

The Birth of the Asylum [1961]

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Arguably the most significant development in anthropological theory in the last two decades of the twentieth century was its cooption of postmodern theory, which held that all knowledge is necessarily subjective and consequently that no one narrative of "the way things are" can be truly objective or authoritative. Postmodernism originated outside of anthropology, mainly in philosophy and literary criticism. Within the social sciences, French intellectuals Pierre Bourdieu (Selection 32) and, especially, Michel Foucault (1926-84) were instrumental in advancing postmodern and poststructural principles. This selection, which originated in 1961, achieved notoriety when it appeared in Foucault's influential book *Madness and Civilization* (1965). Foucault's historically detailed account of how mental illness came to be identified, diagnosed, and treated in two Paris asylums exemplifies his view that discourses of power are inextricably embedded in the making of culture. An application of this concept to "critical" medical anthropology is presented in Selection 36. In approaching this selection, readers should be aware that Foucault's writing is rather stylized and that, for a complete understanding, they may have to read a given sentence more than once.

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"This house is situated a mile from York, in the midst of a fertile and smiling countryside; it is not at all the idea of a prison that it suggests, but rather that of a large farm; it is surrounded by a great, walled garden. No bars, no grilles on the windows."

As for the liberation of the insane at Bicêtre, the story is famous: the decision to remove the chains from the prisoners in the dungeons; Couton visiting the hospital to find out whether any suspects were being hidden; Pinel courageously going to meet him, while everyone trembled at the sight of the "invalid" carried in men's arms. "The confrontation of the wise, firm philanthropist and the paralytic monster," Pinel immediately led him to the section for the deranged,

1. Charles-Caspar de la Rive, letter to the editors of the *Bibliothèque britannique* concerning a new establishment for the cure of the insane. This text appeared in the *Bibliothèque britannique*, then in a separate brochure, *De la Rive's visit to the Retreat* dates from 1798.

We know the images. They are familiar in all histories of psychiatry, where their function is to illustrate that happy age when madness was finally recognized and treated according to a truth to which we had too long remained blind.

"The worthy Society of Friends . . . sought to assure those of its members who might have the misfortune to lose their reason without a sufficient fortune to resort to expensive establishments all the resources of medicine and all the comforts of life compatible with their state; a voluntary subscription furnished the funds, and for the last two years, an establishment that seems to unite many advantages with all possible economy has been founded near the city of York. If the soul momentarily quails at the sight of that dread disease which seems created to humiliate human reason, it subsequently experi-

ences gentler emotions when it considers all that an ingenious benevolence has been able to invent for its care and cure.

where the sight of the cells made a painful impression on him. He asked to interrogate all the patients. From most, he received only insults and obscene apostrophes. It was useless to prolong the interview. Turning to Pinel: 'Now, citizen, are you mad yourself to seek to unchain such beasts?' Pinel replied calmly: 'Citizen, I am convinced that these madmen are so intractable only because they have been deprived of air and liberty.'

"Well, do as you like with them, but I fear you may become the victim of your own presumption.' Whereupon, Couthon was taken to his carriage. His departure was a relief; everyone breathed again; the great philanthropist immediately set to work."²

These are images, at least insofar as each of the stories derives the essence of its power from imaginary forms: the patriarchal calm of Tuke's home, where the heart's passions and the mind's disorders slowly subside; the lucid firmness of Pinel, who masters in a word and a gesture the two animal frenzies that roar against him as they hunt him down; and the wisdom that could distinguish, between the raving madman and the bloodthirsty member of the Convention, which was the true danger: images that will carry far—to our own day—their weight of legend.

The legends of Pinel and Tuke transmit mythical values, which nineteenth-century psychiatry would accept as obvious in nature. But beneath the myths themselves, there was an operation, or rather a series of operations, which silently organized the world of the asylum, the methods of cure, and at the same time the concrete experience of madness.

