

Foucauldian Madness: A Historiographical Anti-psychiatry

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ABSTRACT- Foucault has been criticized as anti-psychiatric in nature yet his scepticism toward madness is actually based on its institutionalized treatment not in its academic reception. This paper tries to trace back Foucauldian inspirations in historiography of psychiatry and its power relations in asylum. Presuming madness as social construction, the paper tries to establish the limitations of pseudoscientific, moral assumptions toward insanity. Historiographical examination has been suggested here to reduce the psychiatric predispositions with threat for the civilization while it proves that insanity is a product of civilization. Everywhere the capitalist world order is associated with established religious morality. Presuming this, the reception toward insanity, academically and socially, has been challenged in this paper in order to theorize anti-disciplinary insanity into consideration.

KEYWORDS- Insanity, Unreasoning, Foucault, Historiography, Anti-psychiatry

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I. INTRODUCTION

Michel Foucault wrote *Madness and Civilization* on 1961, it was a book of history on the historiographical journey of treatment of insanity and unreason and how it became one of the hegemonic discourses in a 'civilized' society. The then historians considered the book with serious scepticism and the psychiatrists debated on the thematic and theoretical techniques. Although some Marxist psychiatrists received it from the angle of the epistemological concerns of the Soviet school of psychiatry. In the 1960s some scholars started considering the school of psychoanalysis as repressive and controlling. David Cooper coined a term "anti-psychiatry" in 1967 and wrote the book *Psychiatry and Anti-psychiatry* in 1971. The debate includes the human right of self versus the status of being a subject of psychoanalytical repression, iatrogenic effects of antipsychotic medications, social stigma etc. During this anti-psychiatric movement, the book got many criticisms and became the 'gospel of devil' among those psychiatrists who dismissed it for having an anti-psychiatric tone.

II. THEMATIC FRAMEWORK

Madness and Civilization got allegations for denying the reality of mental illness and portraying Enlightenment as an oppressive power. Foucault criticised this notion of the allegation and clarified himself publicly and he did not dismiss the entire idea of psychiatric discourse or the therapeutic role of the asylum. He just exhibited the rise of psychiatry as a medical discipline historiographically. Being very perplexed about this miscomprehension Foucault mentioned on a seminar that "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." According to him anti-psychiatric discourse and practice are not restricted to the critique of the validity of medical knowledge and it argues the validity of psychiatric discourses accepting the role and relation of doctors' power. Anti-psychiatry stands rigidly in the way power exercises in the asylum discourses. In the epistemological approach, I find anti-psychiatry is slightly Marxian-Foucauldian understanding of power-reason relation in itself.

Madness and Civilization gained its deserved historical approach after establishing a conclusive understanding of power-insanity relation discourses. It helped the school of psychoanalysis to rethink the role of docility or subjugation and to institute the "new cultural history" in their academic discipline. Scholars like Jan Goldstein and Michael MacDonald contemplated its perspectives as the historiography of psychiatry, on the other hand, Eric Midelfort considered it as an 'empirical evidence' with generalizations and oversimplifications. It is important to notice that Foucault understood insanity as a variable social construct, not an ahistorical scientific given. The general conception about madness is built under some religious, pseudoscientific, social beliefs which exclude the unreason with the sane-insane binary. In a dialectical approach, we see the correlations of reason, unreason and insanity as a sphere where power hegemonizes the 'civilized' status of a certain society. This Foucauldian perception of the history of madness as an essential part of the history of the reason is not anti-psychiatry but a parallel understanding psychiatry. The authenticity of specific historical facts

can be asked for from this book but there is no substantiated argument to dismiss its perception of insanity which is not a 'heterotopia' but an integral hegemonized part of this very civilized society. Foucault's historical claims are very anti-disciplinary and yet dialectical in nature. Some scholars blamed the misinformed process of transcreation of his texts that led this miscomprehension. One of the prominent Foucauldian scholars, Colin Gordon argued for the book's detailed historiographical insights. The first argument on the book is the parallel between the medieval isolation of leprosy and the modern isolation of madness. This starting argument of leprosy may effect rhetorically in a newly published book but it overshadows the main argument of classical madness and its relation to modern institutionalized psychiatry. The point of exclusion and confinement is still a distinctive feature in this discourse. The hypotheses on Renaissance and Middle Ages 'madmen' are nothing but an intriguing marginalia and do not contrast the central idea of that book. The chronological expansion of the topic does not constitute the central theme in the last chapter. Foucault just talked about the process and methods of isolation from pre-Classical period to modern times. Scholar Midelfort criticized Foucault for denying Renaissance free-thinking where he clearly misunderstood Foucauldian arguments when the book stated "*instances of harsh treatment of the mad during pre-Classical periods could be multiplied ad nauseam*". This evidence counts against Foucault's view only on the assumption that the pre-Classical inclusion of madness as a part of "the truth of human existence".

