

Madness and Civilization

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In this lecture I rely heavily on Gary Gutting, *Michel Foucault's Archaeology of Scientific Reason* (Cambridge UP, 1989)

F's work on mental illness in the 1950s

Strictly speaking, this is not F's first work. Two major works of the 50s preceded it: a book entitled *Mental Illness and Personality* (1st ed, 1954) or *Mental Illness and Psychology* (2nd ed, 1962) and a long Introduction to the French translation of Binswanger's work of existential analysis, *Traum und Existenz* (1954). Both works betray Foucault's existential phenomenological outlook in the 50s, as they explicate mental illness or dreams as phenomena explicable only in terms of personal existence, of the meaning of the world constituted by individual subjects. The key factor is imagination, the creation of a world other than the present one: for mental illness, the lived world is dominated by terrifying images that lock the ill person in sick situations; in healthy people, the imaginary world can be realized artistically, and hence becomes an expression of the existence of the person. The key that produces mental illness is the blocking of expression by a warped social system that prevents some people from acting on their projects (blocks their desiring-production, in D/G terms). Therapy must consist in helping the person move their social situation to one that allows expression. In other words, F has an essentially Marxist account of mental illness at this point.

There is a major shift between the first and second editions of *Mental Illness ...*: in the first, existential analysis is included (along with Freudian psychoanalysis and individualizing medical history) as "mythical explanations" that need to be replaced by Marxist categories. In the second edition (after *MC*), however, the Marxism is toned down, and the way is cleared for a historical analysis of the "experience of madness" of past ages: the project of *MC*. Thus F rewrote his early book to accommodate the first big breakthrough.

Madness and Civilization

MC itself, while F's first big book, remains slightly different from the others, maintaining a bit of a strange "historico-socio phenomenology" (thus nuancing what I said last week in "Situating Foucault") in seeking to articulate the "experience" of madness in the Classical Age. This method is supplemented however by an early type of archaeology.

Renaissance

To do so, F distinguishes it from the Medieval experience of integration (barely mentioned) and the Renaissance experience, to which he devotes a good bit of space. In the Renaissance, madness was an "experience of nothingness" (as opposed to death, which was the Medieval figure of nothingness). There are two major poles to the Renaissance experience of madness: 1) as a portal to the terrifying natural powers of the night (Ren painting: Bruegel and Durer); 2) as the ironic counterpart to reason (humanist writers like Erasmus: *In Praise of Folly*). The first experience is cosmic, a secret knowledge; the second is critical, a commentary on human weakness. Only the second survives until the early 17th century, as a tamed madness, a madness in dialogue with reason, as figured in the court jester (e.g., Lear and the Fool). The first, the autonomous "truth" of madness, its "own voice," disappears from the West according to F, appearing again only in the "lightning flashes" of mad art (Holderlin, Van Gogh, Nietzsche, Artaud). (This strand of *MC* prompted Derrida to write "Cogito and the History of Madness" in 1963, to which F replies 7 years later. Various biographers posit explanations for the delay and the bitterness of F's reply. The two only reconciled 11 years later when F helped Derrida on the occasion of the latter's trumped-up arrest on drug charges in Prague in 1981). In any event, the symbolic figure of the Renaissance experience of madness is the Ship of Fools: an exile, a marginalization, but not a strict exclusion, as the mad were sometimes put ashore in a different town.

Classical Age

The symbolic beginning of the Classical experience was the "Great Confinement," an event in 1656 that confined over 1 percent of the population of Paris. These were all idlers: the mad, but also the poor, the sick, the promiscuous, blasphemers, rebellious children, irresponsible parents, and so on: a motley crew. The proximate cause of the confinement was an economic crisis; it was maintained afterwards for economic reasons as well: in crisis, confinement prevented violence from unemployed; in prosperity, they were cheap labor. But besides economics, the confinement expressed and produced (NB the mutual presupposition of material practice and experience) a new experience of madness, the specifically Classical one.

F starts with the *moral evaluation* of madness, which he reads from practices and institutions (or more precisely, the records, plans, and manuals or such). He first shows four key characteristics of Classical madness: 1) it is included in the general category of "unreason"; 2) it is conceptually excluded from the life of reason (Descartes reading; note parallel of physical confinement and conceptual exclusion); 3) it is morally condemned as a "originary choice" of unreason over reason (idleness violates fundamental bourgeois commandment to work); 4) it is an object requiring administrative control (the unreasonable must be dealt with, not just ignored).

The *specific difference* that distinguished the mad from the other unreasonables was their "animality." This is not some dark inverse of reason as in Romantics (e.g., not a Mr. Hyde), but wholly outside reason, the "zero degree" of humanity. These 5 factors make up the "critical" cness of madness: the moral disapprobation of madness.

Next comes the "*practical*" cness of madness: how they were dealt with on the basis of this moral evaluation. The experience of madness as animality, as human antinature, is reflected in relative lack of original Classical medical treatments (the ones that existed were medieval or renaissance holdovers, F maintains); if the mad weren't human, they couldn't be worked on by human medicine or persuaded by human morals: they could only be disciplined: physically forced to obey. The animality of the mad explains their periodic exhibition: they reminded man of how low he could sink (mad as religious symbols).