Tuke's gesture, first of all. Because it is contemporary with Pinel's, because he is known to have been borne along by a whole current of "philanthropy," this gesture is regarded as an act of "liberation." The truth was quite different: "there has also been particular occasion to observe the great loss, which individuals of our society have sustained, by being put under the care of those who are not only strangers to our principles, but by whom they are frequently mixed with other patients, who may indulge themselves in ill language, and other exceptionable practices. This often seems to

leave an unprofitable effect upon the patients' minds after they are restored to the use of their reason, alienating them from those religious attachments which they had before experienced; and sometimes, even corrupting them with vicious habits to which they had been strangers."³ The Retreat would serve as an instrument of segregation: a moral and religious segregation which sought to reconstruct around madness a milieu as much as possible like that of the Community of Quakers. And this for two reasons: first, the sight of evil is for every sensitive soul the cause of suffering, the origin of all those strong and untoward passions such as horror, hate, and disgust which engender or perpetuate madness: "It was thought, very justly, that the indiscriminate mixture, which must occur in large public establishments, of persons of opposite religious sentiments and practices; of the profligate and the virtuous; the profane and the serious; was calculated to check the progress of returning reason, and to fix, still deeper, the melancholy and misanthropic train of ideas."⁴ But the principal reason lies elsewhere: it is that religion can play the double role of nature and of rule, since it has assumed the depth of nature in ancestral habit, in education, in everyday exercise, and since it is at the same time a constant principle of coercion. It is both spontaneity and constraint, and to this degree it controls the only forces that can, in reason's eclipse, counterbalance the measureless violence of madness; its precepts, "where these have been strongly imbued in early life . . . become little less than principles of our nature; and their restraining power is frequently felt, even under the delirious excitement of insanity. To encourage the influence of religious principles over the mind of the insane is considered of great consequence, as a means of cure."⁵ In the dialectic of insanity, where reason hides without abolishing itself, religion constitutes the concrete form of what cannot go mad; it bears what is invincible in reason; it bears what subsists beneath madness as quasi-nature and around it as the constant solicitation of a milieu "where, during lucid intervals, or the state of convalescence, the patient might enjoy

2. Scipion Pinel, *Traité complet du régime sanitaire des aliénés* (Paris, 1836), p. 56.

3. Samuel Tuke, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends* (York, 1813), p. 50.

4. Ibid., p. 23.

5. Ibid., p. 121.

seizures caused panic in those around him and even among his guards. When he entered the Retreat he was loaded with chains; he wore handcuffs; his clothes were attached by ropes. He had no sooner arrived than all his shackles were removed, and he was permitted to dine with the keepers; his agitation immediately ceased; "his attention appeared to be arrested by his new situation." He was taken to his room; the keeper explained that the entire house was organized in terms of the greatest liberty and the greatest comfort for all, and that he would not be subject to any constraint so long as he did nothing against the rules of the house or the general principles of human morality. For his part, the keeper declared he had no desire to use the means of coercion at his disposal. "The maniac was sensible of the kindness of his treatment. *He promised to restrain himself.*" He sometimes still raged, shouted, and frightened his companions. The keeper reminded him of the threats and promises of the first day; if he did not control himself, it would be necessary to go back to the old ways. The patient's agitation would then increase for a while, and then rapidly decline. "He would listen with attention to the persuasions and arguments of his friendly visitor. After such conversations, the patient was generally better for some days or a week." At the end of four months, he left the Retreat, entirely cured. Here fear is addressed to the invalid directly, not by instruments but in speech; there is no question of limiting a liberty that rages beyond its bounds, but of marking out and glorifying a region of simple responsibility where any manifestation of madness will be linked to punishment. The obscure guilt that once linked transgression and unreason is thus shifted; the madman, as a human being originally endowed with reason, is no longer guilty of being mad; but the madman, as a madman, and in the interior of that disease of which he is no longer guilty, must feel morally responsible for everything within him that may disturb morality and society, and must hold no one but himself responsible for the punishment he receives. The assignment of guilt is no longer the mode of relation that obtains between the madman and the sane man in their generality; it becomes both the concrete form of coexistence of each madman with his keeper, and the form of awareness that the madman must have of his own madness.

the society of those who [are] of similar habits and opinions." Religion safeguards the old secret of reason in the presence of madness, thus making closer, more immediate, the constraint that was already rampant in classical confinement. There, the religious and moral milieu was imposed from without, in such a way that madness was controlled, not cured. At the Retreat, religion was part of the movement which indicated in spite of everything the presence of reason in madness, and which led from insanity to health. Religious segregation has a very precise meaning: it does not attempt to preserve the sufferers from the profane presence of non-Quakers, but to place the insane individual within a moral element where he will be in debate with himself and his surroundings: to constitute for him a milieu where, far from being protected, he will be kept in a perpetual anxiety, ceaselessly threatened by Law and Transgression.

