power, Foucault and Geography*, ed. by Jeremy W. Crampton and Stuart Elden, trans. by Gerald Moore (England: Ashgate Publishing Limited, 2008), p. 154. Also, 'Powers and Strategies', p. 140.

32 'The Meshes of Power', p. 154-155.

33 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, J. and Anderson, K.B, *Foucault and The Iranian Revolution, Gender and the Seductions of Islamism* (Chicago: The University of Chicago Press, 2005). p. 249.

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

35 Ibid., p.

36 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' p. 196-199, and 'Sorcery and Madness' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 200-202.

37 *The History of Sexuality, Vol 1*, trans. by Robert Hurley (Harmondsworth: Penguin, 1979), p. 97. See also Foucault's remark in 'Truth and Juridical Forms', 'We thus have a type of truth-establishment closely tied to the administrative management of the first great state reform known in the west'. p. 45.

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

39 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. *The Birth of Biopolitics*, p. 38-42.

40 *Psychiatric Power*, p. 57-58.

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

42 *Psychiatric Power*, p. 22.

43 Michel Foucault, *Discipline and Punish: the Birth of the Prison*, trans. by 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.' *Security, Territory, Population*, p. 48.

44 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.' *Psychiatric Power*, p. 57-58. 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 *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3*. ed. by James D. Faubion, (London: Penguin Books, 2000), p. 417. For a similar remark concerning the inherent relationship of the Enlightenment with alterity, see Jean Baudrillard 'The Violence of Indifference', in *The Conspiracy of Art*, trans. by Ames Hodges (New York: Semiotext (e), Foreign Agents, 2005), p. 143.

45 *Psychiatric Power*, p. 53.

46 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?' (1998) 7 *Social and Legal Studies*, 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. (*Discipline and Punish*, p. 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' (*Society Must be Defended*, p. 38).

47 *Abnormal*, p. 56. See also, Nikolas Rose, 'Law, Rights and Psychiatry' in *The Power of Psychiatry*, ed. by Peter

Miller and Nikolas Rose (Cambridge: Polity Press, 1986), p. 200.

48 '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.' *Abnormal*, p. 122.

49 *Ibid.*, p. 56-57.

50 '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.*, p. 121-122.

51 'The Social Extension of the Norm', p. 197.

52 Michel Foucault, 'History, Discourse and Discontinuity', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.46.

53 'The Ethics of the Concern for Self as a Practice of Freedom', p.445.

54 *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, 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.' Robinson D. N. *Wild Beasts and Idle Humours* (Massachusetts: Harvard University Press, 1996), 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 Bill of 1800, was promptly promulgated committing 'criminal lunatics' to Bedlam or any county asylum.

55 *Ibid.*, 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.' *The Birth of the Clinic*, p. 161-162. See also Robert Castel, *The Regulation of Madness, the origins of incarceration in France*, trans. by W.D Halls (Berkeley: University of California Press, 1988), p. 88-98. Also, Jan Goldstein, *Console and Classify* (Chicago: University of Chicago Press, 2001), p. 72-79. Karl Jaspers also characterizes Esquirol and Kraepelin as great clinical describers, in opposition to analysers such as Spielmann and Wernicke. See *General Psychopathology*, trans. by J Hoening and Marian W. Hamilton (Baltimore: Johns Hopkins University Press, 1997), p. 849.

56 *Ibid.*, p. 118.

57 *Ibid.*, p. 160.

58 Thomas Szasz, *Coercion as Cure, a critical history of psychiatry* (New Jersey: Transaction, 2007). Also, Thomas 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.

59 Foucault pointed out several times in his interviews that the prison and the asylum were born simultaneously. See for example, 'From Torture to Cellblock', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), 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 prisons. 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', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), 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.

60 'The birth of mental illness is this whole phenomenon; it is madness as an institution in our society.' 'Talk Show', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign

Agents, 1989), p. 139.

61 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 *Psychiatric Power*, p. 344, 346.

62 'Polemics, Politics and Problematizations', p. 384.

63 *Psychiatric Power*, p. 346.

64 'The Social Extension of the Norm', p. 197.

65 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), p. 17-32. Thomas Szasz, *Psychiatry, the Science of Lies* (Syracuse: Syracuse University Press, 2008).

66 *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 'The Subject, Knowledge, and the History of Truth', p.60, and 'Confinement, Psychiatry, Prison', in *Politics, Philosophy, Culture, Interviews, Writings, 1977-1984* (New York: Routledge, 1988), p. 183. Also, 'The Politics of Soviet Crime', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.194).

67 'Clarifications on the Question of Power', p.259.

68 Michel Foucault, 'Madness Only Exists in Society', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.8.

69 *The Birth of Biopolitics*, p. 77.

70 'That people are suffering, that people make trouble in society or 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 [...] 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', p. 418.

71 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 replacement 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.' *Security, Territory, Population*, p. 107-108. 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.

72 *Abnormal*, p. 142.

73 Ibid., p. 119, 133, 161-163.

74 'About the Concept of the 'Dangerous individual' in Nineteenth Century Legal Psychiatry', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3*, ed. by James D. Faubion (London: Penguin Books, 2000). Also, 'Confinement, Psychiatry, Prison', p. 191. 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.

75 *Abnormal*, p. 57-59.

76 Ibid., p. 157.

77 Ibid., p. 58.

78 Ibid., p. 34-35, 161-163.

79 Ibid., p. 35, 36. Foucault quickly adds, however, that '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 'Letter to Certain Leaders of the Left', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 427, 428.

80 The 1838 Law 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., p. 145-146.

81 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' p. 471-472. Also, 'Confinement, Psychiatry, Prison', 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 (*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 of mental illness often carries more weight than calls for greater freedom.' *Suicide: Foucault, history and truth* (Cambridge: Cambridge University Press, 2010), p. 184-187.

82 *The Birth of Biopolitics*, p. 36.

83 'Madness Only Exists in Society', p. 9. Also, 'Talk Show', p. 142.

84 Foucault discusses at length the issues relevant to the age of deinstitutionalization. See *Abnormal*, p.1-30. Also 'About the Concept of the 'Dangerous individual', p. 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): 327-31. For a similar reproach, see Braham's book *Closing the Asylum, the mental patient in modern society* (London: Penguin Books, 1992), p. 66, 140.

85 'On the Genealogy of Ethics', p. 335. 343-344. For a similar critique of Basaglia's project, see Felix Guattari, *Chaosophy, texts and interviews, 1972-1977*, trans. by David L. Sweet, Jarred Becker, and Taylor Adkins (New York: Semiotext(e), Foreign Agents, 2009a), p. 119-123.

86 'Sorcery and Madness' p. 202.

87 Foucault borrows the term 'leftist doxa' from Jacques Rancière. 'The End of the Monarchy of Sex', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 222.

88 'On the Genealogy of Ethics', p. 335. 343.

89 'Sorcery and Madness', p. 201.

90 'Clarifications on the Question of Power', p.262.

91 'The Subject and Power', p. 335.

92 Foucault, M. *Psychiatric Power*, p. 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)'. 'How an 'Experience-Book is Born', p.35.

93 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.’ (‘The Subject, Knowledge, and the History of Truth’, p.73).

94 ‘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’ (‘The Subject and 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.’ (‘The Subject, Knowledge, and the ‘History of Truth’, p.81).

95 ‘The Social Extension of the Norm’, p. 199.

96 Szasz rejects the term ‘anti-psychiatry’ in *Antipsychiatry, Quakery Squared*, (Syracuse: Syracuse University Press, 2009), p. 25, 40. On Laing, see Thoams Szasz, *Coercion as Cure, a critical history of psychiatry*, p. 213-216. See also, Peter Sedgwick, *Psycho Politics* (London: Pluto Press, 1982).

97 *Society Must be Defended*, p. 5-6.

98 ‘Polemics, Politics and Problematizations’, p. 385.

99 ‘What is Revolution?’, p. 86.

100 ‘Polemics, Politics and Problematizations’ p. 385. For Rorty, the Enlightenment entails a necessary appeal to a ‘we’, a solidarity and hope to diminish suffering and humiliation. Foucault, 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’. Richard 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

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 which 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 harmonise 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 late nineteenth century. 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 paradox: as an experience at the limits of rationality, it resisted rational appropriation: '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. The mad were isolated on the premise of their entrapment in their own private truth, therefore not only access to that truth through medical knowledge was barred, but the outward appearance of madness and its clinical manifestation could also be imitated by healthy individuals. There appeared, since the time of Pinel in the early nineteenth century,⁴ simulators, 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. Apart from the various legal, social and institutional problems that simulation raised, it also called the scientific status of psychiatry into question. For if any symptom can be 'produced', and can no longer be accepted as a fact of nature, then every illness may be considered simulatable. It is not only psychiatry but medicine which simulation places in doubt since it only knows how to treat real illnesses by their objective causes. Those who adopt an anti-psychiatry stance use the idea that mental illness is a myth since it lacks an objective basis and can be easily imitated through simple simulation as their main line of argument.⁵

For anti-psychiatry, then, simulation is a deep seated crisis of representation in psychiatry which displays psychopathology's inherent inability to found mental

disorder on a medical causal model. It demonstrates the limitation of psychiatry to represent madness medically and to pin its elusive nature on a tangible reality. Simulation, the anti-psychiatrists essentially argue, prevents alienism from reaching an acceptable degree of medical representation. It is not at this level, however, that Foucault's critique is situated. The representational value of psychiatric discourse is not his primary concern.⁶ He is interested in the distinction between truth and falsity, in the diagnostic truth regime which is anterior to and constitutive of the ability of psychiatry to provide adequate representation of madness. Diagnosis is a form of knowledge which defines and determines differences. While it operates within an objective field of sickness, it is 'outside of sickness,' *permitting* the objective field of sickness to appear.⁷ Diagnosis belongs to a wider domain, at once scientific, political and ethical, as we have shown, which sets the terms of representation in advance and makes the scientific statements of psychiatry pertinent and applicable. It was only after society had posed for itself the problem of madness in terms of truth and falsity that psychiatric knowledge could appear as its scientific solution.⁸ It was only after this division had opened up a psychiatric area of perception that the internal epistemological rules could then organize and structure it scientifically. For Foucault, therefore, the diagnostic regime, the division between the true and the false, constitutes a more primordial practice which, without being wholly scientific itself, conditions the very possibility of the epistemologically serious claims.⁹ It is diagnosis, differential knowledge, as the matrix of scientific knowledge, but more generally as a mode of historical research, which raises crucial questions to which science must respond:

First, in what sense is the production and transformation of the true/false division characteristic and decisive for our historicity? Second, in what specific ways has this relation operated in Western societies, which produces scientific knowledge whose forms are perpetually changing and whose values are posited as universal? Third,

what historical knowledge is possible of a history that itself produces the true/false distinction on which such knowledge depends?¹⁰

Diagnosis, as we have shown, incorporates heterogeneous elements deriving from the extra-scientific rationality of a given period. It therefore reflects the dominant form of rationality of an epoch and the general attitude of that epoch towards the division between the true and the false. In the west, distinct regimes of truth have determined the various divisions between the true and the false over the centuries, and it was inside these established divisions that the successive modes of knowledge which Foucault describes in *The Order of Things* delineated the correct way of demonstrating the true. This is why, instead of critiquing the content of psychiatric knowledge which has only a local effect on its internal structure, Foucault advances the critique of the prevailing diagnostic regime, insofar as it creates the capacity to touch the roots of the general form of rationality which has inserted psychiatry into a apparently permanent and transhistorical knowledge relationship.

Thus, Foucault shows how the diagnostic regime of truth which governs psychiatry has not been stable throughout history, and, moreover, it has not always belonged to the framework of western rationality. *Contra* anti-psychiatry, he suggests that, if proto-psychiatric knowledge, the anthropological knowledge of alienism, was confused with the strictly medical knowledge of the time, the reason for this confusion was not that psychiatry was in a state of ignorance or was not scientific enough, but that the truth regime which governed alienism obeyed its own unique rules of formation. This truth has existed in the margins of western rationality since the Middle Ages, but it has been pervasive inside the diagnostic thinking of medical practice from Hippocrates to the eighteenth century medicine of Sydenham. It was a discourse which did not produce scientific knowledge; it determined truth in the form of arbitration, strategy and conflict. For Hippocrates, it was less the anatomical

localization of an illness and more its critical moments — fevers, convulsions — which interested him. 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. More than twenty centuries later, the proto-psychiatrists applied the same logic; 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 the presence of madness.¹¹ They studied madness in its crises and the sudden outbursts of its inner truth. Although, as we have shown, 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 the unreason of the mad. The test, however, was a ritualistic and juridical mode of truth production that psychiatry had to overcome in its efforts to become a medical specialism continuous not just with the form but mainly with the content of medical discourse.¹² So long as madness could not be demonstrated anatomically, psychiatry could never become a branch of medicine. 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. It was from that historical moment, from the complementarity and conflict of these two truth regimes, that the reliable identification of madness ceased to be a philosophical, quasi-scientific practice and became a representational problem for psychiatry.

