

Michael foucault's concepts of madness and social control



**ASSIGN
BUSTER**

Section 51/50 of the California Welfare and Institutions Code authorizes a qualified officer or clinician to involuntarily confine an individual “suspected to have a mental disorder” to involuntary hospitalization. When this individual presents as gravely disabled or as a danger to himself and/or to others, a physician or law enforcement officer are authorized by law to strip the individual’s right to free movement. That both law enforcement officers and clinicians are entrusted with the identification and control of those determined as mentally disordered suggests that mental illness is not purely a medical issue. While law enforcement officers would never be trusted with the treatment and care of cancer patients, in Section 51/50, law enforcement officers are given equal powers as physicians in determining the fate of psychiatric patients. This suggests that mental illness may also be a social construction.

It is of no surprise that psychiatry is intertwined with law enforcement and criminology. That mental disorder is perceived as a condition that requires the intervention of law enforcement officers suggests that sanity itself is a normative state. Even the word mental *disorder* implies that mental health is order. This blurring of the delineation between law enforcement and psychiatry is also evident in the fact that the first asylums housed anyone that was considered to have given offense to society. Only after reforms were the mentally ill cordoned off from those who committed more serious criminal offenses. Despite these interventions, the conditions of penitentiaries and mental asylums remained dismal and implied that the purpose of these institutions was to separate those deemed unfit to live in society *away* from it. Only later were penitentiaries developed into sites to

discipline criminal offenders into a state adequate to re-enter society, and mental asylums into hospitals to restore the mentally ill to health, also for the purpose of reentry into society.

According to Michael Foucault, the exclusion and confinement of the mentally ill is essentially an exercise of power by social institutions to silence those with incompatible world versions. The repression of the mad “operated as a sentence to disappear, but also as an injunction to silence and an affirmation of nonexistence.”[1] Foucault sees madness as a social construction—rather than an objective truth—that exists to uphold the construction of rationality. As the accepted world version of the state apparatus, rationality requires the designation of the mad as non-rational. This othering of the mentally ill as non-rational then delineates sane society as rational. Similar to Emile Durkheim’s belief that crime is a normal aspect of society and that crime itself serves a social function, madness is also a necessary component for the construction of social norms. That is, the designation of madness is arbitrary insofar as the rest of society is able to secure their status of normality by othering the mentally ill.

Parallel to the confinement of madness to the mental asylum, Foucault describes in the preface to *The History of Sexuality* that the development of capitalism led to the confinement of sexuality to the parents’ bedroom. When capitalism is the dominant ethos of a society, the rigorous repression of sexuality outside of the parents’ bedroom is necessary because “it is incompatible with an intensive work imperative.”[2] Sexuality is only allowed to exist in the context where the dominant framework can reproduce itself: in the nuclear family’s master bedroom. Sex outside of this context

<https://assignbuster.com/michael-foucaults-concepts-of-madness-and-social-control/>

endangers one's capacity for labor as the libidinal drive is redirected away from a puritan work ethos towards explicit sexual expression. The designation of sexual expression outside the bounds of bourgeois sexual mores as deviant is congruent with the designation of world versions outside the bounds of rationality as mad.

The designation of madness, then, is directly related to the preservation of institutions of power. California's Section 51/50 gives the law enforcement officer and the clinician the power to identify and involuntarily hospitalize the mentally ill. This law confirms that the power to designate an individual as mad goes hand-in-hand with the power to confine. It is less a measure of safety as it is a political tactic devoted to the preservation of the dominant world version. The penitentiary and the mental hospital are sites designed to inculcate in its subjects the framework of rationality and bourgeois sexual mores. Foucault compares the madman's relationship to the institutions of reason as a parent-child relationship. Indeed, the 19th and 20th centuries saw the transformation of the state as a parent-like figure. The financial crises of the former half of the 20th century led to the notion of economic welfare as a citizen's right. In the same vein, the state was entrusted with the care of the poor, the sick, and the infirm. The locus of social responsibility was transferred from the family to the state.

This arrangement led to the state apparatus taking on the signs and symbols of the family institution. The "asylum would keep the insane in the imperative fiction of the family; the madman remains a minor, and for a long time reason will retain for him the aspect of the Father." [3] The oedipal

structure of the family found itself reproduced in the psychiatrist-patient relationship. Furthermore, the chief method of restoring an individual to reason—Freudian psychoanalysis—retained the patient in the familial romance by situating the roots of his psychosexual problems in his or her infancy. Thus, the mental asylum became a site of imposing the oedipal cycle necessary for an individual's ego formation and normal psychic development.