The main intention of the Foucauldian insanity study is to establish the fact that the originality of 'socially constructed' insanity is from the nineteenth century, not from Classical or pre-Classical periods. Midelfort insisted by saying, for example, that "*Foucault often implies that prior to nineteenth-century madness was not a medical problem*". Though Foucault stood firm on the ineliminable role of Classical medical treatment, he saw the concept of confinement as a field to exercise power in a very non-therapeutic purpose. The present medical confinements such as asylums are more hegemonized than the pre-Classical confinements with slightly more humanitarian perspectives. The treatments in confinements show us the public attitude towards the rejection of reason in civilization where the modern alternative understanding of the unreason is clearly indebted to his intellectual assumption of confinement as the central structure of treatments. Foucault is still being criticized and labelled as a Eurocentric scholar because the confinement was a western phenomenon and he theorized his assumption with little-given evidence. Critic Roy Porter rejected its Eurocentric assumptions by saying that "*lunatics typically remained at large, the responsibility of their family under the eye of the parish and the vast majority of the poor and the troublesome were not interned within institutions*". There were more than ten thousand confined in England by the early nineteenth century and it gradually grew into numbers by the end of the nineteenth century. Porter statistically claimed that confinement was a much more nineteenth-century phenomenon. He rejected the Foucauldian homogeneous confinements, where people from different social categories were confined together, as it violated the Classical Age's ideal of Reason and he stated that "*indiscriminate confinement does not seem accurate to match what actually happened in England. Few lunatics were kept in and the workhouse superintendents resisted their admission*". On the other hand, we see the discrimination against idles and madmen for not contributing labor in order to set the early capitalist economic framework. The exclusion of madmen was considered to be 'reasonable' for other people as a society must evacuate its 'animality'. Foucault framed this exclusion as a capitalist tendency to eliminate the 'unproductive' part of the labor force. This kind of Marxian analysis is very anti-disciplinary in nature standing outside of all disciplines.

The categorization of madness in 'unreason' came later because confinements were used as an economic policy to deal with the problems of unemployment, poverty and vagabonds. Foucault conceptualized the confinement as a "massive phenomenon" in the Classical experience of madness that manifested a certain kind of 'social stability' that we are still following. It was a controlled heterotopia for disruptive people to put them in work. It is very clear that idea of Classical confinements was an unsuccessful solution to economic problems and it created an ethical genre of work. Condemnation of 'unreasoning' was later constructed on this basis of ethical and religious understanding of work. Mentally ill, sexual offenders and free-thinkers were condemned to reduce the violation of bourgeois codes. Previous 'non-ethical' things like sodomy and prostitution were not treated in the name of religious purification. The concept of institutionalized condemnation of 'other' sexual orientations began from this era where homosexuality was treated as a critical violation of moral codes. Suicides and magical power gained less importance where homosexuality offended bourgeois moralities in a serious way. The internment of the free-thinkers or homosexuals had nothing to do with medical treatments but was a process of separation of societal discourses where the concept of 'family' was being emphasized. Clearly, the medical awareness of insanity was neither a product Classical age nor a fundamental conceptualization. Understanding of 'Unreason' was rooted in the moral world where the church separated the mind and evil in order to safeguard the bourgeois authority. Considering insanity to animality was a longtime practice as church treated insane as a body with a soul of an animal. Christianity in early bourgeois era did not glorify the unreason but tagged it with animality and left it for religious salvation. The animality is still a taboo

in society. Foucauldian understanding is about this kind of historiographical developments and it clearly stands outside of genre of anti-psychiatry so far.