Foucault's critique focuses precisely on this interpenetration between these two fundamental truth regimes of the truth-test and of scientific observation which govern psychiatric knowledge, and it is at their level that he situates the phenomenon of simulation. Simulation is the result of the superimposition of one truth regime on another, the result of the coexistence and derivation of one truth regime from the other in the same diagnostic discourse. This type of simulation generates a critical moment; it is a moment of crisis which calls for a diagnosis inside diagnosis, for a discernment between the two types of truth which function harmoniously in the same domain of psychiatric practice but nevertheless belong to two different registers. These two regimes do not consist of simultaneously existing epistemic schemas. They do not surface when a new scientific model disrupts an accepted, 'normal science.'¹³ In this form of simulation, the accepted scientific model is challenged *as* a norm by a truth with different rules of formation. The truth regime of the test does not belong to the realm of science, but the fact that it is a juridical and philosophical truth does not make it less true. In fact, its exteriority in relation to science not only does not reduce its truth value, but, on the contrary, it is the power of its truth which disputes, not the content, but the hegemony of science in the articulation and organization of statements. This is why its detection, far from refuting the scientific validity of psychiatry, constitutes for Foucault the focal point for the emergence of epistemological mutations and psychiatric revolutions:

It is a question of what governs statements, and the way in which they govern each other [...] there is a problem of the regime, the politics of the scientific statement [...] it's not so much a matter of knowing what external power imposes itself on science as of what effects of power circulate among scientific statements, what constitutes, as it were, their internal regime of power, and how and why at certain moments that regime undergoes a global modification.¹⁴

The *History of Madness* essentially describes the major crisis of the late eighteenth century, the moment of simulation which brought about the simultaneous emergence and bifurcation of the truth regime of the test and the scientific truth of demonstration, generating alienism. Since that historical point, science has become the dominant discourse in psychiatry, excluding and suppressing the truth-test. Foucault's critique amounts to showing how this excluded system of truth still survives inside diagnostic regimes which claim to be scientific, working as the underside of scientific diagnosis.¹⁵ Alongside the scientific truth regime which consistently promotes universality, exactness and identity, Foucault detects heterogeneous elements of truth, elements of testing the truth rather than fabricating positive knowledge, which, although seemingly part of the same scientific regime, are not strictly scientific as they foreground singularity, crisis and otherness.

As we showed in the previous chapter, a juridical regime of truth-test manifested itself in nineteenth century forensic psychiatry when the prognostic model of social prevention was interrupted by the unexpected emergence of monstrosity. In the neurological diagnostic discourse of roughly the same period, as we shall now show, Foucault isolates a regime of truth which introduces negativity and radical otherness parallel to, and in the background, of a dominant regime of positivism. Foucault illustrates this important crisis, the second major crisis of the early years of psychiatry, when hysteria challenged the status of psychiatry as a part of medicine by situating the problem of diagnostic truth at the level of the primordial distinction between madness and non-madness, sameness and otherness. For Foucault, hysteria was both a neurological construct *and* a derivative of the production of the truth of madness through the test; hysteria, without being a genuine medical illness, mere simulation or pure madness, reestablished the distinction between other and same, the

being and non-being of illness, inside and outside. It emerged spontaneously as a problem among other illnesses, challenging the diagnostic efforts of the doctors, their power and the truth that would offer recognition of the hysterics as mentally ill subjects. It surfaced as an event, a minor phenomenon with enormous consequences for the exercise of psychiatry as an extension of neurology. It altered the structure of the asylum itself, the status of the agents of hysteria as mentally ill patients, and the whole network of power relations among doctors, patients and mental health workers. It challenged the way of 'speaking true' in psychiatry; that is, the very truth conditions which the neurological model sought to establish as a grid of intelligibility for mental illness.¹⁶ In other words, it attacked not the validity of statements regarding illness, but the very rationality that sought to medicalize madness. The neurological model failed, the question of otherness returned, and psychoanalysis was born. Hysteria was the major event of nineteenth century psychiatry; a minor phenomenon with enormous implications for medical rationality.

Simulation and hyperreality – the neurological body

We shall now begin our analysis by discussing simulation as both an epistemological and a political determinant for the formation of psychiatry as a positive science in the middle of the nineteenth century. During this period, simulation was not only an internal problem for science, but a more general issue for the prevalent form of rationality. As we briefly discussed in the previous chapter, the logic of security and management of the population became dominant in the middle of the nineteenth century. The distinctive characteristic of the system of security was that, unlike the constant reference to the law in the rationality of sovereignty or the

fundamental relation to the norm in disciplinary logic, security could only function in perpetual reference to the complementarity of reality and simulation. Security comprised an ensemble of mechanisms for the protection of society from the uncontrollable elements of nature, whether they be present or future ones, real or simulated. It was centered around 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. Reality became the principle of action and the domain of intervention. 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.'¹⁷ 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 which 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 a concept encompassing the virtual. It became 'hyperreal.'¹⁸ The fake, simulation, ceased to be an argument against it, but it began to function as its necessary correlate. 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. Security therefore 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.¹⁹

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* which we 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, 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.’²⁰ 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 simulated or unexpected events. It should be controllable, programmable and graspable through investigation using instruments of technology and knowledge of technique. Positivism replaced the *inquiry* of the classical age and the *examination* of disciplinary systems with 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.²¹ 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.²²

The hyperreality of this network of security and the prevalence of positivism brought about the 'somatocracy' of the nineteenth century.²³ 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.²⁴

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 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.'²⁵ 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.’²⁶

Characterization of illness was still not possible: 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.²⁷

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, the empirical and the transcendental. It was an effort primarily against simulation, which marks the psychiatric enterprise to this day.

For psychiatry, then, the challenge was to lay hold on the patient's body by adopting the diagnostic truth regime of medical discourse and its methodology. But it could not gain access to this specific truth regime. In the nineteenth century, psychiatry, as it was established, was a medicine without a body.²⁸ The model of syphilis gave only an approximate anatomical account of madness, failing to provide reliability.²⁹ The neuroses, mental disorders with clear bodily manifestations such as hypochondria, hysteria, were too atypical and irregular in their presentation, lacking ascribable anatomical correlations, and were vulnerable to simulation.³⁰ 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.³¹ 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* judgment to incarcerate the mad. Insanity still constituted an ideal object, a transcendence, a disembodied illness with no empirical justification. The binarism that prevailed in the proto-psychiatric setting persisted:

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. This is the point at which the psychiatrist's knowledge, and also his power, functions.³²

Psychiatry strove to overcome the difficulty raised by simulation by resorting to a truth regime which was derivative of pathological 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 which

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.³³ 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.³⁴ 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.³⁵

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.'³⁶

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.³⁷

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. Her 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.³⁸ 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.³⁹ Throughout the nineteenth century psychiatry extended its powers to medicine, pedagogy, psychology and philosophy, augmenting the logic of integration, treatment and socialization.⁴⁰

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. It was not, however, the great illness of the nineteenth century, but a typical asylum syndrome which took on the characteristics of a struggle between doctors and patients. Although initially Charcot and his pupils picked out hysteria from the large crowd of simulators who populated the asylum space, it turned out that hysteria 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.⁴¹ 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.⁴²

Hysteria had unique characteristics. It displayed clear neurological symptoms and signs — tonic-clonic seizures, anaesthesias, paralyses, stigmata — which, however, showed no indications of a definite anatomical seat. These symptoms were equally distinguished from simulation, as they did not imitate real illness exactly. They were close to an existing neurological illness and yet sufficiently different for the diagnosis of genuine illness to be made.⁴³ The hysterics did not conform perfectly to the diagnostic model of truth, but, by subtly distinguishing themselves from genuine illness, they became the modulators of the neurological model, which they thereby annulled rather than simply taking it to its epistemological limit. For this reason Foucault calls the hysterics ‘the true militants of anti-psychiatry.’⁴⁴ For anti-psychiatry hysteria exemplifies how any simulator, any person with ‘problems of living’ and no demonstrable anatomical lesion, can imitate the signs and symptoms put forward by the medical model, thus exposing the limitations of psychiatry as a medical science. Psychiatry is a ‘science of lies’ insofar as it easily falls prey to pretence, having no concrete means of demonstrating the nature and essence of madness.⁴⁵ As we have seen, for Foucault the argument used by Szasz not only does not refute psychiatry, but it actually reinforces it. Anti-psychiatry simply sees in simulation a refutation of the ontology of mental illness, leaving open, however, the

possibility that the medical model of psychiatry will refine its criteria of authentic and false illness and that this ontology will be discovered; it thus leaves the medical model of truth intact. The phenomenon of simulation does not call psychiatric power into question, since 'pretending to be mad when one is sane is not something like an essential limit, boundary, or defect of psychiatric practice and psychiatric power, because, after all, this happens in other realms of knowledge and in medicine in particular.'⁴⁶ The problem with Szasz's analysis is that it accepts *a priori* the neurological model of psychiatry and only exposes its limits through simulation. He considers hysteria as an epistemological obstacle which can be potentially overcome once psychiatry discovers, within the confines of its current regime of truth, a way to avoid it. Foucault, on the other hand, stresses that hysteria questioned the medical model altogether. It did not confront power externally through falsification of symptoms. The symptoms of hysteria were not pure and exact imitation of real illness, but had their own pattern and their own form, which, although clearly neurological, revealed no neurological basis. Hysteria undermined the neurological model from within, by installing itself effectively inside the system of differential diagnosis, becoming, at least formally, one illness among others. It did not dethrone Charcot from his authority, but, on the contrary, 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, and his inability to touch the hard kernel of unreason which these patients masked. In his very effort to dispense with madness, Charcot was obliged to rely on it.⁴⁷ But at the same

time he was unable to demonstrate hysteria's anatomical basis and to account for its possible origins, which escaped the grasp of neurology. Although he demonstrated neurological truth through the hysterics, he could not ground it on solid reality. More importantly, he was obliged to limit the instability and irregularity of the symptoms of hysteria through hypnosis which was a theatrical and ritualistic rather than neurological way of mastering the problematic manifestation of convulsions.⁴⁸ He thus reinserted the distinction between observation and testing, between organic disease and psychological disease, between soul and body.⁴⁹ Seeking to single out hysteria as the most effective site of veridiction, Charcot transformed it into an entity more enigmatic than a scientific error or a sort of epistemological blockage. 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.⁵⁰ The hysterics were not concrete nosological entities, they were simulacra constituting

the militant underside of psychiatric power [...] if we accept that simulation was the insidious way for the mad to pose the question of truth forcibly on a psychiatric power that only wanted to impose reality on them, then I think that we could write a history of psychiatry that would no longer revolve around psychiatry and its knowledge, but which finally would revolve around the mad.⁵¹

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.⁵²

The body of the hysteric emitted confused and ambivalent signs. It was a 'body without organs',⁵³ 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.'⁵⁴ 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 essentialise it.⁵⁵ 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.⁵⁶ 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 body was under way. The hysterics were discharged from the asylum, gaining a rightful place in the general hospital; psychopharmacology and psychoanalysis were born, the deinstitutionalization which prevailed in the twentieth century was initiated.⁵⁷

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.⁵⁸ 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?'⁵⁹

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 simulacrum questions the self-evidence of truth and falsity by acting as a sign which at once affirms the true-false distinction, while also depriving it of any ontological ground. But it also lends this distinction another dimension; it stops the endless proliferation of differential diagnosis, its all-encompassing and hyperreal effects, by introducing another reality, another order which, while ungraspable in itself, exhibits the self-delusion of rationality, and destabilizes the unity and reality put forth by the good will

to truth. The evil genius of the simulacrum deceives by introducing a split 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.⁶⁰ 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,⁶¹ and reintroduced it as a question in the form of an illusion, when all medical answers appeared settled and permanent, and positivism figured as an all-encompassing solution.