The shift from indefinitely confining the mentally ill to treating their condition is not an improvement in the slightest. The language of treatment is as restrictive as the language of confinement. Treatment remains a tool to assert rationality as the single valid world view. The notion that the mad must be treated and restored to reason entraps them in the construction of mental illness. Treatment is thus indistinguishable from confinement, as both support the idea that madness is not a valid world view. The asylum was a site that compelled the mad to characterize himself as other, and from there, proceed to being cured. Through a process that convinced the mad that their beliefs and attitudes were flawed, the mad then recanted their world view and submitted to the dominant world version of rationality. Treatment, then, was less so a therapeutic process than it was a process of normalization.

By subsuming the construction of madness into the language of health and pathology, one adds an additional layer of restriction to those designated mad. When the mad are situated in the dichotomy of rational and non-rational, they nonetheless retain their ability to pronounce a world view.

Albeit spoken through the language of madness, the mad are still able to assert a position. However, once their condition is pathologized as mental
<https://assignbuster.com/michael-foucaults-concepts-of-madness-and-social-control/>

illness, every utterance leaving a madman's mouth becomes a symptom of disease. Their words are "entirely enclosed in pathology." [4] For example, if a man is deemed paranoid and delusional, his warnings of enemy espionage will be perceived as symptoms of schizophrenia. The notion that the man may speak a truth, albeit a strange truth, would not cross one's mind. Now, if a man were considered mad—and thus non-rational—some may entertain the validity of his utterances, perhaps as genuine warnings or as rambling prophecies. (Perhaps Georges Canguilhem's proposal to regard health and disease as separate conditions with separate norms is one solution to this sort of problem where the mentally ill and their symptoms are considered unsound because they are aberrations from the norm of mental health.)

In order for a psychiatric patient to submit to the process of normalization, he or she must accept the authority of the doctor. One method of exercising this authority is psychoanalysis. As previously mentioned, the psychoanalyst substitutes the role of the father in the asylum's reproduction of the familial oedipal structure. Through the central tool of psychoanalysis—the confession—the patient submits his experiences to the expertise of the psychoanalyst to undergo treatment. Accordingly, the psychoanalyst is entrusted with the authority to normalize the madman's experiences via the "approved mythology of the unconscious." [5] The scene of psychoanalysis functions as a process of normalization under the guise of talk therapy. The psychoanalyst is in the privileged position of translating the patient's thoughts and experiences into the language of Freudian psychoanalytic theory, where everything can be reduced to infantile sexuality and the bourgeois family psychodrama. However, like the construction of mental illness or rationality,

Freudian psychoanalysis itself is just another world version, without any claim to objective truth.

The French duo, Gilles Deleuze and Felix Guattari, share this suspicion of Freudian psychoanalysis, and regard it as a “belief”[6] that is not adequate to explain all psychotic phenomena. In the appropriately titled *Anti-Oedipus: Capitalism and Schizophrenia*, Deleuze and Guattari express frustration at the inability of Freudian psychoanalysis to evolve beyond its tendency to explain psychic phenomena with the same basic Oedipal triangle. They argue that the practice of psychoanalysis constrains “the entire interplay of desiring machines to within...the restricted code of Oedipus.”[7] Foucault supports this position by criticizing the way psychoanalysis represses the voice of unreason. For Foucault, translating the thoughts and experiences of a madman into the Freudian discourse of the unconscious is as restrictive as the physical boundaries of the asylum. More significantly, Foucault contends that psychoanalysis allows the doctor to replace the asylum. As the doctor assumes the normalizing functions of the asylum, the powers of the asylum are vested in him.

Deleuze and Guattari's criticisms of the limits of psychoanalysis are illuminated in the example they provide in *Desiring Machines*. Here, they react strongly against psychoanalyst Melanie Klein's method of treating schizophrenic patients. Though they describe Klein as “the analyst least prone to see everything in terms of Oedipus,”[8] she forcibly imposes the oedipal cycle on her patients in the hopes that it activates a process of individuation. According to Freudian theory, the oedipal cycle is necessary for normal psychic development and is achieved when the child formulates a

<https://assignbuster.com/michael-foucaults-concepts-of-madness-and-social-control/>

sense of self by participating in the oedipal triangle. In this schema, the schizophrenic patient does not have an ego because his or her unconscious is not preoccupied with the Oedipal family drama.