Interestingly Anti-psychiatry brings a perspective which focuses on the relations of power and the praxis in mental institutions. Foucault's argument is also about the power relations in asylums and their consequences. The main consequence of this game of power is the birth of psychiatric hegemony that discursively promotes a scientific legitimization to its oppressive roles. It also justifies the social taboo and our socially taught tendency to separate ourselves from the 'unreason'. These Anti-psychiatric scholars' claim is itself a Foucauldian understanding of their discipline. Foucault did not abandon the psychic importance of psychiatric studies on our mind, he just reinterpreted the subjugation-domination relations and the oppression happened in the asylums for last five hundred years. Though Foucault criticized the late eighteenth-century medical jurisprudence that gave birth to criminal psychiatry. This jurisprudence later changed itself into a humanitarian juridical system through a modern psychiatric diagnosis. This so-called modernizing process of mental institutes was an economically positive step that did not pamper with the capitalist need of labor. If we consider a 'humanitarian' asylum as a supreme state of power then obviously the mental developments of every subject are 'private' powers and in that case, the asylum constitutes on a homogeneous 'microphysics of power'. The modernized process of subordination was also a mode of production where the Classical system of punishment was abolished but neurological disciplinary mechanisms took its place. Power 'produces reality and truth' before it abstracts something from the society. Modernized asylums have a significant amount of doctors around who need to re-pacify the subjects, before presenting them to open daylight.

The superstructures of the mental institutions from Classical age to modern age have been changed but the power structure that construct the psychiatric experience in asylums have not been changed. For instance, the concept of animality has been changed into 'mental alienation as a pathological mechanism of nature' but the treatment ethics of animality is still same. Some statistics on West European mental health treatments do not support Foucault's argument distinctively. His generalized idea of unreason is obviously a simplification but with amplification in an anti-disciplinary Marxian way. There is no point to tag Madness and Civilization as a simplified psychiatric history account as the universal historiographical approach reflects its precise idealist understanding of power. In *The Politics of truth*, Foucault stated that "*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 was 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."

This complex interpretative framework is neither psychiatric analysis nor anti-psychiatric analysis, but an assessment of historical developments of reason-unreason, for instance, the doctor-patient relationship can also be seen as a relation between psychological authority and a mere social being. The entire taboo and our social reactions are constructed for many years to facilitate the division of individuals in the name of human's productive value. The modernized understanding of insanity professes humanitarian nature that continues the hegemony which relies on blind adherence and fear of people in the foreground of maintaining 'social stability'. Public understanding of psychiatry functions at the point of the decision between madness or non-madness. The social surveillance manipulates some people who cannot differentiate between reality and fiction and surprisingly imagines or desires to be mad. This is an important deconstructive comprehension of the upcoming social instability of late-capitalist era. Foucault uses Kant to dismantle the notion of Enlightenment as a rationalized project of science and ethics. It opens a field of research that investigates critical dimension of our reason. According to the Kantian anthropology, madness emerges as a conceptual entity which cannot be subjected to rational observation keeping a distance from knowledge.

III. CONCLUSION

Psychiatry has no anatomical evidence-based analysis of insanity and these statistical observations and clinical experiments lead many misconceptions in the process of institutionalizing a subject. Foucault elucidated the unequal distribution of power in the field of hospitalization where modern psychiatry lacks its efficiency. Psychiatry sets rationality as the main principle of knowledge and anti-psychiatry attempts to expand its territory but both of the school is undermining the existence of irrationality. This misconception manipulates the 'purity' of society where, Foucault argues, there is no chance of understanding the irrationality. The historical

developments of insanity treatment argue about the power that hegemonizes not only its subjects but the entire society. The discipline of psychiatry or anti-psychiatry has its own medical conceptualizations but the process that it manifests its authority is centralizing the dimension of knowledge. To conclude, I find the Foucauldian understanding of unreason as a discourse that condemns both the over-medicalization of criminals and the over-criminalization of the insane. Hence, the solution is not to inject more psychiatric treatments, nor to propose more humanitarian laws. Modern anti-psychiatry and psychiatry do not talk about reforming the definition of normality in order to leave the biopolitics unquestioned by the society. From the debate between prison and hospital, this Foucauldian concept of unreason is itself an anti-disciplinary, ethical-juridical and political category where biopolitics cannot exercise.

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¹MLA8 format has been followed.