Hysteria cannot be interpreted in strictly Kantian or Platonic terms: it cannot be assumed to represent a transcendence which forcibly encroaches on the system of truth, as psychoanalysis will later argue.⁶² Likewise, hysteria cannot be understood as a clinical sophism, the confusion between essence and appearance, between the absence of madness and its positive reality. 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.⁶³ Moreover, they clearly did not represent the truth of madness; on the contrary, the hysterics 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.⁶⁴ 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.⁶⁵ It was not ‘the absence of an *œuvre*’,⁶⁶ but a form of madness fully engaged in ‘the dance of masks, the cries of bodies, and the gesturing of hands and fingers.’⁶⁷ 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 which 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 *dangerous* individual 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 model of pathological anatomy as well as of the neurological model. Charcot’s experiment succeeded on a clinical level, and he managed to base psychiatric differential diagnosis on a neurological model of truth. 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.⁶⁸ 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, stumbled on 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.⁶⁹

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 which 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.⁷⁰

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 speculative or prescientific 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, as we have shown, 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 barrier, a limitation to the pretensions 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 in need of compulsory incarceration and the crucial diagnostic determination of authentic madness, 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.⁷¹

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 which 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 scientificity 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.'⁷² There is a philosophical truth, a truth of finitude and absolute diagnosis which cuts across and disrupts the official regime of truth which guides scientific thought. This philosophical truth exists on the fringes of western rationality and it is its effects which Foucault analyses with his 'ethno-epistemology.'⁷³ 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.'⁷⁴ Marxist and Freudian eschatology have claimed to play this role, and, as in the case of positivism and phenomenology, they have functioned inside the anthropological *epistème* as its tribunal and dialectical synthesis.⁷⁵ For Foucault, on the other hand, a philosophical 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.⁷⁶ At the same time, madness withdrew into the unknown at the very moment when medicine invested it with the greatest possible transparency. Hysteria did not evoke the excluded truth of madness which supposedly returned as the fate and suppressed material of scientific consciousness; on the contrary, madness 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:

An entire historical tradition (theological or rationalistic) aims at dissolving the singular event into an Ideal continuity — as a theological movement or a natural process. ‘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.’⁷⁷

Reversals and events do not come about as a result of the calculated and programmed intervention of psychiatrists or the critical position of a universal subject, a neutral intellectual speaking in the name of truth or justice. They issue spontaneously from the actual, psychical encounter between doctors and patients. It is the patients themselves who set up the battle between the scientific, prophetic and philosophical types of truth, place them in opposition with one another, disrupt their calm and ordered harmony and prevent the final domination of one truth over the other. Beneath the apparent functional coherence of psychiatric rationality, the patients, whose discourse, attitudes and behaviours are excluded from the diagnostic apparatus

of truth, subvert its unity and formal systematization. If, however, Foucault chooses to listen to their 'confused voices' and 'search for what they want to say,' if he studies their resistances as 'an explanation from below,'⁷⁸ his aim is not to speak in their name, to reveal the truth of their madness or to promote their revolt. He shows how the obscure truth of irrationality dismantles the image of a growing rationality which only sees minor accidents and superficial errors on its way to progress. He describes truth as an event, as the outcome of the struggle between the 'cunning and wickedness' of madness and the calculation of rationality which becomes vulnerable the more it seeks abstraction and universality.⁷⁹ This battle is therefore not won in advance by a rationality fully equipped with knowledge or by the sovereignty of unreason which defies rationality from its position of transcendence. It is a permanent and asymmetrical battle, waged in the place — or non-place — of reason and truth, at the borders between alien experiences and parallel universes:

We have an axis based upon a fundamental and permanent irrationality, a crude and naked irrationality, but which proclaims the truth; and, higher up, we have a fragile rationality, a transitory rationality which is always compromised and bound up with illusion and wickedness. Reason is on the side of wild dreams, cunning and the wicked. At the opposite end of the axis, you have an elementary brutality: a collection of deeds, acts, and passions, and cynical rage in all its nudity. Truth is therefore on the side of unreason and brutality; reason, on the other hand, is on the side of wild dreams and wickedness.⁸⁰

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.⁸¹ 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.⁸² Charcot himself was soon forced to thematize the notion of trauma in order to build a pathological framework for hysteria.⁸³ The neurologists who followed, named hysteria *pithiatism*, relegating it to the level of a fake illness, an illness of suggestion and persuasion.⁸⁴ Freud came to the scene, replacing the neurological body with the sexual body, incorporating hysteria into a new system of differential diagnosis and medical rationality.⁸⁵ Foucault, alternatively, describes hysteria as simulacrum, an unstable entity, an 'extrabeing',⁸⁶ 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.⁸⁷ It therefore cannot be located as a singular entity by the logic of positivism which seeks to dissipate contradiction or nonsense.⁸⁸ Its detection requires a logic which is disjunctive, paradoxical and strategic.⁸⁹ 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.⁹⁰

It is the strangeness and yet close familiarity with which reason announces events, which inflicts terror on rationality. This terror is amplified by the fact that the events announced are not the great, resounding occasions which accelerate progress and belong to a greater teleological framework, but they constitute everyday points of

rupture, 'much less grandiose, much less perceptible,'⁹¹ which contain the impetus to undermine universals and taken-for-granted truths. Events constitute breaks and upheavals which dispel our illusion that our epoch has reached a stage of revolution or completion, a moment of damnation or daybreak, and force us to face with humility the truth that our time 'is a day like every other, or much more, a day which is never like another.'⁹² There is no totalizing idea of progress behind events, no idea of self-realization that events putatively herald. An event is singular, it exists in its own right and its success or failure is not necessarily a sign of linear progress or a sign that there is no progress. The emergence of madness as an event in the late eighteenth century does not signal a revolutionary act of the mad against the medical establishment or the beginning of an era when enlightened reason finally mastered insanity. The rebellion of the hysterics in the late nineteenth century is not a failure of the medicalization of madness or an isolated episode in the continual march of medical rationality towards progress. Whether, despite the appearance of these events, the previous medical order was restored, medical rationality was reinforced, and phenomena of intensification of medical power and abuses of it were multiplied, none of these facts would deprive these events of their force and effects. Critique is not concerned with the success or failure of the event, with the triumph or futility of the enlightenment: 'Preserving the remains of the *Aufklärung* is not the issue, but rather it is the very question of this event and its meaning (the question of the historicity of the reflection on the universal) that must be maintained and kept in mind as that which must be contemplated.'⁹³

Notes and References

1 *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', 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.' *History of Madness*, p. 469.

5 Szasz, *The Myth of Mental Illness*.

6 *The Government of Self and Others*, p. 2-3.

7 'An Historian of Culture', p. 95.

8 Echoing Foucault, Deleuze notes that 'true and false describe the problem and not the propositions that respond to it.' *The Logic of Sense*, trans. by Mark Lester and Charles Stivale (New York: Columbia University Press, 1990), p. 120.

9 'In seeing in *The Order of Things* to write a history of the *episteme*, I was still caught in an impasse [...] The *episteme* is the 'apparatus' which makes possible the separations, not of the true from the false, but of what may from what may not be characterized as scientific.' 'The Confession of the Flesh', p. 197. Illustrating the priority and independence of diagnosis in relation to causality and epistemic rigour, Deleuze goes so far as to note that 'symptomatology is located almost outside medicine, at a neutral point, a zero point, where artists and philosophers and doctors and patients can come together.' 'Mysticism and Masochism', in *Desert Islands and other texts, 1953-1974*, trans. Michael Taormina (New York: Semiotext (e), Foreign Agents, 2004), p. 134.

10 'Questions of Method', p. 233.

11 'Truth and Juridical Forms', p. 46-80.

12 *Ibid.*, p. 32-39. Also, *Psychiatric Power*, p. 236-245.

13 Foucault's coupling of the history of science and epistemology constitutes an analysis which goes beyond Kuhn's notions of 'normal' and 'revolutionary' sciences, and paradigm shifts. (Thomas Kuhn, *The Structure of Scientific Revolutions*. (Chicago: University of Chicago Press, 1970). Kuhn studies the norm as a theoretical structure or an actual paradigm within scientific knowledge, and identifies breaks in the elimination and selection of statements, theories and objects, which take place in relation to the existing norm. In contrast, Foucault's historical endeavour does not start with a 'normal science' in T. S. Kuhn's sense that one can return to the past and trace its history,' but consists of 'rediscovering the 'norm' process, the actual knowledge of which is only one moment of it, without one being able, save for prophesying, to predict the future.' 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, p. 16.

14 'Truth and Power', p. 114.

15 *Psychiatric Power*, p. 238-239.

16 'Error is not eliminated by the muffled voice of a truth which gradually emerges from the shadow but by the formation of a new way of 'speaking true.' 'Introduction' to Georges Canguilhem's *The Normal and the Pathological*, p. 15. What we analyse here is not simply error but the notion of an external truth: 'it is always possible that one might speak the truth in the space of wild exteriority, but one 'is in the true' only by obeying the rules of a discursive 'policing' which one has to reactivate in each of one's discourses.' 'The Order of Discourse', p. 60.

17 *Security, Territory, Population*, p. 47.

18 I am borrowing the term from Jean Baudrillard, *Simulations*,. trans. by 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*, (Canada: Acumen Publishing Limited, 2006), p. 137-141, 144-145, 147-149. 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 which has come to existence since the nineteenth century. See *Security, Territory, Population*, p. 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 by Michel Foucault*, trans. Lucille Cairns (Manchester: Manchester University Press, 1999), 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', p. 35.

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

20 *The Order of Things*, p. 348.

21 *Psychiatric Power*, p. 246.

22 'Philosophy and Psychology', p. 250.

23 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. *Abnormal*, p. 167-194. 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 ('The Crisis of Medicine or the Crisis of Antimedicine?', in *Foucault Studies*, No 1, pp 5-19, December 2004, p.7).

24 On the notion of man— as —species, see *Society Must be Defended*, p. 242-250. On the notion of the 'metabody', or 'metasomatization', see *Abnormal*, p. 313-316.

25 *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.*, p. 73-79. See also 'The Eye of Power' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 226-240.

26 *Psychiatric Power*, p. 251.

27 *Ibid.*, p. 135.

28 Foucault addresses the absence of the body, which constituted one of the crucial features of madness as a limit experience, in *Psychiatric Power*, p. 266-288. It is not accurate, as Peter Sedgwick claims (*Psycho Politics*, p. 137-138), 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, fail 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. by Chris Turner (London and New York: Verso, 1995).

29 *Psychiatric Power*, p. 266-267.

30 *Ibid.*, p. 306-307.

31 *Ibid.*, p. 268-283.

32 *Ibid.*, p. 251.

33 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 *Abnormal*, p.149-150, and *Psychiatric Power*, p. 272.

34 On the notion of degeneration introduced by Morel, see *Abnormal*, p. 316-317. On the intervention of psychiatry in every aspect of human behaviour, see *ibid.*, p. 308-313. 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.*, 315-318). 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 *Society Must be Defended*, p. 254-263.

35 *Psychiatric Power*, p. 191.

36 *Ibid.*, p. 308.

37 *Ibid.*, p. 134.

38 See *Manet and the Object of Painting*, trans. by 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', ed. by Sarah Wilson and trans. by Dafydd Roberts in *Gérard Fromanger: Photogenic Painting* (London: Black Dog Publishing Limited, 1999), 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. by Julie Rose (Indiana: Indiana University Press, 1994), p. 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.

39 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.' *Psychiatric Power*, p. 85-86.

40 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 (Gauchet, M. and Swain, G. *Madness and Democracy: The Modern Psychiatric Universe* trans. by Catherine Porter (Princeton: Princeton University Press, 1999). Elizabeth Roudinesco rebuts their thesis in her book *Philosophy in Turbulent Times*, trans. by William McCuaig (New York: Columbia University Press, 2008), p. 78-84). Ferry and Renault level the same accusation against Foucault, (Ferry, J. and Renault, A. *French Philosophy in the Sixties, an Essay on Antihumanism*, trans. by Mary Schnackenberg Catani (Massachusetts: The University of Massachusetts Press, 1990), p. 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 'The Social Extension of the Norm', 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. 'Truth and Juridical Forms', p. 75, 78. Also, 'Talk Show', p. 138.

41 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 how 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. *Psychiatric Power*, p. 307.

42 *Ibid.*, p. 136.

43 In fact, it was precisely the hysterics who made 'possible the double, organic/dynamic/simulation, differential diagnosis.' *Psychiatric Power*, p. 308-316.

44 *Ibid.*, p. 254.

45 Szasz, *The Myth of Mental Illness*, p. 17-32. Thomas Szasz, *Psychiatry, the Science of Lies*.

46 *Psychiatric Power*, p. 135. Promoting simulation as an argument against psychiatry, anti-psychiatry is successfully integrated into hyperreality. As Jean Baudrillard points out, simulation is actually a way of 'proving psychiatry by anti-psychiatry', as it is possible for psychiatric power, in order to secure its truth regime, to

alternate freely between the real and the imaginary of illness when threatened by simulation. 'This is why order always opts for the real. In a state of uncertainty, it always prefers this assumption (thus in the army they would rather take the simulator as a true madman' (Baudrillard, *Simulations*, p. 36, 41).

47 *Psychiatric Power*, p. 311, 315.

48 *Ibid.*, p. 309-312.

49 *Ibid.*, p. 340.

50 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.*, p. 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 surrealist paintings where words contradict images. See *This is not a Pipe*, trans. by James Harkness (Berkeley: University of California Press, 1983).

51 *Ibid.*, p. 138-139.

52 Foucault, 'Power Affects the Body', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 209.

53 Drawing on Artaud, and in his discussion of hysteria, Deleuze introduces 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. by Daniel W. Smith (London and New York: Continuum, 2003), p. 44.

54 'Nietzsche, Genealogy, History', 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.

55 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): 601-607. 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.' ('Nietzsche, Genealogy, History', p. 380).

56 'The Ethics of the Concern for Self as a Practice of Freedom', 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 it falls.' 'Sorcery and Madness,' p. 201.

57 *Psychiatric Power*, p. 315, 323.

58 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.' Baudrillard, *The Spirit of Terrorism*, trans. by Chris Turner (London and New York: Verso, 2003), p. 3, 23.

59 'The Social Extension of the Norm', p. 198.

60 *Psychiatric Power*, p. 342.

61 Baudrillard criticized Foucault for raising problems only after they had already found their solution (Baudrillard, *The Vital Illusion*, ed. by Julia Witwer (New York: Columbia University Press), p. 56-57). As I show here, Foucault's history of the simulacrum constitutes a type of thinking which raises new questions when solutions appear settled and secure. Foucault has stressed in his interviews that reproblematicization is a constant theme in his work, in which solutions never find a resting place. See 'Discourse on Power', in *Remarks on Marx*, trans. by R. James Goldstein and James Cascaito (New York: Semiotext (e), Foreign Agents, 1991b), p. 159, 162.