"The principle of fear, which is rarely decreased by insanity, is considered as of great importance in the management of the patients." "Fear appears as an essential presence in the asylum. Already an ancient figure, no doubt, if we think of the terrors of confinement. But these terrors surrounded madness from the outside, marking the boundary of reason and unreason, and enjoying a double power: over the violence of fury in order to contain it, and over reason itself to hold it at a distance; such fear was entirely on the surface. The fear instituted at the Retreat is of great depth; it passes between reason and madness like a mediation, like an evocation of a common nature they still share, and by which it could link them together. The terror that once reigned was the most visible sign of the alienation of madness in the classical period; fear was now endowed with a power of disalienation, which permitted it to restore a primitive complicity between the madman and the man of reason. It reestablished a solidarity between them. Now madness would never—could never—cause fear again; it would be *affraid* without recourse or return, thus entirely in the hands of the pedagogy of good sense, of truth, and of morality.

Samuel Tuke tells how he received at the Retreat a maniac, young and prodigiously strong, whose

We must therefore reevaluate the meanings assigned to Tuke's work: liberation of the insane, abolition of constraint, constitution of a human milieu—these are only justifications. The real operations were different. In fact, Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience. Tuke now transferred the age-old terrors in which the insane had been trapped to the very heart of madness. The asylum no longer punished the madman's guilt, it is true; but it did more, it organized that guilt; it organized it for the madman as a consciousness of himself, and as a nonreciprocal relation to the keeper; it organized it for the man of reason as an awareness of the other, a therapeutic intervention in the madman's existence. In other words, by this guilt the madman became an object of punishment always vulnerable to himself and to the other; and, from the acknowledgment of his status as object, from the awareness of his guilt, the madman was to return to his awareness of himself as a free and responsible subject, and consequently to reason. This movement by which, objectifying himself for the other, the madman thus returned to his liberty, was to be found as much in Work as in Observation. [...]

Pinel advocates no religious segregation. Or rather, a segregation that functions in the opposite direction from that practiced by Tuke. The benefits of the renovated asylum were offered to all, or almost all, except the fanatics "who believe themselves inspired and seek to make converts." Bicêtre and La Salpêtrière, according to Pinel's intention, form a complementary figure to the Retreat.

Religion must not be the moral substratum of life in the asylum, but purely and simply a medical object: "Religious opinions in a hospital for the insane must be considered only in a strictly medical relation, that is, one must set aside all other considerations of public worship and political belief, and investigate only whether it is necessary to oppose the exaltation of ideas and feelings that may originate in this source, in order to effect the cure of certain alienated minds."⁷ A

7. Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale* (Paris, 1801), p. 265.

source of strong emotions and terrifying images which it arouses through fears of the Beyond, Catholicism frequently provokes madness; it generates delirious beliefs, entertains hallucinations, leads men to despair and to melancholia. We must not be surprised if, "examining the registers of the insane asylum at Bicêtre, we find inscribed there many priests and monks, as well as country people maddened by a frightening picture of the future." Still less surprising is it to see the number of religious madnesses vary. Under the Old Regime and during the Revolution, the strength of superstitious beliefs, or the violence of the struggles in which the Republic opposed the Catholic Church, multiplied melancholias of religious origin. With the return of peace, the Concordat having erased the struggles, these forms of delirium disappeared; in the Year X, fifty percent of the melancholies in Bicêtre were suffering from religious madness, thirty-three percent the following year, and only eighteen percent in the Year XII. The asylum must thus be freed from religion and from all its iconographic connections; "melancholies by devotion" must not be allowed their pious books; experience "teaches that this is the surest means of perpetuating insanity or even of making it incurable, and the more such permission is granted, the less we manage to calm anxiety and scruples." Nothing takes us further from Tuke and his dreams of a religious community that would at the same time be a privileged site of mental cures, than this notion of a neutralized asylum, purified of those images and passions to which Christianity gave birth and which made the mind wander toward illusion, toward terror, and soon toward delirium and hallucinations.