Next F deals with the *cognitive relation* (recognition and knowledge) to madness (not a theory / practice split, as both evaluation and cognition are intertwined [as will be made clear in F's 70s notion of "power/knowledge"]). He shifts here to reading philosophers and scientists, rather than practice manuals. The Classical *recognition* of madness is that it 1) deviates from the norms of reason; and 2) is an object available to reason, to science. The two are intertwined: there is no positive scientific knowledge, only the knowledge that madness is simply unreason, the abstract negative of reason. Classical *knowledge* of madness attempted to classify madness as a type of illness and to identify its sub-types in tables and charts. But here a tension appears that frustrated Classical attempts at knowledge: illness was a positive phenomenon in the Classical age (diseases were things with essences, not collections of symptoms indicating deviation from a norm of health, as in the Modern age), but madness was recognized as essentially negative, as a deviation from reason, as unreason. This conflict of recognition (*reconnaissance*) and knowledge (*connaissance*) was never remedied in the Classical Age.

Now despite this gap between evaluation and cognition (confinement made no appeals to scientific accounts of madness) F maintains they have a *common underlying structure* (which he insists on calling an "experience" but which he will later use a non-subjective term like *episteme*: what we could call the move from a quasi-phenomenology to a quasi-structuralism). This excavation of a common underlying structure is F's first archaeology (again, he later drops the "experience" bit to focus on the conditions of existence of linguistic acts). The key is the way the mad (specifically, the delirious) use logical structures that are based on delusions, on self-deception. The mad are dazzled by the light of reason; they focus on the light, and not on the reality revealed by the light. The light / dark talk is grounded in the "cosmology" of the Classical Age: night and day follow one another in strict alternation, with no reconciliation. Madness is precisely a transgression of the division of day and night, light and dark: it builds a rational order of falsehoods. It thus negates the definition of Classical reason and thus must be excluded from it. Thus the Great Confinement is not just a politico-economic expedience, but an expression of the reaction to the transgression of the basic structure of Classical thought.

Modernity

In some ways, *MC* is oriented to undermining our belief that the modern recognition of madness as mental illness is: 1) the recognition of a reality that had previously been obscured by false conceptions; 2) that modern psychology provides the objective grounds for effective treatment of the mentally ill, as opposed to the cruelties of the past. In the most basic way, F refuses to take modern psychology's self-portrait to be the final word.

The first signs of a shift from the Classical experience comes in the "Great Fear" in mid 18th C, a panic that contagion was spread from houses of confinement. Paradoxically, by becoming an object of fear, the mad were at least now part of the human world, rather than an animal outside it. Madness was becoming a moral fault, for which the mad were to be made to feel guilt. On the practical side, people began to feel it was wrong to house the mad with criminals and debtors; also, the poor were becoming recognized as 1) victims of vast economic forces, and 2) an essential part of the economy (as F puts it: "they labor [yet] consume little). This new awareness of the utility of the (healthy) poor created the need for a new institution for the mad, i.e., the asylum.

The asylum is a key component of Modern madness: in fact, F will claim that the structure of asylum life (more precisely, the moral and social authority of the doctor within the institution, the little society, of the asylum) is the key to modern

psychology and psychiatry. F will argue that the medical gaze of the doctor is a covert moral judgment (the mad violate bourgeois morality: they are useless, filthy, violent, etc.) and that treatment is a bringing the mad back under bourgeois values (making them useful, clean, pacific). F makes this case through examination of Tuke's Quaker farm retreat and Pinel's new asylum. Despite superficial differences, both are mechanisms for internalizing of fear and guilt: Tuke's farm via work and observation; Pinel's asylum via silence, mirroring, and perpetual judgment. Here we see elements of a subjectifying practice, as we will later see in the Panopticon.

In the asylum, the doctor rules not by virtue of scientific knowledge, but by virtue of moral authority. Tuke and Pinel had no trouble admitting this. 19th C medicine thought itself objective and non-moralistic though, so that they *had* to assume that any effective treatment of the mentally ill came from advancing scientific knowledge. But for F, "what we call psychiatric practice is a certain moral tactic contemporary with the end of the 18th C, preserved in the rites of asylum life, and overlaid with the myths of positivism" (MC 276). Freud's "discovery" of transference, from this perspective, is only the resurrection of the moral authority of the doctor in a non-asylum setting (cf. the rituals of the couch and armchair as creating the little world of the analyst's office in which the doctor can be loved).

But we should be clear that *MC* ends with Tuke and Pinel; it offers no anti-psychiatric critique of contemporary practice. That it was taken up by the anti-psychiatry movement came later, an example of capture and appropriation. In sum, Gutting says *MC* is not a knockout punch delivered to contemporary psych, but a useful start on such a project.

***MC* as history**

MC has come under a lot of attack by historians for its details. For one thing, it seems German and English 18th C treatment of mad was substantially different than the French, on which F concentrated. Secondly, F's generalizations have lots of exceptions. The response here from F's supporters is that he is not generalizing from specific cases (he is not doing historiography from induction), but that he is trying to articulate the fundamental experience of an age. But in turn, isn't that the real problem, the assumption of an underlying "experience"? This seems suspiciously Hegelian, the crystallization of a single figure out of the welter of multiple, overlapping and conflictual practices and thoughts, all moving at different speeds and with different lineages.

***MC* as germ of F's later work.**

First of all, madness is a great limit-experience, an other or outside, so *MC* sets the stage for F's other investigations of limit-experiences of sickness, crime, and sex (here, again, we see Bataille and transgression). Secondly, in terms of history, when confinement broke down, separate institutions were created for the mad, the sick, and the criminals. *MC* studies the asylum, *BC* the clinic, *DP* the prison. *OT* can be seen as a generalization of the study of the Classical age undertaken in *MC*. Third, *MC* studies objectifying human sciences, as do *BC* and *DP*, and also studies a type of subjectifying practice in the asylum, as does *HS*.