62 Beatrice Han argues that Foucault's endeavour consists of historicizing the transcendental. See Beatrice Han, *Foucault's Critical Project. Between the Transcendental and the Historical*. (Stanford: Stanford University Press, 1998/2002). What I argue here is the opposite: when Foucault states that 'In all my work I strive instead to avoid any reference to this transcendental as a condition of possibility for any knowledge [...] I try to historicize to the utmost in order to leave as little space as possible to the transcendental. I cannot exclude the possibility that one day I will have to confront an irreducible *residuum* which will be, in fact the transcendental,' ('An Historian of Culture', p.98-99), he does not mean that he studies the way the transcendental intrudes into history, but, on the contrary, that his historical analysis reveals events and discontinuities whenever the transcendental is suspended, 'bracketed.' Quite the opposite of what a phenomenologist does.

63 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. *The Courage of Truth*, p. 231-251. The parallel here consists in showing how the hysterics retained a purely formal existence which 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. by Barbara Harlow (Chicago: The University of Chicago Press, 1978), p. 67-71. In that book, Derrida also foregrounds the Nietzschean connection between madness, simulation and femininity which could be a fruitful field of future research on gender and its relation to hysteria as Foucault analyses it.

64 *Psychiatric Power*, p. 253.

65 *Abnormal*: p. 133.

66 'Madness, the absence of an œuvre', in *History of Madness*, trans. by J. Murphy and Jean Khalifa (London: Routledge, 2006a), p. 541-549.

67 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. 'Theatrum Philosophicum', p. 347.

68 *Psychiatric Power*, p. 341.

69 *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. by Jean McNeil (New York: Zone Books, 1999), p. 16.

70 *Psychiatric Power*, p. 341.

71 *Ibid.*, p. 335.

72 Foucault, 'An Aesthetics of Existence', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 453.

73 *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. by Geoff Bennington and Brian Massumi (Minnesota: University of Minnesota Press, 1984), p. 18-22., and in *Just Gaming*, trans. by Wlad Godzich (Minnesota: University of Minnesota Press, 1999), p.32-35, 39-40.

74 *The Courage of Truth*, p. 16.

75 Foucault notes that Marxism is a synthesis of heterogeneous forms of veridiction: the prophetic, the scientific and the philosophical. See 'Méthodologie pour la Connaissance de Monde: Comment se Débarasser du Marxisme,' interview with R. Yoshimoto, April 25, 1978. Reprinted in Michel Foucault *Dits et Écrits, Paris, Gallimard, 1994, Volume IV, p. 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.

76 By using the term 'Ubuésque', Foucault alludes to French playwright Alfred Jarry and his play *Ubu Roi*. The word ubuésque 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 *Abnormal*, p. 11-13.

77 'Nietzsche, Genealogy, History', p. 380-381.

78 Foucault, 'Is it Useless to Revolt?' Afary, J. and Anderson, K.B, *Foucault and the Iranian Revolution, Gender and the Seductions of Islamism*, (Chicago: The University of Chicago Press, 2005), p. 266. *Society Must be Defended*, p. 54.

79 *Society Must be Defended*, p. 55.

80 *Ibid.*, p. 55.

81 '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.' *Psychiatric Power*, p. 310.

82 Foucault identifies three 'enemies' of the event: neopositivism, phenomenology and the philosophy of history. 'Thus, three philosophies that fail to grasp the event.' 'Theatrum Philosophicum', p. 351.

83 *Psychiatric Power*, p. 316-320.

84 It was Babinski, the famous neurologist, who coined the term. *Ibid.*, p. 342.

85 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.

86 'Theatrum Philosophicum', p. 347.

87 For the notion of 'non-positive affirmation', see Michel Foucault, 'A preface to Transgression', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2.* ed. by James D. Faubion (London: Penguin Books, 1998), p. 74.

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

89 'Theatrum Philosophicum', p. 359. Foucault insists that dialectics is too pacifying and reconciliatory, attempting to bring together terms which by definition remain foreign to each other. He constantly supports the logic of 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' (*The Birth of Biopolitics*, 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', p. 74.

90 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.' Baudrillard, *Fatal Strategies*, trans. by Philip Beitchman and W. G. J. Niesluchowski (New York: Semiotext (e), Foreign Agents, 1990), p. 151-152. 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.

91 'What is Critique?', p. 92.

92 'How Much Does it Cost For Reason to Tell the Truth', p.359.

93 *Ibid.*, p. 98. In the case of the Iranian Revolution, Foucault received criticism for supporting a movement which gave rise to a despotic clerical regime, thus designating the revolution's ultimate failure. Foucault was aware of the

dangers of an Islamic government that would prevail after the revolution, and was sensitive to the abuses that emerged during the postrevolutionary period (Michel Foucault, 'Open Letter to Mehdi Bazargan' and 'Useless to Revolt?', in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 439-442, 449-453). It was, however, the revolution's singularity in the midst of an emerging global order and a universal form of rationality, as well as the collective participation of a people outside political schemas and beyond ideological appropriation, that marked it as an event.

CHAPTER 6

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 which has become increasingly positivist since the late nineteenth century. On the other hand, there is a marginalized truth regime which 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 Lacan 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, both 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 challenge the prejudices of anthropology, and 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.

Psychoanalysis as 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 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 which 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 which foretells the patient's future or a truth which 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 he is caught in an endless loop, an eternal cycle between the empirical and the transcendental. He shows to the patient how all his 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;

they 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:

In this figure, at once empirical and yet foreign to (and in) all that we can experience, our consciousness no longer finds — as it did in the sixteenth century — 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 — as if, suddenly, the very hollowness of our existence is outlined in relief [...] an existence at once real and impossible, thought that we cannot think, an object for our knowledge that always eludes us.¹⁹

The prophetic discourse of psychoanalysis repudiates anthropology as the ultimate fate of human knowledge, and instead places man's tragic destiny in the gap between the empirical and the transcendental. Rather than dialectically sublating the division between man's empirical existence and his limitations, it discerns this division and accentuates it, foregrounding the culmination of human history as an illusion, Kant's transcendental illusion which keeps resurfacing in the fashion of the Nietzschean return. In his *Critique of Pure Reason*, Kant had introduced the notions of *nihil negativum*, *nihil privativum* and *antinomy*, which allude to the existence of objects which lie beyond the limits of possible experience, beyond the formal criteria of truth, outside the field of established truth and falsity, existing in the 'land of illusion.'²⁰ This illusion designates a place where these objects can only be intuited but can never acquire a content. As Nietzsche's concept of the return implies,²¹ such objects, excluded as they are from the apparatus of rationality, continue to exert their effects on the truth that precludes them. They continue to haunt the logic which has established a division that appears to have forever reduced them to non-being. Madness, as such an ideal object beyond the boundaries of knowledge and with no possible substantiation or comprehensible essence, returns as a real force which dismantles the cognitive schema that has silenced it. Its existence cannot be certified or proven, but it is detectable through the effects that it produces on the truth conditions that determine it as other. This is the Kantian in-itself, the Lacanian *Real*. Its presence can only be deduced in the analytic process and is made manifest through the simulacrum which reveals the Real as a fleeting appearance, a momentary shining through.²²

However, in psychoanalysis prophecy is not the only modality of truth. The ritual which stages the Real requires the interaction between the analyst and the

analysand, and it is enacted within the domain of a specific form of knowledge. This form of knowledge involves a technique which is taught, transmitted and shared.²³ But it is first and foremost a knowledge based on an illusion. The analyst is not the doctor possessing a positive and unquestionable knowledge of the patient's pathology. He is a 'subject supposed to know', a subject assumed by the patient to possess a certain doctrine, a *technè* and a certain skill through which he can decipher the patient's symptoms.²⁴ This supposition is illusory but necessary for the production of knowledge in the analytic process. It is the heart of transference, the always problematic character of the relationship of the analysand to the analyst, which makes analysis possible and at the same time prevents it from ever coming to completion. Transference, the illusion of analytic knowledge, is the limit but also the precondition for the interpretation of the patient's symptoms.²⁵ Its illusory dimension explains the marginal position that psychoanalytic knowledge occupies with respect to science; it belongs rather to a type of shared knowledge purposefully grounded on a bond, a contract between doctor and patient, which proceeds from one misrecognition to another until the ultimate limit of that shared knowledge is uncovered. The objective of this contractual and ritualistic knowledge is to reach the point where all interpretation comes to a standstill and where the patient's illusions unconsciously resist further analysis and his symptoms emerge as fantasmatic. Fantasy is at the core of transference, as the patient projects his desire for absolute truth, psychological unity and full meaning onto the analyst. This fantasy need not and cannot be interpreted further; it is simply 'traversed', it is revealed as vain, bringing the patient's pathology to full view. It is through the deadlock of transference that the patient manages to recognize the illusory character of his desire and his fantasy as the

framework of his fragile and inconsistent reality, becoming liberated from his prejudices and coming to terms with his tragic destiny.²⁶

All analytic knowledge is thus invincibly linked with a praxis, with that strangulation produced by the relation between two individuals, one of whom is listening to the other's language, thus freeing his desire from the object it has lost (making him understand he has lost it), liberating him from the ever-repeated proximity of death (making him understand that one day he will die). This is why nothing is more alien to psychoanalysis than anything resembling a general theory of man or an anthropology.²⁷

By reversing the anthropological postulate and asserting the analytic relationship as the fundamental precondition for the production of truth, psychoanalysis presented itself 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;²⁸ it is a system which 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.²⁹ 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.'³⁰ 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.³¹ 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 ceasuras 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'³² 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.

For Foucault, the scientific 'perversity' 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.’³³

The Psychoanalytic Politics of Truth and Enlightenment Critique

However, although psychoanalysis deserves credit for introducing two truth regimes (prophecy, teaching) which escape the constraints, not only of the western *epistème*, but of western rationality, Foucault submits them to critique insofar as they have generated certain ambiguities which seem inherent to psychoanalysis. Since the birth of psychoanalysis, its prophetic discourse has produced a critique of anthropology and positivism, while at the same time its scientific technique has functioned as an extension of psychiatric practice and normalization. Thus, Freud the prophet, as we have shown, was the first since Pinel and Esquirol to recognize madness in its alterity and its private truth³⁴; with his discovery of the unconscious, he undermined the role of the atemporal and stable subject which served as a foundation of knowledge and experience in psychological interpretations; with his notion of infantile sexuality, he unsettled all previous aetiological theories which sought to reduce human pathology and madness to degeneration.³⁵ But by the same movement, Freud the teacher-psychiatrist abolished the singularity of madness by extending and renewing medical rationality through another truth regime and another body, the sexual body, this time not inside the asylum space but in the private office of the

analyst.³⁶ He opened a dialogue with madness and at the same time he reduced madness to zero, by submitting it to the rational and contractual power of the doctor. He ingeniously institutionalized the lyrical and poetic aspect of madness, but also attached it to the scientific, bringing about, along with psychopharmacology, its ‘depsychiatrization.’³⁷

Thus there is an intrinsic ambiguity which stems from the tension between the two regimes of truth (prophecy, teaching) which psychoanalysis tries to reconcile and put to work in the same discourse. On the one hand, psychoanalytic theory, following the scientific model albeit in an inverted form, revolves around the Kantian impossibility of knowing the in-itself, looking for truth in the field of illusion, in the misconstrual (*méconnaissance*) on which knowledge is based, according to Nietzsche, and its emergence in the form of crises, events and encounters with error and limit-experiences.³⁸ One of Freud’s basic teachings, Lacan has shown, is the thoroughly Nietzschean formula ‘truth is structured like fiction,’³⁹ which implies the sudden emergence of truth through illusion and negativity, through the violent intrusion of the impossible Real into the reality of the subject which experiences itself as a void, as decentered. By formulating truth as illusion, Lacan, after Freud, rendered problematic the autonomy of the subject and stressed the Kantian impossibility of reconciling the knowing subject with the subject of morality.⁴⁰ On the other hand, however, what appears as irreconcilable between truth, power and ethics in the scientific dimension of psychoanalysis is made to function in unity in its prophetic domain. Psychoanalytic prophecy tries to establish a common ground between the truth produced, its emergence inside a specific power relationship and the subject’s moral formation.⁴¹ Inasmuch as the patient’s unbearable truth, his elusive madness, must burst forth, this emergence must adapt to the analytic relationship. The limit-experience of the

analysand, which escapes the symbolic universe of the analytic process itself, must be controlled and enacted in such a way as to avoid threatening the form of knowledge and the power relationship which sustain the reality of analysis. This is why, for Foucault, it is questionable whether the truth regimes which govern psychoanalysis are radical enough to critique psychiatric power, whether they actually constitute an epistemological break and, more broadly, whether they can be said to belong to the spirit of enlightenment critique.⁴²