But Pinel's problem was to reduce the iconographic forms, not the moral content of religion. Once "filtered," religion possesses a disalienating power that dissipates the images, calms the passions, and restores man to what is most immediate and essential: it can bring him closer to his moral truth. And it is here that religion is often capable of effecting cures. Pinel relates several Voltairean stories. One, for example, of a woman of twenty-five, "of strong constitution, united in wedlock to a weak and delicate man"; she suffered "quite violent fits of hysteria, imagining she was possessed by a demon who followed her in different shapes, sometimes emitting

disorder of insanity, the solid nature of the essential virtues is not disrupted. There is a primitive morality which is ordinarily not affected even by the worst dementia; it is this morality which both appears and functions in the cure: "I can generally testify to the pure virtues and severe principles often manifested by the cure. Nowhere except in novels have I seen spouses more worthy of being cherished, parents more tender, lovers more passionate, or persons more attached to their duties than the majority of the insane fortunately brought to the period of convalescence."⁸ This inalienable virtue is both the truth and the resolution of madness. Which is why, if it reigns, it *must* reign as well. The asylum reduces differences, represses vice, eliminates irregularities. It denounces everything that opposes the essential virtues of society: celibacy—"the number of girls fallen into idiocy is seven times greater than the number of married women for the Year XI and the Year XIII; for dementia, the proportion is two to four times greater; we can thus deduce that marriage constitutes for women a kind of preservative against the two sorts of insanity which are most inveterate and most often incurable"; debauchery, misconduct, and "extreme perversity of habits"—"vicious habits such as drunkenness, limitless promiscuity, an apathetic lack of concern can gradually degrade the reason and end in outright insanity"; laziness—"it is the most constant and unanimous result of experience that in all public asylums, as in prisons and hospitals, the surest and perhaps the sole guarantee of the maintenance of health and good habits and order is the law of rigorously executed mechanical work." The asylum sets itself the task of the homogeneous rule of morality, its rigorous extension to all those who tend to escape from it.

But it thereby generates an indifference; if the law does not reign universally, it is because there are men who do not recognize it, a class of society that lives in disorder, in negligence, and almost in illegality: "If on the one hand we see families prosper for a long series of years in the bosom of harmony and order and concord, how many others, especially in the lower classes, afflict the eye with a repulsive spectacle of debauchery, of dissensions, and shameful distress!

8. *Ibid.*, p. 141.

bird noises, sometimes mournful sounds and piercing cries." Happily, the local cure was more concerned with natural religion than learned in the techniques of exorcism; he believed in curing through the benevolence of nature; this "enlightened man, of kindly and persuasive character, gained ascendancy over the patient's mind and managed to induce her to leave her bed, to resume her domestic tasks, and even to spade her garden. [...] This was followed by the most fortunate effects, and by a cure that lasted three years." Restored to the extreme simplicity of this moral content, religion could not help coming with philosophy and with medicine, with all the forms of wisdom and science that can restore the reason in a disturbed mind. There are even instances of religion serving as a preliminary treatment, preparing for what will be done in the asylum: take the case of the young girl "of an ardent temperament, though very docile and pious," who was torn between "the inclinations of her heart and the severe principles of her conduct"; her confessor, after having vainly counseled her to attach herself to God, proposed examples of a firm and measured holiness, and "offered her the best remedy against high passions: patience and time." Taken to La Salpêtrière, she was treated, on Pinel's orders, "according to the same moral principles," and her illness proved "of very short duration." Thus the asylum assimilates not the social theme of a religion in which men feel themselves brothers in the same communion and the same community, but the moral power of consolation, of confidence, and a docile fidelity to nature. It must resume the moral enterprise of religion, exclusive of its fantastic text, exclusively on the level of virtue, labor, and social life.

The asylum is a religious domain without religion, a domain of pure morality, of ethical uniformity. Everything that might retain the signs of the old differences was eliminated. The last vestiges of rite were extinguished. Formerly the house of confinement had inherited, in the social sphere, the almost absolute limits of the lazar house; it was a foreign country. Now the asylum must represent the great continuity of social morality. The values of family and work, all the acknowledged virtues, now reign in the asylum. But their reign is a double one. First, they prevail in fact, at the heart of madness itself, beneath the violence and

That, according to my daily notes, is the most fertile source of the insanity we treat in the hospitals."⁹

In one and the same movement, the asylum becomes, in Pinel's hands, an instrument of moral uniformity and of social denunciation. The problem is to impose, in a universal form, a morality that will prevail from within upon those who are strangers to it and in whom insanity is already present before it has made itself manifest. In the first case, the asylum must act as an awakening and a reminder, invoking a forgotten nature; in the second, it must act by means of a social shift in order to snatch the individual from his condition. The operation as practiced at the Retreat was still simple: religious segregation for purposes of moral purification. The operation as practiced by Pinel was relatively complex: to effect moral syntheses, assuring an ethical continuity between the world of madness and the world of reason, but by practicing a social segregation that would guarantee bourgeois morality a universality of fact and permit it to be imposed as a law upon all forms of insanity.

