



Taking Over the Asylum

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review of:

Michel Foucault (2006) *Psychiatric Power: Lectures at the Collège de France, 1973-1974*, trans. G. Burchell. Basingstoke and New York: Palgrave Macmillan. (HB, pp.408, £19.99, ISBN 1403969221)

Once, it was possible to say that Foucault's work could be split into at least two phases: 'archaeology' in the 1960s and 'genealogy' in the 1970s (leaving aside, for the time being, 'ethics' in the 1980s) (see e.g. Burrell, 1988; Dreyfus and Rabinow, 1982). Of course, to insist on this crude 'break' in Foucault's oeuvre would have meant neglecting a number of factors which pointed to the contrary (for example, the archaeological description of rules of formation in *Discipline and Punish*). Even so, it was still possible, with a little imagination, to identify archaeology and genealogy as two distinct methodological phases.

With the ongoing publication of the entire set of lecture courses held at the Collège de France between 1971 and 1984, this characterisation of Foucault's oeuvre is becoming increasingly difficult to maintain. In *Psychiatric Power*, the fourth volume to be published in a series of thirteen, we find Foucault in constant dialogue with his own work from the 1960s, particularly the *History of Madness* and, less explicitly, the *Order of Things*. What strike us are not only the thematic similarities but also the methodological continuities which distinguish Foucault's work.

To a considerable extent, *Psychiatric Power* – covering the period from November 1973 to February 1974 – may be read as the sequel to the *History of Madness*, originally published in 1961. Foucault says in the opening lecture that he would like to take things up where the *History of Madness* broke off, roughly from around 1800 (p.12). But he does not make this transition from the classical age to the modern period without first returning to his earlier work to revise his previous analyses and re-evaluate his research objectives. What modifications does Foucault make? In the first place, he considers the *History of Madness* to lay undue emphasis on representations, perceptions and images of madness in the seventeenth and eighteenth centuries. Now he says he is more concerned with the 'apparatuses of power' and the productive role they play in discursive formations (p.12-3). Secondly, where Foucault did speak of power in the

History of Madness, he admits that it was in terms of unregulated physical violence. In *Psychiatric Power*, he stresses that he is more interested in a “meticulous, calculated power” at a capillary, ‘microphysical’ level (p.14). It is clear, in any case, that Foucault is making adjustments to his earlier archaeologies rather than seeking to recant them. Archaeology and genealogy are not mutually exclusive approaches, with ‘discourse’ on the one hand and ‘power’ on the other; they are, as Foucault tells us here, two indispensable sides of the same historical method (p.239).

Having passed comment on his earlier work, Foucault spends the duration of the twelve-week course at the Collège de France examining the shift from ‘proto-psychiatric’ practice to psychiatric practice proper. This covers most of the nineteenth century, from Pinel to Charcot. Although his primary focus is the asylum, Foucault is at pains to emphasise that he is concerned less with a ‘rule-governed institution’ than with the “regulated distribution of power”, the “tactical functioning of power”, between the doctor and the patient (p.2-12). He goes to some length in explaining that such relations of power are anterior to the institution and, more importantly, constitute the very grounds on which the institution is based (p.26).

What is at stake in *Psychiatric Power* is the way in which a *cure* for madness is possible. In the time of Pinel and Cox, during the first few decades of the nineteenth century, madness is conceived of as an ‘error’ or false judgement. In this case, the cure is based not on the demonstration of this error to the madman but on the transformation of reality by the doctor, a reality now adapted to the erroneous judgement of the mad person so that his or her error is taken temporarily as true (p.130). For example, it is possible to cure a delusional man who thinks he is being persecuted by actually staging a mock trial and acquitting him (p.129).

Beginning in the 1830s, from the time of Leuret, a new form of psychiatric power develops: instead of the problem of truth being posed as an open battle between doctor and patient, as is the case for Pinel and Cox, the medicalisation of psychiatric knowledge permits the question of truth to be posed entirely within this same psychiatric knowledge. The doctor’s reality is no longer ‘smuggled into’ the patient’s delirium; instead, the mad person is forced to confront his or her own madness and to recognise it as such, and to locate it “in a particular administrative and medical reality constituted by asylum power” (p.161). To bring about a cure, treatment is now based on a series of technical procedures relating to obedience, isolation, sedation, drilling, deprivation, punishment, the management of needs, the practice of confession, the regulation of times of work and sleep, etc. While psychiatry now aligns itself with the models of clinical nosology and anatomical pathology, Foucault emphasises the fact that therapeutic practice in the asylum does not put these medical discourses to use as forms of classification or aetiology; rather, they serve as ‘scientific guarantees’ for the disciplinary operation of psychiatric power (p.134). The power of psychiatry, and hence the power of the doctor as ‘master over truth’, is intensified by the institutional support of the clinic (p.187).

As well as elaborating on and extending his analyses in the *History of Madness*, Foucault also returns in *Psychiatric Power* to the *Order of Things*, his 1966 book on the sciences of life, labour and language. Foucault attempts to realign this study with his

analysis of power relations. In a few brief but suggestive pages, Foucault argues that the taxonomic structure of the empirical sciences in the classical age is replaced at the beginning of the modern period by a non-classificatory mode of distribution: the temporal vector of 'discipline' (p.72-3). Foucault's examination of Order in the seventeenth and eighteenth centuries and History in the nineteenth and twentieth centuries – the key mutation in Western knowledge detailed in the *Order of Things* – is thus revisited in *Psychiatric Power*. These comments serve to remind us once more of the futility of speaking about an 'archaeological period' and 'genealogical period' in Foucault's work; what we see, rather, are his earlier analyses reappearing, above or below the surface, in his lectures throughout the 1970s.