Foucault maintains that the shortcomings of psychoanalysis emanate not so much from its failed attempt to harmonise prophecy with science, but from the incompatibility of both of these two regimes with the spiritual tradition of the enlightenment. This is why his analysis of Kant's and Nietzsche's critique contradicts the conclusions of psychoanalysis.⁴³ In Kant and Nietzsche, Foucault argues, truth is not grounded in illusion, but in difference, in a diagnosis, a differential knowledge constantly vigilant and attentive to divisions, to the distinction between truth and illusion, identity and otherness. Kant's critique opens up a field in which a perpetual interplay between truth and illusion is enacted; it is an analytics and an ontology issued not from the illusions of our limited knowledge, but from the constant confrontation of these illusions with truth: 'The *Aufklärung* is a period, a period which set out to formulate its own motto, its own precept, and which spells out what is to be done both in relation to its present and to the forms of knowledge, ignorance and illusion in which it is capable of recognizing its historical situation.'⁴⁴ Nietzsche picked up Kant's method and carried out the genealogy of the relation between truth and illusion, their battles and conflicts, their mutual reinforcement and historical constitution. Nietzsche asks the question, 'What is the hazardous career that Truth has followed?',⁴⁵ and defines knowledge as perspectival, not because it is partial, relative

or illusory, but because it is differential, it gives rise to differences and it is itself the product of struggles and oppositions. Thus, Nietzsche introduces a politics of truth rather than an obscurantism of illusion: 'The political question, to sum up, is not error, illusion, alienated consciousness, or ideology; it is truth itself. Hence the importance of Nietzsche.'⁴⁶

Differential knowledge originally emerged at the limits of western culture in the spirituality of the Greeks and the religious practices of the Christians of antiquity, and was resurrected by Kant and the Enlightenment. It dominated ancient practices and has been marginalized since the Middle Ages, when theology introduced a strict rationality which was taken up and reinforced in the form of science up to our day.⁴⁷ This type of knowledge does not seek to offer prescriptions in the domain of politics; it is not a prophetic truth. It does not concern itself with what is true and false in the realm of science, and therefore is not merely a knowledge of wisdom and teaching; and its task is not to disalienate the subject or to desubjectivize it. It is rather a form of truth telling which tests its reality in relation to politics, its function consists of a criticism of truth, illusion and deception, and it brings about the transformation of the subject by himself. This triple function of ascetic knowledge has been taken up and elaborated by Kant in philosophical terms, and constitutes the very mode of being of modern criticism:

Philosophy as exteriority with regard to a politics which constitutes its test of reality, philosophy as critique of a domain of illusion which challenges it to constitute itself as true discourse, and philosophy as ascesis, that is to say, as constitution of the subject by himself, seem to me to constitute the mode of being of modern philosophy, or maybe that which, in the mode of being of modern philosophy, takes up the mode of being of ancient philosophy.⁴⁸

Kant coupled an analytics of truth with an ontology of the present and the courage to know with an ethical attitude based on reason, renewing the ancient relations between power, truth and subjectivity. He analysed the connection between ways of

distinguishing the true and the false and ways of governing men, giving philosophy its current form as a ‘politics of truth.’⁴⁹

Kant’s text on the *Aufklärung* is a certain way for philosophy, through the critique of the *Aufklärung*, to become aware of problems which were traditionally problems of *parrhesia* in antiquity, which will re-emerge in the sixteenth and seventeenth centuries, and which became aware of themselves in the *Aufklärung*, and particularly in Kant’s text.⁵⁰

After Kant, thinkers like Hegel, Marx, Nietzsche and Husserl also posed knowledge in terms of spirituality and asceticism.⁵¹ Psychoanalysis belongs to the same tradition, insofar as it does not rest on the dilemma of science and ideology, and does not reduce thought to a psychological reality, but posits reality as an object to be thought, problematizing the mode of the subject’s being in relation to the possibility of thinking.⁵² Foucault praises Lacan for being the first after Freud to introduce into psychoanalysis the tradition of ancient spirituality and asceticism, which revolves around the question of the relationship between subjectivity and truth. He is sceptical, however, of the possibility of fashioning a critique based on this asceticism from within the confines of psychoanalytic knowledge.

Of course, a question arises, which I will not answer, of whether psychoanalysis itself can, in its own terms, that is to say in terms of the effects of knowledge (*connaissance*), pose the question of the relations of the subject to truth, which by definition — from the point of view of spirituality, and anyway of the *epimeleia heautou* — cannot be posed in terms of knowledge (*connaissance*).⁵³

Lacan’s breakthrough has been to show that psychoanalysis is not a positive knowledge that looks at sexuality for the aetiology of neurosis, but a system of truth in which madness is to be unmasked.⁵⁴

Lacan seeks, however, this truth in the lies of the patient. He refutes the conception that analysis should oppose the truth of rationality to the falsity of madness, and instead advances the view that the falsity, the simulation of the patient’s discourse, his slips and misrecognitions contain a core of truth which the analyst can

stage. This interpretive method is foreign and in many ways contradicts the spirit of enlightenment critique. Freud — and Lacan more explicitly — regards reality as inconsistent and defective and locates truth in the unconscious dimension of the psyche, which, through the symptom, is played off against the symbolic order, causing the whole edifice of reality to undergo radical transformation in order to accommodate the intrusive force of the unnamable, of the unspeakable. In contrast, spirituality all the way from Socrates and early Christianity to Nietzsche, regards reality as overloaded with meaning and interprets it exhaustively to show how it becomes fictitious and hyperreal from the moment it begins to *incorporate* negativity and otherness.⁵⁵ When the presence of irreducible alterity inside our rational system is revealed, interpretation reaches a point of culmination, saturation and final collapse, exposing reality as simulation and self-delusion. This is a crucial opposition between psychoanalysis and the tradition of enlightenment spirituality, and it is clearly formulated in Foucault's quite telling remark:

What is in question in the point of rupture of interpretation, in this convergence of interpretation on a point that renders it impossible, could well be something like the experience of madness. An experience against which Nietzsche fought and by which he was fascinated; an experience against which Freud himself struggled, not without anguish, all of his life.⁵⁶

In Nietzsche, as well as in the whole of the spiritualist tradition, there is a constant testing of madness, a perpetual scepticism that what is taken as reality may well be a self-delusion. This scepticism, as we showed in the previous chapter, has survived in a marginal space within psychiatric discourse, and it is a subversive force which unsettles the calm positivism of scientific truth. For Freud, by contrast, the possibility of madness is a source of anxiety, and therefore must be recognized with certainty, which means that the doctor responsible for its manifestation must be equipped with adequate knowledge and sufficient power to ward it off as an adverse outcome of the

therapeutic process. This is why Foucault is critical of Freud's peculiar system of truth production which, although presenting itself as extra-psychiatric, in practice not only affirms the truth regime of psychiatry, but it also reinforces its power. By rejecting the opposition between truth and illusion, trickery and deception, and using simulation, the patient's misrecognition, to indicate that which never deceives and resists symbolization, psychoanalysis aspires to overcome the patients' lies, their 'counter-power that traps, nullifies and overturns the doctor's power,'⁵⁷ claiming to obtain unequivocal proof of the madness masked by these lies.⁵⁸ It therefore puts to work a mechanism of 'making 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.'⁵⁹ Private consultation, the rule of free contract between doctor and patient, the limitation of the effects of the relationship to the level of discourse, and the rule of discursive freedom in which the patient's lies serve as further aid to the unmasking and cure of madness; all of these 'ensure that the doctor's sovereign science is not caught up in mechanisms that it may have unwittingly produced.'⁶⁰ Treating phenomena like hysteria as products of the excess of psychiatric power, psychoanalysis tackles them in a private setting where they are subjected to the reality of the couch, of transference, resistance and the payment of fees: '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.'⁶¹ Like anti-psychiatry, psychoanalysis appears critical, but effectively operates in conjunction with psychiatric discourse, for the opposite reasons. Anti-psychiatry holds that every effort to codify madness either in terms of

mental illness or in terms of social normativity always ends up in simulation, while madness must produce its truth and its right against psychiatric oppression. Opposite to this, but in a symmetrical way, psychoanalysis regards simulation not only as an inevitable but also as a favourable outcome of psychiatric power, enabling the truth of madness to escape the grip of psychiatry, only to be transposed to the power of the analyst. As a result, the two approaches become each other's mirror image: anti-psychiatry can be practised by doctors who wish to free their patients from the pathological framework; psychoanalysis, even if it is not always practised by doctors, functions as therapy, as a medical type of intervention. In both cases, there is a constant reference to psychiatric knowledge and to the medical truth regime. Just as anti-psychiatry, by claiming to give voice to the mad, accepts the division between the mad and the non-mad as a fact, psychoanalysis reinforces psychiatric knowledge and power by medicalizing madness at the same time as it intensifies madness in its truth: 'If it has played a critical role, at another level, psychoanalysis plays harmoniously with psychiatry.'⁶²

The Cultural Unconscious beyond Psychoanalysis

Apart from its essential complicity with the power and truth of psychiatry, there is another aspect of psychoanalytic theory which, according to Foucault, is at odds with the politics of truth as it is conceived by the spirit of the enlightenment: the implementation of its clinical models to historical processes.⁶³ Foucault questions the notion that the hysterical model based on repression can promise to liberate desire against a supposedly oppressive power. He also challenges the effort to fit the paranoiac model, that is, the model based on misrecognition of truth, into political

analyses. As he points out, for psychoanalysis the unconscious is exterior to power, positioning the truth of the Real as the outer limit of a repressive power whose only function is to block access to that truth. Power is linked to misrecognition which precludes knowledge and therefore produces the unconscious as its own dead end, its own stumbling block. This postulate is clearly illustrated in the psychoanalytic interpretation of the Oedipal myth, in which Oedipus, in his blind, truthless and ignorant power, was challenged by the powerless truth of his humble servants who unwittingly articulated the prophetic truth of his tragic destiny:⁶⁴

The postulate is that power, especially repressive power, would always and essentially produce effects of misrecognition (*méconnaissance*). In acting as a ban, in barring access to manifestation, the major effect of repressive power would be to prevent the formation of knowledge: to prevent it in the strongest sense, by producing the unconscious [...] the major effect of power would be *not knowing*, or at any rate the impossibility of access to the truth. Power would be that which bars access to the truth (Foucault's emphasis).⁶⁵

Many proponents of psychoanalysis argue that by setting the immanent power and the transcendence of truth in opposition, psychoanalysis is superior to Foucault's critique. Foucault, they argue, tends to historicize everything, offering no alternative to the absolute and universal immanence of power relations which saturate the social field. His notion of resistance is itself part of the nexus of power and knowledge, and every form of critique is necessarily entangled in the same space of strategies and tactics.⁶⁶ According to the same interpretation, Foucault's historicity treats madness as a historical construct, an effect of power and discourse. Psychoanalysis, on the other hand, views madness as the transhistorical and transcendental dimension inherent to human finitude which escapes power, returning and disrupting power's efforts to grasp it and assimilate it. This transcendental and unconscious part of subjectivity, the madness and the void that constitutes it, is exterior to the immanent reality of things, totally undetermined and unconditional. The Kantian in-itself, the Lacanian Real,

always already accompanies human knowledge and is not excluded by power, but is to be found in power's own excesses, as its 'obscene supplement.'⁶⁷ There is no 'Big Other', no absolute and all-encompassing power controlling and regulating what will count as real. There is no regime of truth which excludes illusion and represses or produces desire. Truth is external to power, irrupting unexpectedly into the symbolic universe which stages and supports reality.

History protects from historicity, Foucault points out,⁶⁸ and it is by way of history that Foucault defends himself against the criticisms made by psychoanalysts. History, for Foucault, entails problematizations and scepticism towards constants, *a priori* principles and universals. Thus Foucault does not overlook human finitude but neither does it consider it an *a priori*. He does not take human finitude to be an eternal, primordial truth deduced negatively from the failures of power, but, on the contrary, he shows that it was under concrete historical conditions, under specific power relations and through particular forms of truth, that finitude became an object of thought. 'That it should have this historicity does not mean it is deprived of all universal form, but instead that the putting into play of these universal forms is itself historical.'⁶⁹ It was not until the late eighteenth century that an experience that was different, not conforming to defined rules, could be designated as mad and assume a pathological status. It was only when reason established a specific relationship with itself that the Cartesian method of excluding madness could arise and make sense. And it was only when a particular type of knowledge dominated western science that the Kantian inaccessible in-itself could be thematized. Only after the emergence of positive science, with the investigation of man in his entirety through anthropology, did it become possible for the notion of otherness to return, and for the dark, silent and faceless side of man to be revalorized as the unconscious:

For is not the unconscious what necessarily yields itself up to the scientific thought man applies to himself when he ceases to conceive of himself in the form of reflection? As a matter of fact, the unconscious, and the forms of the unthought in general, have not been the reward granted to a positive knowledge of man. Man and the unthought are, at the archeological level, contemporaries.⁷⁰

Freud arrived at the scene nearly one hundred years after the opening of the asylum and the exclusion of the insane, at a time when a process of inclusion was under way. He stood at the limits of positive knowledge to theorize the long forgotten core of madness that psychiatry strove to reduce to sameness, and thus opened up a new field of critique, which could nonetheless make sense only within the confines of a historically constituted anthropology. Madness, Foucault notes, 'is such an important problem that a number of things, for example, psychoanalysis (and God knows how much it is spread throughout our culture) take off from a problem which is absolutely contained within the relationships that one could have with madness.'⁷¹ Freud's conception of the unconscious dissipated the illusions of anthropology, but it cannot lay claim to atemporality since it was itself the historical product and the outer limit of such an anthropology. The Freudian discovery of the truth of desire does not escape history inasmuch as this discovery emerged within a specific cultural context and was the result of a specific truth regime and a particular form of rationality, which need to be theorized.