In the classical period, indigence, laziness, vice, and madness mingled in an equal guilt within unreason; madmen were caught in the great confinement of poverty and unemployment, but all had been promoted, in the proximity of transgression, to the essence of a Fall. Now madness belonged to social failure, which appeared without distinction as its cause, model, and limit. Half a century later, mental disease would become degeneracy. Henceforth, the essential madness, and the really dangerous one, was that which rose from the lower depths of society.

Pinel's asylum would never be, as a retreat from the world, a space of nature and immediate truth like Tuke's, but a uniform domain of legislation, a site of moral syntheses where insanities born on the outer limits of society were eliminated. The entire life of the inmates, and the entire conduct of their keepers and doctors, were organized by Pinel so that these moral syntheses would function. And this by three principal means:

1. *Silence.* The fifth chained prisoner released by Pinel was a former ecclesiastic whose madness had caused him to be excommunicated; suffering from delusions

of grandeur, he believed he was Christ; this was "the height of human arrogance in delirium." Sent to Bicêtre in 1782, he had been in chains for twelve years. For the pride of his bearing, the grandiloquence of his ideas, he was one of the most celebrated spectacles of the entire hospital, but as he knew that he was reliving Christ's Passion, "he endured with patience this long martyrdom and the continual sarcasms his mania exposed him to." Pinel chose him as one of the first twelve to be released, though his delirium was still acute. But Pinel did not treat him as he did the others; without a word, he had his chains struck off, and "ordered expressly that everyone imitate his own reserve and not address a word to this poor madman. This prohibition, which was rigorously observed, produced upon this self-intoxicated creature an effect much more perceptible than irons and the dungeon; he felt humiliated in an abandon and an isolation so new to him amid his freedom. Finally, after long hesitations, they saw him come of his own accord to join the society of the other patients; henceforth, he returned to more sensible and true ideas."¹⁰

Deliverance here has a paradoxical meaning. The dungeon, the chains, the continual spectacle, the sarcasms were, to the sufferer in his delirium, the very element of his liberty. Acknowledged in that very fact and fascinated from without by so much complicity, he could not be dislodged from his immediate truth. But the chains that fell, the indifference and silence of all those around him, confined him in the limited use of an empty liberty; he was delivered in silence to a truth which was not acknowledged and which he would demonstrate in vain, since he was no longer a spectacle, and from which he could derive no exaltation, since he was not even humiliated. It was the man himself, not his projection in a delirium, who was now humiliated: for physical constraint yielded to a liberty that constantly touched the limits of solitude; the dialogue of delirium and insult gave way to a monologue in a language which exhausted itself in the silence of others; the entire show of presumption and outrage was replaced by indifference. Henceforth, more genuinely confined than he could have been in a dungeon and chains, a prisoner of nothing but

9. *Ibid.*, pp. 29-30.

10. Pinel, *Traité*, p. 63.

only an indirect apprehension of itself, madness had no immediate grasp of its own character. With Pinel, on the contrary, observation operated only within the space defined by madness, without surface or exterior limits. Madness would see itself, would be seen by itself—pure spectacle and absolute subject.

"Three insane persons, each of whom believed himself to be a king, and each of whom took the title of royalty, and defended them somewhat too energetically. The keeper approached one of them, and drawing him aside, asked: 'Why do you argue with these men who are evidently mad? Doesn't everyone know that you should be recognized as Louis XVI?' Flattered by his homage, the madman immediately withdrew, glancing at the others with a disdainful ha-

teur. The same trick worked with the second patient. And thus in an instant there no longer remained any trace of an argument."¹¹ This is the first phase, that of exaltation. Madness is made to observe itself, but in others: it appears in them as a baseless pretense—in other words, as absurd. However, in this observation that condemns others, the madman assures his own justification and the certainty of being adequate to his delirium. The rift between presumption and reality allows itself to be recognized only in the object. It is entirely masked, on the contrary, in the subject, which becomes immediate truth and absolute judge: the exalted sovereignty that denounces the others' false sovereignty dispossesses them and thus confirms itself in the unfailing plenitude of presumption. Madness, as simple delirium, is projected onto others, as perfect unconsciousness, it is entirely accepted.