As one would expect, there are several points in *Psychiatric Power* where Foucault discusses themes which would come to be developed in his future work, notably *Discipline and Punish*. For example, Foucault examines the 'disciplinary apparatuses' which took shape in late medieval religious communities, such as the Brethren of the Common Life in the fourteenth century, and which were soon put to use in an entire set of institutions. The most famous of these apparatuses, perhaps, is Bentham's Panopticon, on which Foucault offers an extended commentary (p.73-9). These themes have been massively influential within the field of management and organization studies over the last twenty years (see Jones, 2002; McKinlay and Starkey, 1998); for this reason, the lengthy descriptions of disciplinary techniques and mechanisms cover by now familiar ground.

Less familiar than his discussions on discipline, however, is Foucault's analysis of the figure of the hysterical woman, the 'true militant' of anti-psychiatry (p.254). No doubt parts of this section would have ended up in the fourth volume of Foucault's original, abandoned *History of Sexuality* project, which was to be entitled *The Woman, the Mother and the Hysteric* (see Elden, 2005). This is noteworthy in itself, but the real significance of Foucault's description of the hysteric lies in its relation to the theme of 'resistance' (although importantly he does not mention the word here). Throughout the 1970s, Foucault asserts that power always immediately implies resistance, which is to say, there is no ontological opposition between power and resistance (see Foucault, 1980: 142; 1996: 260). However, despite (or because of) Foucault's lengthy elaboration on this topic in the *Will to Knowledge* and elsewhere, his conception of power and resistance has caused as much consternation as it has provided clarification (Foucault, 1998: 92-102; see Brown, forthcoming). In *Psychiatric Power*, Foucault's description of the relation between the doctor and the hysteric demonstrates the practical implications of this isomorphism between power and resistance: it is a relation which is to be understood "in terms of battle, confrontation, reciprocal encirclement, of the laying of mirror traps, of investment and counter-investment" (p.308).

At issue is the status of hysteria. Either it must be determined as an illness proper, an organic illness, in which case it can be diagnosed *differentially* (i.e. whether it is *this* or *that* form of disease); or it must be determined as a 'mental illness', in which case it can only be diagnosed *absolutely* (i.e. whether it *is* or *is not* madness) (p.305-6). If the hysteric displays stable symptoms to the psychiatrist, then hysteria can be placed within a nosological schema of differential diagnosis; the consequence of this will be that the hysteric is no longer identified as mad but as ill (p.310). The hysteric, here, exerts a

certain hold over the doctor by permitting him to be recognised as a neurologist – a ‘proper doctor’ – rather than as a mere psychiatrist (p.311). This is the first of several ‘manoeuvres’ which Foucault discusses.

Another manoeuvre involves the doctor (in this case, Charcot) attempting to determine a pathological framework for hysteria on an aetiological level, to regain his hold over the patient. ‘Trauma’ emerges as a medical concept and is identified as the *cause* of hysteria, which necessitates the requirement for hysterics to recount to the doctor their childhood memories and sexual history. The counter-manoeuve from the hysteric is to continually re-enact her traumatic memories and sexual life within the space of the psychiatric hospital, to the extent that even Charcot is made to blush, as it were, and obliged to turn away (p.323). In response to this counter-manoeuve, however, sexuality now becomes an object of medical discourse:

By breaking down the door of the asylum, by ceasing to be mad so as to become patients, by finally getting though to a true doctor, that is to say, a 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. (p.323)

A new body thus emerges from the struggles between the doctor and the hysteric, a body which is no longer the body of psychiatric discipline, clinical neurology or anatomical pathology; it is the ‘sexual body’, colonised by medicine, psychiatry and psychoanalysis (p.323).

Foucault’s description of these manoeuvres is significant for the way in which power relations are conceptualised in the context of the asylum, taking the form of an unstable play of forces between adversaries rather than a strict opposition between ‘bad’ power and ‘good’ resistance. It will hopefully serve as an important point of reference for those seeking to further elaborate on the concept of ‘power’ as it is found, in various forms, throughout Foucault’s work.

In sum, *Psychiatric Power* provides an invaluable resource for Foucault scholars and anti-psychiatry activists to draw upon, particularly in light of the recent publication of the unabridged *History of Madness* in English translation (see Foucault, 2006). The 1973-1974 lecture course offers innumerable insights into Foucault’s conceptual and methodological apparatus in the mid-1970s as well as a detailed description of ‘proto-psychiatric’ and psychiatric practices from Pinel to Charcot. By inviting us into the asylum, where the distribution of bodies is regulated by a panoptic power, Foucault seeks to demonstrate how psychiatric knowledge formed the basis for this institution and, moreover, how it came to be inserted into other institutions such as the family and the school. If Marx leads us into the hidden abode of production, on whose threshold hangs the notice ‘No admittance except on business’, so Foucault draws us into the hidden abode of psychiatric power, on whose wall hangs the sign ‘You don’t have to be mad to live here – but it helps’.

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