Hence Foucault's insistence that it is the history of truth and forms of rationality which constitute the west's Oedipus complex, not the unconscious and desire. Oedipus was not blind or ignorant — he possessed too much power and too much knowledge.⁷² It is the deep complicity of his power and his truth, not their disconnection, which remains hidden and implicit in our civilization. This complicity is unconscious, but not in the sense of being a hidden mystery, a deeper truth that needs to be uncovered. It is an 'enigmatic thing, at once visible and invisible, present

and hidden, ubiquitous,' comprising a coupling which escapes the consciousness of the subject not because it is too difficult to excavate, but because it is too obvious to be noticed; it is too much on the surface of discourses and on the visible side of practices and institutions.⁷³ The way power imposes constraints of truth is governed by specific rules which are complex and multifaceted, but equally accessible to historical analysis. These rules are traversed by language, formal modalities of thought and historical types of logic.⁷⁴ They interact beneath subjectivity and are constitutive of it. They infiltrate the social field, are inscribed in its institutions and operate unbeknown to the subject. They are historically determined as effects or practices of governmentality and they are beyond the subject's control, but still they are more transparent than the Freudian unconscious:

The problem is to find out whether the Freudian unconscious is not itself the locus in which this system of formal relationships operates. These relationships are operative in language, in formal thought, and even in certain social structures. Perhaps the Freudian unconscious as well is, shall we say, 'touched' by this structural unconscious. This is the point at which many psychoanalytic investigations have arrived.⁷⁵

Foucault replaces the logic of the unconscious with the notion of logic *as* unconscious — logic as the implicit framework of power, as its set of coordinates.⁷⁶ The logic of power is fundamentally a governmental logic, according to which the conduct of subjects is to be regulated. It is not the 'logic accorded today to the signifier and its chains',⁷⁷ but a logic which deduces, excludes or incorporates *real* individuals, on the basis of specific divisions of truth and falsity. As Foucault notes, critiquing psychoanalysis, madness is not an abstract universal which is excluded from discourse and rejected from reality as a structure incompatible with the symbolic field or the signifying chain. On the contrary, the constraint 'that allows us to separate true discourse from false discourse'⁷⁸ has the effect of designating as mad concrete experiences which are assumed to harbour universal structures. Power deduces

madness within an established set of distinctions between truth and falsity, and on the basis of this deduction it produces a specific type of medical knowledge which can be called psychiatric, and it transforms the institutional field so as to isolate particular individuals who can be governed, treated, corrected and studied. The repression, exclusion and recognition of actual subjects as mad is a notion totally foreign to psychoanalysis:

It seemed to me interesting to try to understand our society and civilization in terms of its systems of exclusion, of rejection, of refusal, in terms of what it does not want, its limits, the way it is obliged to suppress a number of things, people, processes, what it must let fall into oblivion, its repression-suppression system. I know very well that many thinkers — though if only since Freud — have already tackled the problem. But I think there are exclusions other than the suppression of sexuality that have not been analyzed. There is, up to a certain point, the exclusion of the insane.⁷⁹

Positing exclusion and repression at the level of real patients rather than at the level of structures indicates a different perspective on the notion of resistance as Foucault and psychoanalysis conceive it. Psychoanalytic critique celebrates the subversive effect of the truth of madness on the status of medical authority and the psychiatric institution. It falls, however, into an inevitable contradiction: as unconditional universal, and as a deadlock to symbolization, madness by definition can only be witnessed in its moments of crisis. It cannot be institutionalized or channeled into the power of the analyst, it cannot be appropriated by the power of psychoanalysis, even if that power is extra-institutional or extra-psychiatric. By allowing, therefore, the — revolutionary — truth of madness to be produced, psychoanalysis contradicts itself insofar as this production is controlled, managed and institutionalized anew.⁸⁰ Foucault, on the other hand, considers power reversible precisely because it consists of strategic relationships.⁸¹ Doctors and patients can manipulate power, mutate it and transform it through strategies which block, reverse or subvert its logic. This is why Foucault sees greater potential for subversion and revolution in the employment of specific

strategies and tactics, modifying the rules of power relations, than in the decoding of the symbolic network that psychoanalysis advances.⁸² Objectives that are never met, ends never reached, effects which distort or cancel the goals, values and the initial programming of a rationality, constitute strategic manipulations which change the very nature of governmentality. With strategies, zones of reversal are demarcated, sites of confrontation are created and lines of escape are formed.⁸³ Strategies create distances between different forces, they draw distinctions between adversaries and impose limits and points of subversion within stable and fixed mechanisms of power. There is no 'Big Other' for Foucault, but multiple spaces of reciprocity and linking in which relations of government can become elements of combat, and interactions between partners can turn into struggles between opponents. 'We are never trapped by power: we can always modify its grip in determinate conditions and according to a precise strategy.'⁸⁴

The case of hysteria is in this respect an example of marked divergence between Foucault and psychoanalysis. As a psychoanalytic interpretation would have it, hysteria was a symptom of the excessive medical desire for otherness and the surplus power of psychiatry; it was produced by the symbolic order of the medical regime of nineteenth century psychiatry, from within the diagnostic system of neurology and the excesses of the psychiatric power. The hysterics appeared as an effect of psychiatric desire, power and truth, outgrowing and exploding them. They were the embodiment of a transcendental core already contained in the immanence of the asylum's all-encompassing reality. Through the misrecognition of their desire, the hysterics postponed and impeded the total satisfaction of medical fantasy and desire for otherness, while at the same time making it manifest. They are the 'quilting point' of psychiatric power, a crack in the reality of the asylum, pointing to the presence of

alterity beyond the medical system of representation, unmasking the futility and illusion of a timeless medical desire which strives to conquer madness, ontologize it and give it the status of illness. Although it appears plausible, this claim considers such desire ahistorical and transcendent. It also risks relegating the Real, madness, to a mere symptom of reason and power, neutralizing the phenomenon of hysteria as an event.⁸⁵ Foucault, on the other hand, insists on the specificity of the confrontation between the doctors and the hysterics: hysteria was not an outgrowth, an excess of psychiatric power, a stumbling block inherent to it, which analysis can reveal retrospectively as the remainder of the epistemological failure of neurology. Hysteria was the point when madness underwent a second phase of exclusion, this time from the asylum itself, not by passively substracting itself from its reality but by saturating it. When psychiatric power submitted the hysterics to medical methods of examination, confessional questioning and hypnosis, they responded with perfect docility and suggestibility to a regime of truth which gave them the privilege of controlling and manipulating diagnosis, and of acquiring the status of genuine illness. The hysterics confirmed medical truth the better to conceal their madness behind it, thereby seducing power into granting them medical extra-territoriality by discharging them from the asylum space.⁸⁶ Behind hysteria, madness vanished into unknown ontological depths despite the will and desire of the doctors, and it was the hysterics who constituted the illusion, the simulacrum, the event, the point of the unforeseeable and unwanted refusal of madness to be captured inside the asylum.⁸⁷ It was due to the actual struggle between the surplus power of the doctors and the truth of the hysterics, and not as a result of a theory, that the medicalization of madness was suspended:

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.⁸⁸

The strategy of the hysterics — and this is a crucial contrast between Foucault and psychoanalysis — did not result in the subversion of medical rationality or in the refutation of its symbolic order, but in an act of refusal of power and of the reality that it purports to hold. Medical rationality and truth were not overturned but, on the contrary, they were reinforced, but at the cost of excluding the hysterics from the asylum space. The hysterics were not a mere epistemological blockage, but through their insubordination they became power's underside, its outer limit.⁸⁹ They were transformed from subjects to be governed into adversaries that power was obliged to confront. They became 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.'⁹⁰ Medical rationality continued to rely on neurology and the power of the asylum, until it was forced to construct a whole set of new solutions to the question of madness, now that it had been reproblematised by this small group of patients.

Power is not opposed to the unconscious but to the secret.⁹¹ It is the logic, the integral rationality of power which is unconscious because it is too transparent to be seen and the reality that it constructs too consistent to be questioned and too real to be challenged. The secret that is opposed to power, on the other hand, is not the limits of our knowledge nor the illusions of our desire, but the enigmatic truth of those who do not desire to belong to a particular reality, a specific form of government or to a given cultural context:

In what way can the effects of coercion characteristic of (these) positivities not be dissipated by a return to the legitimate destination of knowledge and by a reflection on the transcendental or semi-transcendental that fixes knowledge, but how can they instead be reversed or released from within a concrete strategic field that induced them, starting with this decision not to be governed?⁹²

Critique is a practice of dissent, a will not to be governed which limits governmentality rather than freeing the subject from any government whatever. Government is inescapable, and therefore the will not to be governed *at all*, the total rejection of government in general, is meaningless. Foucault does not identify with critique anarchism, the absolute and wholehearted resistance to any governmentalization, with critique, and goes on to comment that the anarchism which treats the subject of counter-conduct as an innocent victim, a scapegoat or a rebel is in fact an indication of the failure to integrate and reflect on the logic of strategies.⁹³ The critical value of dissent does not consist in eluding governmentality — ‘there is no part of the self that is by definition ungovernable,’ as Judith Butler points out — but in creating a rogue subject, a critical attitude, and the possibility of a new community of subjects, outside the current relations of government.⁹⁴ All the movements of dissent which Foucault studied and closely observed — from the hysterics of the nineteenth century asylum to the dissidents of the former Soviet Union, from the resistance of the Poles to the communist regime in the 80s, to the Iranian revolution against the Shah — do not interest him because of their underlying ideology, their transcendental origin or their professed anarchism, but because they demonstrate limit experiences and an individual or collective will to escape and undermine the scientific and political rationality of their society, through specific and well calculated strategies.⁹⁵ The strategic weapon *par excellence* of dissent is truth itself; truth is not a transcendental form or a fiction; it is ‘a thing of this world’,⁹⁶ a practice which limits power relations and questions forms of rationality. It is the site of confrontation between a power which seeks legitimacy and the forces which wish to disengage themselves from it.

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.⁹⁷ 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.'⁹⁸

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.⁹⁹ 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,¹⁰⁰ 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 it comprises a vast theoretico-commercial network in many countries.¹⁰¹ 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.'¹⁰²

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.¹⁰³ 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.¹⁰⁴ 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.¹⁰⁵ 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.¹⁰⁶

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.¹⁰⁷ 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.¹⁰⁸ The subject speaking the truth is engaged in a battle, has adversaries, and through her discourse, claims to clarify facts, dispel illusion and denounce error. Therefore, her truth cannot settle affairs, bring order or restore peace, but it can shift balances and accentuate dissymmetries. 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*).'¹⁰⁹

Notes and References

1 See Hubert Dreyfus' introduction to Foucault, M. *Mental Illness and Psychology*, trans. Alan Sheridan (Berkeley and Los Angeles: University of California Press, 1987), p. x. and Joan Copjec, *Read My Desire, Lacan against the Historicists* (Massachusetts: Massachusetts Institute of Technology, 1995), to whose work I shall return later in this chapter.

2 'Power Affects the Body', p. 212.

3 'Preface to Anti-Oedipus,' in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3.* ed. by James D. Faubion (London: Penguin Books, 2000), p. 106-110.

4 *Psychiatric Power*, p. 308.

5 *Ibid.*, p. 321-322.

6 *Ibid.*, p. 317-320.

7 'The Confession of the Flesh', p. 212.

8 Foucault, 'Sexuality and Power,' in *Religion and Culture by Michel Foucault*, trans. by Lucille Cairns (Manchester: Manchester University Press, 1999), p. 116-117.

9 *Psychiatric Power*, p. 166-167, 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, *spectrality*, is on the side of diagnosis. See Derrida, *Archive Fever, a Freudian impression*, trans. by 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, M., *The Courage of Truth*, p. 15-16. Foucault does not explicitly call psychoanalysis prophetic, but indicates its quasi-theological function in 'Dream, Imagination and Existence', trans. Forrest Williams, *Review of Existential Psychology and Psychiatry*, Vol. XIX, no 1 (1984-1985), p. 35., and in 'Schizo-culture: Infantile Sexuality', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 154-167. See also, John Toews, 'Foucault and the Freudian Subject, Archeology, Genealogy and the Historicization of Psychoanalysis', in *Foucault and the Writing of History*, ed. by Jan Goldstein (Oxford and Cambridge: Blackwell, 1994), p. 118.

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

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

14 On the notion of the logic of the unconscious see 'The Confession of the Flesh', p.213.

15 *The Order of Things: An Archeology of the Human Sciences*, p. 414.

16 *Ibid.*, p. 408.

17 *Ibid.*, p.409,414.

18 *Ibid.*, p. 409.

19 *Ibid.*, p. 409-410. On the protection, through fantasy, from the unbearable traumatic kernel of our being, see Žižek, *How to Read Lacan* (London: Granta Books, 2006), p. 57.

20 Foucault notes that it was Kant who introduced the possibility of non-positive affirmation, thus instituting a shift in contemporary philosophy 'when he distinguished the *nihil negativum* and the *nihil privativum* — a distinction to have opened the way for the advance of critical thought.' 'A preface to Transgression', p. 74. For an analysis of these notions and their relation to psychoanalysis, see Žižek, *Tarrying With the Negative, Kant, Hegel, and the Critique of Ideology*, (Durham: Duke University Press, 2004b), p. 108-114. See also, Alenka Zupančič, *Ethics of the Real: Kant, Lacan* (London and New York: Verso, 2000), p. 64-68.

21 'A Preface to Transgression', p. 74-75.