It is at this point that the mirror, as an accomplice, becomes an agent of demystification. Another inmate of Bicêtre, also believing himself a king, always expressed himself "in a tone of command and with supreme authority." One day when he was calmer, the keeper approached him and asked why, if he were a sovereign, he did not put an end to his detention, and why he remained mingled with madmen of all kinds. Resuming this speech the following days, "he made him see, little by little, the absurdity of his

11. Cited in René Semelaigne, *Alliés et philantropes* (Paris, 1912), Appendix, p. 502.

himself, the sufferer was caught in a relation to himself that was of the order of transgression, and in a nonrelation to others that was of the order of shame. The others are made innocent, they are no longer persecutors; the guilt is shifted inside, showing the madman that he was fascinated by nothing but his own presumption; the enemy faces disappear; he no longer feels their presence as observation, but as denial of attention, as observation deflected; the others are now nothing but a limit that ceaselessly recedes as he advances. Delivered from his chains, he is now chained, by silence, to transgression and to shame. He feels himself punished, and he sees the sign of his innocence in that fact; free from all physical punishment, he must prove himself guilty. His torment was his glory; his deliverance must humiliate him.

Compared to the incessant dialogue of reason and madness during the Renaissance, classical interment had been a silencing. But it was not total: language was engaged in things rather than really suppressed. Confinement, prisons, dungeons, even tortures, engaged in a mute dialogue between reason and unreason—the dialogue of struggle. This dialogue itself was now disengaged; silence was absolute; there was no longer any common language between madness and reason; the language of delirium can be answered only by an absence of language, for delirium is not a fragment of dialogue with reason, it is not language at all; it refers, in an ultimately silent awareness, only to transgression. And it is only at this point that a common language becomes possible again, insofar as it will be one of acknowledged guilt. "Finally, after long hesitation, they saw him come of his own accord to join the society of the other patients." The absence of language, as a fundamental structure of asylum life, has its correlative in the exposure of confession. When Freud, in psychoanalysis, cautiously reconstitutes exchange, or rather begins once again to listen to this language, henceforth eroded into monologue, should we be astonished that the formulations he hears are always those of transgression? In this inveterate silence, transgression has taken over the very sources of speech.

2. *Recognition by Mirror.* At the Retreat, the madman was observed, and knew he was observed; but except for that direct observation which permitted

pretensions, showed him another madman who had also been long convinced that he possessed supreme power and had become an object of mockery. At first the maniac felt shaken, soon he cast doubts upon his title of sovereign, and finally he came to realize his chimerical vagaries. It was in two weeks that this unexpected moral revolution took place, and after several months of tests, this worthy father was restored to his family."¹² This, then, is the phase of abasement: presumptuously identified with the object of his delirium, the madman recognizes himself as in a mirror in this madness whose absurd pretensions he has denounced; his solid sovereignty as a subject dissolves in this object he has demystified by accepting it. He is now pitilessly observed by himself. And in the silence of those who represent reason, and who have done nothing but hold up the perilous mirror, he recognizes himself as objectively mad.

We have seen by what means—and by what mystifications—eighteenth-century therapeutics tried to persuade the madman of his madness in order to release him from it. Here the movement is of an entirely different nature; it is not a question of dissipating error by the impressive spectacle of a truth, even a pretended truth; but of treating madness in its arrogance rather than in its aberration. The classical mind condemned in madness a certain blindness to the truth; from Pinel on, madness would be regarded, rather, as an impulse from the depths which exceeds the juridical limits of the individual, ignores the moral limits fixed for him, and tends to an apotheosis of the self. For the nineteenth century, the initial model of madness would be to believe oneself to be God, while for the preceding centuries it had been to deny God. Thus madness, in the spectacle of itself as unreason humiliated, was able to find its salvation when, imprisoned in the absolute subjectivity of its delirium, it surprised the absurd and objective image of that delirium in the identical madman. Truth insinuated itself, as if by surprise (and not by violence, in the eighteenth-century mode), in this play of reciprocal observations where it never saw anything but itself. But the asylum, in this community of madmen, placed the mirrors in such a way that the madman,

12. Pinel, *Traité*, p. 256.

when all was said and done, inevitably surprised himself, despite himself, *as a madman*. Freed from the chains that made it a purely observed object, madness lost, paradoxically, the essence of its liberty, which was solitary exaltation; it became responsible for what it knew of its truth; it imprisoned itself in an infinitely self-referring observation; it was finally chained to the humiliation of being its own object. Awareness was now linked to the shame of being identical to that other, of being compromised in him, and of already despising oneself before being able to recognize or to know oneself.