In this particular example, Klein method for treating a young patient presenting with psychosis was to frame everything in the child's environment with an oedipal interpretation. Deleuze and Guattari recount Klein's first-person account of the treatment session:

I took the big train and put it beside a smaller one and called them 'Daddy-train' and 'Dick-train.' Thereupon he picked up the train I called 'Dick' and made it roll [toward the station]... I explained: 'The station is mommy; Dick is going into mommy.'"[9]

The purpose of this treatment was to focus the disjointed thoughts and perceptions of the psychotic child and channel it towards normal oedipal ego formation. For Deleuze and Guattari, this sort of treatment is utter terrorism. They criticize the aim of psychoanalysis to restore the "I" to a schizophrenic patient as an act of violence. They conclude that the schizoid is ill, not as a result of his condition, but because of the oedipalization to which he is forced to submit. The imposition of the Freudian belief system on an individual with a different world view is an act as barbarous as forced conversion. Indeed, Deleuze and Guattari observed that these treatments only served to exacerbate the condition of the schizophrenic and cause him to withdraw into a state of autism. For them, it is the asylum and the analyst that were psychologically harmful to the patient, and not the disorder itself.

According to Deleuze and Guattari, Freud dislikes schizophrenics because they are a direct challenge to his psychoanalytic system. They claim, coyly, that Freud's aversion stems from "their resistance to being oedipalized." [10] For Freud, schizophrenics are "apathetic, narcissistic, cut off from reality, incapable of achieving transference; they resemble philosophers." [11] Most importantly, schizophrenics "mistake words for things." [12] This last statement reveals the tendency of the schizophrenic's unconscious to remain constantly productive and never fantastical. This quality presents the greatest threat to Freud's model. For Freud (and Lacan), the unconscious is a primordial pool filled with semiotic signs, fantasies, enigmas, and symbols pulled from ancient Greek theater. Here, desire is produced by lack. Desire is then channeled into the process of representation, which is why one seeks to represent real things with words, or why one seeks an identity through the participation in an oedipal triangle. For schizophrenics, there is no need for representation because desire itself produces the real and creates new worlds. Desire is thus a productive force.

Freudian psychoanalysis is a process of normalization that attempts to invalidate these new worlds of the schizophrenic. It identifies the madman's different worldview as unacceptable and in need of correction. In their criticisms of Freud's system, Deleuze and Guattari refuse to reject the schizophrenic's world view as invalid and seek to defend the individual's world from the social drive to normalize it. One example of this defense is Deleuze and Guattari's argument that the masses were not deluded by fascism, but instead, desired it. When Wilhelm Reich begged the question, "why do people still tolerate being humiliated and enslaved, to such a point,

indeed, that they *actually want* humiliation and slavery not only for others but for themselves?"[13]he refused to accept ignorance or delusion as explanations for the German masses' consent to fascism. Deleuze and Guattari conclude that the masses desired this repression, for " even the most repressive and the most deadly forms of social reproduction are produced by desire within the organization." [14]

Like Deleuze and Guattari, Foucault regards the views and desires of madness as having their own validity. In arguing that the designation of the mad and the sane are arbitrary, insofar as the designation of the mad allows the sane to secure their normality, Foucault suggests that there is no objective truth to either madness or sanity. There is only difference. Deleuze, Guattari and Foucault all perceive the potential in madness to make possible the coexistence of different world views without the impulse to exclude each other. Accordingly, they also stress the importance of avoiding repeating the structure of existing institutions of power. Instead of reversing the sane/mad dynamic such that the sane are designated mad, and the mad are designated sane, Deleuze, Guattari, and Foucault search for a way out of the structure itself. Deleuze and Guattari see potential in the schizophrenic's refusal to be oedipalized. The schizoid's ability to " escape coding," acts as an " anti-oedipal force" that provides them an escape out of the oppositional structure by which they have been designated mad. The possibility for multiple world versions supports the plurality of equally valid world views, which removes the need to normalize the mad. Perhaps the true key to individuation is not the oedipalization of the unconscious, but the unconscious' de-oedipalization.

[1]Michel Foucault, *The History of Sexuality* , (New York: Random House Inc, 1978), 4.

[2]Ibid., 6.

[3]Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* , (New York: Random House, 1965), 254.

[4]Ibid., 197.

[5]Joe Boulter, "'The Inmates,' Deleuze/Guattari, Foucault, and Madness," *the Powys Journal, Vol. 7* , (Powys Society, 1997), 66.

[6]Gilles Deleuze and Felix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia* , (London: Continuum, 2004), 117.

[7]Ibid., 417.

[8]Ibid., 45.

[9]Ibid.

[10]Ibid., 23.

[11]Ibid.

[12]Ibid.

[13]Wilhelm Reich, *The Mass Psychology of Fascism* , (New York: Farrar, Straus and Giroux, 1970), 25.

[14]Gilles Deleuze and Felix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, 25.