22 Slavoj Žižek points out that simulation does not triumph over being, but lets the Real shine through *qua* appearance from within the endless play of appearances, in *The Ticklish Subject, the Absent Centre of Political Ontology* (London and New York: Verso, 1999b), p. 232-233. Alenka Zupančič also draws attention to simulation, referring to it as a split between appearances which points to something where there should be nothing, not annulling being in favour of appearances, but, on the contrary, revealing a being *as* appearance, indicating 'the unique possibility of perceiving something that is not an object of experience, but is also not the noumenon, the 'Thing in itself.' This, Zupančič, argues, is Kant's transcendental illusion, and the very essence of good comedy. Zupančič, *The Shortest Shadow, Nietzsche's Philosophy of the Two* (Massachusetts: Massachusetts Institute of Technology, 2003), p. 168-173.

23 What I am discussing here is another regime of truth to which Foucault refers as teaching, which, as I argue, is pervasive in psychoanalysis. See *The Courage of Truth*, p. 23-25.

24 For the 'subject supposed to know', see Žižek *The Sublime Object of Ideology*, p. 210. For Foucault's critique of the notion, see *Abnormal*, p.14.

25 'Nietzsche, Freud, Marx', p. 274-275

26 See 'Traversing the Fantasy' and 'From Desire to Drive...and Back', in Žižek, *The Ticklish Subject*, p. 315-320, 350-373

27 *The Order of Things*, p. 410.

28 Foucault, 'Christianity and Confession' in *The Politics of Truth*, ed. by Sylvère Lotringer (New York: Semiotext(e), Foreign Agents, 1997), p. 219.

29 Žižek, *For They Know Not What They Do, Enjoyment as a political factor* (London and New York: Verso, 2002), p. 149.

30 'Christianity and Confession', p. 219.

31 For the differences between phenomenological hermeneutics and psychoanalytic semiology, see 'Dream, Imagination and Existence', trans. Forrest Williams, *Review of Existential Psychology and Psychiatry*, Vol. XIX, no 1 (1984-1985), p. 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 *Lacanian Ink 34* ed. by Josefina Ayerza, New York, Fall 2009, p. 139-140. Foucault, however, would oppose this view: 'for Freud the unconscious has a languagelike structure; but one should bear in mind that Freud is an exegete and not a semiologist; he is an interpreter and not a grammarian.' 'Philosophy and Psychology', p. 252-253.

32 'Madness, the Absence of an Oeuvre', 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*, 104-110. 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 *The Order of Things*, p. 415.

33 'The Social Extension of the Norm', p. 198.

34 Hence Foucault's remarks that justice should be done to Freud, and that all nineteenth century psychiatry culminates in Freud, in *History of Madness*, p. 340, 515.

35 'Truth and Juridical Forms', p. 3. Also, 'The Confession of the Flesh', p. 212.

36 *Psychiatric Power*, p. 323. The medical as well as cultural investment on the sexual body to which psychoanalysis has largely contributed, will form the current form of the aesthetics of the self, 'the Californian cult

of the self', which, as I show below, Foucault not only does not advocate, but criticizes and clearly distinguishes from the asceticism of Kant and Baudelaire. 'Body/Power' in *Michel Foucault, Power/Knowledge, selected interviews and other writings 1972-1977*, ed. by Colin Gordon, trans. by Colin Gordon, Leo Mashall, John Mepham, Kate Soper (England: Pearson Education Limited, 1980), p.56-57. 'On the Genealogy of Ethics', p. 362.

37 *History of Madness*, p. 340, 514. Also, *Psychiatric Power*, p. 343, 344.

38 Alenka Zupančič brings together Lacan and Nietzsche, defining truth as that which emerges from the decenterment of the subject, the sudden shift of perspective, and from the staging of the Real. See Zupančič, *The Shortest Shadow*, p. 113,114, 121. Žižek posits truth as the product of misrecognition, error and an encounter with the traumatic Real in *The Sublime Object of Ideology*, p. 60, 62, 216. Mladen Dolar highlights the Lacanian notion of the subject as born at the point of a misrecognition in 'Cogito as the Subject of the Unconscious,' in *Cogito and the Unconscious*, ed. by Slavoj Žižek (Durham and London: Duke University Press, 1998), p. 14.

39 Jacques Lacan, *Écrits: a selection*, trans. by Alan Sheridan (London: Routledge, 2006), p. 51-52, 81-83. Quoted by Žižek in *The Ticklish Subject*, p. 197. Charles Shepherdson sees a convergence between Foucault and Lacan on this point. See 'History and the Real: Foucault with Lacan,' in *Vital Signs: Nature, Culture, Psychoanalysis* (London, New York: Routledge, 2000). Foucault's work, however, contains fictitious elements — concepts, ideas, experiences — which do not generate truth but are in constant interplay with it: 'to make fiction work in truth, to induce effects of truth with a discourse of fiction, and to make it so that the discourse of truth creates, 'fabricates' something that does not yet exist, therefore 'fictionalizes.' One fictionalizes history starting from a political reality that makes it true, one 'fictionalizes' a political outlook that does not yet exist starting from a historical truth.' 'Power Affects the Body', p. 213. Literature itself was born as fiction in the late eighteenth century when it broke with the fable, the fantastical, and based itself on a 'decision of non-truth', as an effect of a 'certain system of power that traverses the economy of discourses and strategies of truth in the West.' 'Lives of Infamous Men' in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3*. ed. by James D. Faubion (London: Penguin Books, 2000), p. 157-175.

40 Psychoanalytically orientated thinkers show how the impossibility of the autonomous subject, the inner limit in the project of the Enlightenment in the domain of ethics, constitutes the very legacy of the Enlightenment as Lacan conceived it. They accuse Foucault of advancing the Kantian subject of moral Law as the peak of the Enlightenment, through his notion of the aesthetics of the self which amounts to successful subjectivation, with the formation of the self as an aesthetic whole. See Dolar, 'The Legacy of the Enlightenment: Foucault and Lacan,' in *Cultural Remix, theories of Politics and the Popular*, ed. Erica Carter, James Donald and Judith Squires (London: Lawrence & Wishart, 1995), p. 275. Also, Žižek, *Enjoy Your Symptom!, Jacques Lacan in Hollywood and out*, (London and New York: Routledge, 2008), p. 207-210. Jacques-Alain Miller, 'Michel Foucault and Psychoanalysis' in *Michel Foucault, Philosopher* trans. by Timothy Armstrong (London and New York: Harvester Wheatsheaf, 1992), p. 58-64.

41 Foucault views the reconciliation between truth, power and ethics as an indispensable part of prophetic truth. See *The Courage of Truth*, p. 68.

42 Lacan described his work as the continuation of 'a single debate, always the same, which...recognizes itself as the debate of the Enlightenment.' (*Écrits*, (Paris: Seuil, 1966), quoted by Mladen Dolar in his essay 'The Legacy of the Enlightenment: Foucault and Lacan,' in *Cultural Remix, theories of Politics and the Popular*, ed. by Erica Carter, James Donald and Judith Squires (London: Lawrence & Wishart, 1995), p. 262. In the same essay Dolar goes on to mention Lacan's admission that there would be no psychoanalysis without the Kantian turn. *Ibid.*, p.261. Žižek adds further that both Foucault and Lacan situated their critique within the confines of the Enlightenment project, and, while Foucault rehabilitated the Enlightenment in his later years, Lacan did so throughout his entire career. (Žižek, *Enjoy Your Symptom!*, p. 204). Here I highlight the important differences in the way the two thinkers engage in Enlightenment critique.

43 On the Kantian and Nietzschean approaches to truth, see 'Truth and Juridical Forms', p. 13-14. Foucault discusses the Kantian impossibility of the constitution of the self as a universal subject of knowledge and ethics in 'On the Genealogy of Ethics', p. 335. Also, in *The Hermeneutics of the Subject*, p. 190, where he treats Kant, along with Descartes, as the pivotal moment when ancient spirituality was replaced by a new condition of ethics that characterizes modernity. See Edward McCushin, *Foucault's Askēsis, an Introduction to the Philosophical Life* (Illinois: Northwestern University Press, 2007), p. 246-253, 271-275.

44 'What is Revolution?', p. 88.

45 'Questions on Geography', p. 175.

46 'Truth and Power', p. 133. On Nietzsche as diagnostician, see 'Who Are Your Professor Foucault?', p. 91, 96-97.

47 *The Hermeneutics of the Subject*, p. 26-27.

48 *The Government of Self and Others*, p. 354. Foucault connects the eight-century long battle of ancient philosophy as a discourse of truth (*parrhesia*) against the illusion of flattery and rhetoric, on which the ancient Greeks based their hermeneutics of subjectivity and the critique of institutions, with the asceticism of early Christianity, which linked the truth about the self and its renunciation with the fight against the seduction of the will, and the organization of the pastoral as an institution foreign to political power. *Ibid.*, p. 302-304, 348-349. *The Hermeneutics of the Subject*, p. 316-320, 368. On the organization of the pastoral around the ethics of truth, *Security, Territory, Population*, p. 178-184.

49 As Foucault points out, 'what I am doing is something that concerns philosophy, that is to say, the politics of truth, for I do not see many other definitions of the word 'philosophy' apart from this.' *Security, Territory, Population*, p. 3.

50 *The Government of Self and Others*, p. 350. Similar remark on Descartes, *Ibid.*, p. 349. Here Foucault explicitly situates Kant and the Enlightenment in the ascetic tradition of ancient spirituality, refuting the common conception that Kant promoted a subjectivity based on the moral law or an aesthetics of the self. What he studies is not so much Kant's reflections on morality as a set of prescriptions and a duty, but his relation to ascetics as a transformation of the self by the self, and an activity whereby truth turns into ethos. *The Hermeneutics of the Subject*, p. 416. On this point Foucault distances himself from Nietzsche, who denigrates the Christian ascetic ideal as a morality of austerity that breaks with the pagan stylistics of existence. 'On the Genealogy of Ethics', p. 366. Foucault also places Baudelaire in the lineage of asceticism; Baudelaire engaged not only in the art of creating the self, but also in the 'difficult interplay between the truth of what is real and the exercise of freedom,' which constitutes his 'indispensable asceticism.' 'What is Enlightenment?', p. 117.

51 *The Hermeneutics of the Subject*, p. 28-29.

52 Foucault's question 'what must I be, I who think and who am thought, in order to be what I do not think, in order for my thought to be what I am not?' in *The Order of Things*, p. 354, is of clearly Lacanian inspiration. In his interviews, Foucault implicitly or explicitly acknowledges his indebtedness to Lacan in refusing the equation on the transcendental level between the subject and the thinking 'I'. 'An Historian of Culture', p. 98. See also, his interviews 'Lacan, il liberatore della psicanalisi', Interview with Parigi, *Corriere della Sera*, 106th year, no 212, 11 September 1981, p. 1, and 'Entretien', *La Quinzaine litteraire* 15 May 1966. Parts of both interviews are cited by John Forrester in *The Seductions of Psychoanalysis, Freud, Lacan and Derrida* (Cambridge: Cambridge University Press, 1994), p. 380, 381.

53 *The Hermeneutics of the Subject*, p. 30.

54 'The Confession of the Flesh', p. 218.

55 Foucault shows how psychoanalysis is the historical culmination of the ancient and Medieval practices of confession, noting however their crucial differences; Christian confession is based on a differential knowledge that suspects the roots of desire and takes into account the possibility of seduction, of the subject's self-delusion, which signifies the excessive assertion of the subject as will and knowledge, as 'gnomic self.' Confession rests on an economy of truth and falsity to dispel the illusions of the self, whereas psychoanalysis accepts what presents to consciousness as sufficiently disguised in order to foreground the traumatic core which is always resistant verbalization. See 'Subjectivity and Truth' and 'Christianity and Confession', p. 196, 219. 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, while Judith Butler fails to notice it when she confuses Foucault's approach to the Christian examination of consciousness with the Stoic relationship with an external truth, treating both indiscriminately as the precursors of psychoanalysis. See her 'Bodily Confessions' in *Undoing Gender* (London and New York: Routledge, 2004), p. 161-173.

56 'Nietzsche, Freud, Marx', p. 275.

57 *Psychiatric Power*, p. 344.

58 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, Massachusetts: Harvard University Press, 1997), p.67-109.

59 *Psychiatric Power*, p. 343.

60 *Ibid.*, p. 343.

61 *Ibid.*, p. 343.

62 'The Social Extension of the Norm' p. 198. Also, 'The Crisis of Medicine or the Crisis of Antimedecine?', in *Foucault Studies*, No 1, pp 5-19, December 2004, p.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 *Resistances of Psychoanalysis*, trans. by Peggy Kamuf, Pascale-Anne Brault and Michael Naas (Stanford: Stanford University Press, 1998b).

63 This is why, as Foucault points out: 'what disturbs me, or at least what seems to me insufficient, is that, in this elaboration proposed by psychoanalysis, they perhaps change the conception of desire, but they nonetheless absolutely do not change the conception of power.' 'The Meshes of Power', p. 153.

64 In this respect, Foucault notes, psychoanalysis follows the Platonic model. 'Truth and Juridical Forms', p. 24, 32.

65 Foucault, 'Schizo-culture: Infantile Sexuality', in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p. 159.

66 Copjec, *Read My Desire*, p. 1-14. For a criticism of Foucault's historicism from a psychoanalytic point of view, see Fabio Vighi, and Heiko Feldner, *Žižek Beyond Foucault*, p. 12-28.