3. *Perpetual Judgment*. By this play of mirrors, as by silence, madness is ceaselessly called upon to judge itself. But beyond this, it is at every moment judged from without; judged not by moral or scientific conscience, but by a sort of invisible tribunal in permanent session. The asylum Pinel dreamed of and partly realized at Bicêtre, but especially at La Salpêtrière, is a juridical microcosm. To be efficacious, this judgment must be redoubtable in aspect; all the iconographic apanage of the judge and the executioner must be present in the mind of the madman, so that he understands what universe of judgment he now belongs to. The decor of justice, in all its terror and implacability, will thus be part of the treatment. One of the inmates at Bicêtre suffered from a religious delirium animated by a fear of hell; he believed that the only way he could escape eternal damnation was by rigorous abstinence. It was necessary to compensate this fear of a remote justice by the presence of a more immediate and still more redoubtable one: "Could the irresistible curse of his sinister ideas be counterbalanced other than by the impression of a strong and deep fear?" One evening, the director came to the patient's door "with matter likely to produce fear—an angry eye, a thundering tone of voice, a group of staff armed with strong chains that they shook noisily. They set some soup beside the madman and gave him precise orders to eat it during the night, or else suffer the most cruel treatment. They retired, and left the madman in the most distressed state of indecision between the punishment with which he was threatened and the frightening prospect of the torments in the life to come. After an inner combat

aid of a faucet suddenly release a shower of cold water upon his head, which often disconcerts the madman or drives out a predominant idea by a strong and unexpected impression; if the idea persists, the shower is repeated, but care is taken to avoid the hard tone and the shocking terms that would cause rebellion; on the contrary, the madman is made to understand that it is for his sake and reluctantly that we resort to such violent measures; sometimes we add a joke, taking care not to go too far with it."¹⁴ This almost arithmetical obviousness of punishment, repeated as often as necessary, the recognition of transgression by its repression—all this must end in the internalization of the juridical instance, and the birth of remorse in the inmate's mind: it is only at this point that the judges agree to stop the punishment, certain that it will continue indefinitely in the inmate's conscience. One maniac had the habit of tearing her clothes and breaking any object that came into her hands; she was given showers, she was put into a straitjacket, she finally appeared "humiliated and dismayed"; but fearing that this shame might be transitory and this remorse too superficial, "the director, in order to impress a feeling of terror upon her, spoke to her with the most energetic firmness, but without anger, and announced to her that she would henceforth be treated with the greatest severity." The desired result was not long in coming: "Her repentance was announced by a torrent of tears which she shed for almost two hours." The cycle is complete twice over: the transgression is punished and its author recognizes her guilt.

There were, however, madmen who escaped from this movement and resisted the moral synthesis it brought about. These latter would be set apart in the heart of the asylum, forming a new confined population, which could not even relate to justice. When we speak of Pinel and his work of liberation, we too often omit this second reclusion. We have already seen that he denied the benefits of asylum reform to "fanatics who believe themselves inspired and seek to make converts, and who take a perfidious pleasure in inciting the other madmen to disobedience on the pretext that it is better to obey God than man."

14. *Ibid.*, p. 205.

of several hours, the former idea prevailed, and he decided to take some nourishment."¹³