67 Žižek, *The Ticklish Subject*, p. 304.

68 'Space, knowledge, power', p. 359. In the same interview, Foucault accepts the term historicism inasmuch as it denotes a type of history which starts with the present question, rather than a method which calls on the past to resolve questions of the present.

69 Preface to *The History of Sexuality, Vol II, the Use of Pleasure*, in *The Foucault Reader*, ed. Paul Rabinow (London: Penguin Books, 1984b), p. 335. Žižek reproaches Foucault for putting forward two mutually opposed assertions: In the *History of Madness* Foucault designates madness as a primordial experience which must be made to talk, while in *Discipline and Punish* madness loses its transcendence and becomes absolutely immanent, a product of power and discourse (Žižek, S. *Less Than Nothing: Hegel and the Shadow of Dialectical Materialism* (New York: Verso, 2012), p. 227-231). Given that Foucault treats madness as an experience which has always existed in every society as the excluded term, the negativity of a culture and therefore its transcendence, and goes on to explore through his genealogy the historical conditions under which it became immanent as the specific object of scientific reflection in the west, his two positions are not as contradictory as they might seem. See 'Madness and Society' *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London: Penguin Books, 1998), p. 335-342.

70 *The Order of Things*, p. 355.

71 'What Our Present Is', p. 165.

72 'Truth and Juridical Forms', p. 17,30.

73 'Intellectuals and Power', p. 79. 'The Archeology of Knowledge', p. 57-58.

74 'An Historian of Culture', p. 99. We can find here, again, a Leibnizean influence put to work in historical terms. As Foucault explains to Chomsky in their famous joint interview: 'And furthermore you will find in Leibniz something that you will certainly like: the idea that in the profundity of the mind is incorporated a whole web of logical relations which constitutes, in a certain sense, the rational unconscious of the consciousness, the not yet clarified and visible form of the reason itself, which the monad or the individual develops little by little, and with which he understands the whole world.' 'Human Nature: Justice vs. Power' in *The Chomsky –Foucault debate on human nature*, (London and New York: The New Press, 2006c), p. 14.

75 'An Historian of Culture,' p. 99.

76 'For the logic of the unconscious, therefore, we must substitute a logic of strategy. For the logic accorded today to the signifier and its chains, we must substitute tactics and their unfolding.' 'From Torture to Cellblock', p.149. On the contrast between the logic of strategies and the subversion of symbolic structures, see 'Truth and Power', p. 116, and 'On the Genealogy of Ethics', p. 369. Judith Butler makes a similar remark in 'Subjection, Resistance, Resignification, Between Freud and Foucault' in *The Psychic Life of Power, theories in subjection* (Stanford: Stanford University Press, 1997), p. 98-99. In this sense, Baudrillard's accusation that Foucault's theory of power does not question the logic of power and its underlying reality principle, misses the point of Foucault's analysis. Baudrillard, *Forget Foucault* trans. by Nicole Dufresne (New York: Semiotext (e), Foreign Agents, 1987), p. 11, 54. On the logic of power and its reversals, see John Iliopoulos, 'Foucault's Notion of Power and Current Psychiatric Practice', in *Philosophy, Psychiatry & Psychology, vol 19, no 1, March 2012, p.49-58*.

77 'Schizo-culture: Infantile Sexuality', p. 157.

78 Ibid., p. 157.

79 Foucault, 'Rituals of Exclusion' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), 1989), 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.' Copjec, 'Introduction: Islam & the Exotic Science', in *UMBR(a) Islam* (New York: The State University of New York at Buffalo, 2009), p. 8. It must be noted, however, that, regarding resistance, there exist splits and debates among psychoanalysts themselves, therefore, while providing a general psychoanalytic framework, the present study does not imply that there is a general consensus as to how psychoanalysis treats this issue.

80 This inevitable contradiction has puzzled psychoanalytically orientated thinkers themselves. See for example, Žižek's problem of how to institutionalize the revolutionary and transcendental force of the proletariat, in *In Defense of Lost Causes* (London and New York: Verso, 2009b), p. 419. See also, Žižek: 'Neoliberalism is in Crisis', in *Greek Left Review*, March 28, 2011, p. 3.

81 *The Hermeneutics of the Subject*, p. 252.

82 'From Torture to Cellblock', p. 149. Felix Guattari makes a similar remark in 'Microphysics of Power/Micropolitics of Desire' in *Soft Subversions, texts and interviews, 1977-1985*, trans. Chet Wiener and Emily Wittman (New York: Semiotext (e), Foreign Agents, 2009b), p. 281.

83 'Problematics', p.416-417. Michel Foucault, 'What Calls For Punishment?' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), p.425-426. In his interview 'Power and Strategies,' Foucault notes that 'The theory to be constructed is not a system but an instrument, a logic of the specificity of power relations and the struggles around them.' ('Power and Strategies', p.145).

84 'The End of the Monarchy of Sex', p. 224.

85 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 Kearney, R. *Strangers, Gods and Monsters, Interpreting Otherness* (USA and Canada: Routledge, 2003), p. 72-75, 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), p. 176-193.

86 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. *Psychiatric Power*, p. 308-316. Their strategy was precisely to create a confusion between unconscious hyperconformity and voluntary insubordination.

87 In semiological terms, for psychoanalysis hysteria is the conversion of the empty signifier into bodily symptoms, the place *par excellence* where negativity assumes positive existence. Through the symptom of hysteria, therefore, the Real appears as a 'shining through,' a fleeting image. Žižek, *For They Know Not What They Do, Enjoyment as a political factor*, (London, New York: Verso, 2002), p. 143-145. For Foucault, by contrast, hysteria is a simulacrum because it contains a signifier which simultaneously refers to other signifiers (the signifiers of the nosographic table) and presents a unique signified behind which a real referent recedes into an inaccessible distance: 'a simulacrum, saying everything at the same time, and constantly simulating something other than what it says. It offers an image dependent on a truth that is always receding.' 'The Prose of Acteon', p. 127-128. Also, Michel Foucault, 'Distance, Aspect, Origin,' in *The Tel Quel Reader*, trans. by Patrick French, (London and New York: Routledge, 1998), p. 100.

88 *Psychiatric Power*, p. 138.

89 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, 2002).

90 'The Subject and 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.' *Power and Strategies*, p.138.

91 'Intellectuals and Power,' p. 79.

92 'What is Critique?', p. 60.

93 'Truth and Power', p. 130.

94 Judith Butler, 'Critique, Dissent, Disciplinarity,' in *Critical Inquiry* 35 (Summer 2009), p. 773-795. This is similar to Rajchman's notion of 'critical community' in John Rajchman, *Truth and Eros, Foucault, Lacan and the Question of Ethics* (London and New York: Routledge, 1991), p.102.

95 *Security, Territory, Population*, p. 200-202. 'The Moral and Social Experience of the Poles', p. 465-473. Afary, J. and Anderson, K.B, *Foucault and The Iranian Revolution, Gender and the Seductions of Islamism*, (Chicago: The University of Chicago Press, 2005). p. 241. In the case of the Iranian revolution, Žižek attributes to Foucault a well intentioned but failed attempt to justify it as an event. He notes that, according to Foucault, the revolution marks the explosion of a transcendental collective will into the immanent struggle-for-power, using as a strategy the obscene supplement of this power, namely, a racist, chauvinist and fundamentalist discourse which functions as an ideological underside to the western liberal democracy that it wishes to combat. See Žižek, S. 'Michel Foucault and the Iranian Event', in *In Defense of Lost Causes*, p. 107-117. He thereby misses Foucault's point entirely: for Foucault, the revolutionaries' strategy consists of decontextualizing political tactics — strikes, demonstrations, propaganda — from their conventional ideological support (lack of party leadership or political agenda), against, not a political regime, but a form of global rationality and a uniform way of thinking. 'A Powder Keg Called Islam,' in Afary, J. and Anderson, K.B, *Foucault and The Iranian Revolution, Gender and the Seductions of Islamism*, (Chicago: The University of Chicago Press, 2005). p. 239.

96 'Truth and Power', p. 131. The statement 'truth is a thing of this world, does not mean, as Colin Gordon points out, that it is an object or that it has no transcendental value. It means that truth is recognized in worldly forms, experiences and modes of verification. See Colin Gordon, 'Introduction' in *Michel Foucault, Power, Essential Works of Foucault 1954-1984, vol 3*. ed. by James D. Faubion (London: Penguin Books, 2000), p. xviii. This is a point of divergence also from Deleuze, who expresses his difficulty in understanding how power can be constituent of truth, and how, according to the same reasoning, truth can function as a counter-strategy against power. 'Desire and Pleasure', in *Two Regimes of Madness, texts and interviews 1975-1995*, trans. by Ames Hodges and Mike Taormina (New York: Semiotext (e), Foreign Agents, 2006), p. 128.

97 'Schizo-culture: Infantile Sexuality', p. 156-161.

98 *Society Must be Defended*, p. 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,' p.57-58, and 'Return to History', in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London: Penguin Books, 1998), p. 422.

99 *Society Must be Defended*, p. 182.

100 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.' 'The Subject, Knowledge and the 'History of Truth'', p.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', p. 160.

101 'Schizo-culture: Infantile Sexuality,' p. 157-160. 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,' in *Foucault Live: Interviews, 1966-1984*, ed. by Sylvère Lotringer (New York: Semiotext (e), Foreign Agents, 1989), 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', p. 193, and 'Body/Power', p.60-61). 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

Liberatory Psychiatry, Philosophy, Politics and Mental Health, ed. by Carl Cohen and Sami Timini (Cambridge: Cambridge University Press, 2008), p. 257-274.

102 *Society Must be Defended*, p. 6.

103 *Ibid.*, p. 7-8.

104 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.' *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*, p. 10, 16, 25, and Jean-François Lyotard, *Just Gaming*, p. 81.

105 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 *In Defense of Lost Causes*, p. 3.

106 *Society Must be Defended*, p. 178-179.

107 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 *The Government of Self and Others*, p. 152-153. 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 *Psychiatric Power*, p. 102, 180.

108 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. *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. 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), p. 110-120.

109 *The Courage of Truth*, p. 340.

Conclusion

This thesis has analysed 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 a programme, 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 which they are obliged to enforce, or inciting patients to provoke upheavals in order to overturn psychiatric authority. There is no proposed theory awaiting 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.

We have shown, however, that 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 which 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 magistrates 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 constant theme embedded in everyday practices, and therefore a problem raised locally and specifically in the narrow field of mental health, but it is also a general problem of current politics and ethics. The problem of how a society defines its relation to madness, and therefore determines itself as rational, not only specifies the nature of psychiatric power over the patients, but also helps to produce 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 — sociologists, lawyers, psychiatrists and psychologists — 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

Thus, 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-criminilization 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 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 alienist division between madness and delinquency, 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.' Critical history is the archaeology of 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 mobilise them to take collective political action. It rather records 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

Thus, 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 judgments 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. Thus, for example, the psychiatrist does not constitute a universal subject by asserting his 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 rational subjects beyond his institution that it is the illegitimate use of their reason which is responsible for their state of immaturity and heteronomy. He thus freely and publicly draws attention to similar phenomena of subjection wherever 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 which, instead of enjoying autonomy, becomes dependent on a more global form of rationality. This is why this form of scepticism does not divide intellectuals, because it does not refute or relativize verified truths, but, on the contrary, 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 legitimize the current overproduction of

knowledge. It is through this scepticism that the specificity of these intellectuals can become linked, beyond their 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 their 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 and References

2 'Discourse on Power', p. 157.

2 'Truth and Power', p. 126.

3 Ibid., p. 127.

4 'A Dialogue Between Michel Foucault and Baqir Parham', p. 184.

5 'Truth and Power', p. 127.

6 'Is it Useless to Revolt?' p. 266.

7 *History of Madness*, See also, Foucault, 'The Father's 'No'' in *Michel Foucault, Aesthetics, Method and Epistemology, Essential Works of Foucault 1954-1984, vol 2*. ed. by James D. Faubion, (London:Penguin Books, 1998), p. 5-20.

8 *The Government of Self and Others*, p. 35-36.

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, Essential Works of Foucault 1954-1984, vol 3* (London: Penguin Books, 2000), p. 367.

10 'Truth and Power', p. 132.

11 Ibid., p. 133.

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Further Reading

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For an extensive discussion of Foucault's notion of the 'politics of truth' which, as we discussed, is central to his critical thought,

Barrett, Michèle. 1991. *The Politics of Truth* (Oxford and Cambridge: Polity Press).

The influence of Foucault's studies on the enlightenment, governmentality and subjectivity is assessed in a collection of essays entitled

A Foucault for the 21st Century: Governmentality, Biopolitics and discipline in the New Millennium, ed. by Sam Binkley and Jorge Capetillo-Ponce (UK: Cambridge Scholars Publishing, 2009).

There is an ongoing debate on Foucault's influence on the critique of current psychiatric practice, and certain psychiatrists use his reflections on critical psychiatry. Most notably in the UK, Professors Patrick Bracken and Thomas Philip have been engaging extensively in a discussion of what they term 'post-psychiatry', a new situation for psychiatry in the twenty-first century, which can be effectively approached, as they argue, through the tools of Foucauldian analysis.

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