The asylum as a juridical instance recognized no other. It judged immediately, and without appeal. It possessed its own instruments of punishment, and used them as it saw fit. The old confinement had generally been practiced outside of normal juridical forms, but it imitated the punishment of criminals, using the same prisons, the same dungeons, the same physical brutality. The justice that reigned in Pinel's asylum did not borrow its modes of repression from the other justice, but invented its own. Or rather, it used the therapeutic methods that had become known in the eighteenth century, but used them as chastisements. And this is not the least of the paradoxes of Pinel's "philanthropic" and "liberating" enterprise, this conversion of medicine into justice, of therapeutics into repression. In the medicine of the classical period, baths and showers were used as remedies as a result of the physicians' vagaries about the nature of the nervous system: the intention was to refresh the organism, to relax the desiccated fibers; it is true that they also added, among the happy consequences of the cold shower, the psychological effect of the unpleasant surprise which interrupted the course of ideas and changed the nature of sentiments; but we were still in the landscape of medical speculation. With Pinel, the use of the shower became frankly juridical: the shower was the habitual punishment of the ordinary police tribunal that sat permanently at the asylum. "Considered as a means of repression, it often suffices to subject to the general law of manual labor a madman who is susceptible to it, in order to conquer an obstinate refusal to take nourishment, and to subjugate insane persons carried away by a sort of turbulent and reasoned humor."

Everything was organized so that the madman would recognize himself in a world of judgment that enveloped him on all sides; he must know that he is watched, judged, and condemned; from transgression to punishment, the connection must be evident, as a guilt recognized by all: "We profit from the circumstance of the bath, remind him of the transgression, or of the omission of an important duty, and with the

But confinement and the dungeon will be equally obligatory for "those who cannot be subjected to the general law of work and who, in malicious activity, enjoy tormenting the other inmates, provoking and ceaselessly inciting them to subjects of discord," and for women "who during their seizures have an irresistible propensity to steal anything they can lay their hands on." Disobedience by religious fanaticism, resistance to work, and theft, the three great transgressions against bourgeois society, the three major offenses against its essential values, are not excusable, even by madness; they deserve imprisonment pure and simple, exclusion in the most rigorous sense of the term, since they all manifest the same resistance to the moral and social uniformity that forms the *raison d'être* of Pinel's asylum.

Formerly, unreason was set outside of judgment, to be delivered, arbitrarily, to the powers of reason. Now it is judged, and not only upon entering the asylum, in order to be recognized, classified, and made innocent forever; it is caught, on the contrary, in a perpetual judgment, which never ceases to pursue it and to apply sanctions, to proclaim its transgressions, to require honorable amends, to exclude, finally, those whose transgressions risk compromising the social order. Madness escaped from the arbitrary only in order to enter a kind of endless trial for which the asylum furnished simultaneously police, magistrates, and torturers; a trial whereby any transgression in life, by a virtue proper to life in the asylum, becomes a social crime, observed, condemned, and punished; a trial which has no outcome but in a perpetual recommencement in the internalized form of remorse. The madmen "delivered" by Pinel and, after him, the madmen of modern confinement are under arraignment; if they have the privilege of no longer being associated or identified with convicts, they are condemned, at every moment, to be subject to an accusation whose text is never given, for it is their entire life in the asylum which constitutes it. The asylum of the age of positivism, which it is Pinel's glory to have founded, is not a free realm of observation, diagnosis, and therapeutics; it is a juridical space where one is accused, judged, and condemned, and from which one is never released except by the version of this trial in psychological depth—that is, by remorse. Madness

will be punished in the asylum, even if it is innocent outside of it. For a long time to come, and until our own day at least, it is imprisoned in a moral world.

To silence, to recognition in the mirror, to perpetual judgment, we must add a fourth structure peculiar to the world of the asylum as it was constituted at the end of the eighteenth century: this is the apotheosis of the *medical personage*. Of them all, it is doubtless the most important, since it would authorize not only new contacts between doctor and patient, but a new relation between insanity and medical thought, and ultimately command the whole modern experience of madness. Hitherto, we find in the asylums only the same structures of confinement, but displaced and deformed. With the new status of the medical personage, the deepest meaning of confinement is abolished: mental disease, with the meanings we now give it, is made possible.

The work of Tuke and of Pinel, whose spirit and values are so different, meet in this transformation of the medical personage. The physician, as we have seen, played no part in the life of confinement. Now he becomes the essential figure of the asylum. He is in charge of entry. The ruling at the Retreat is precise: "On the admission of patients, the committee should, in general, require a certificate signed by a medical person. . . . It should also be stated whether the patient is afflicted with any complaint independent of insanity. It is also desirable that some account should be sent, how long the patient has been disordered; whether any, or what sort of medical means have been used."¹⁵ From the end of the eighteenth century, the medical certificate becomes almost obligatory for the confinement of madmen. But within the asylum itself, the doctor takes a preponderant place, insofar as he converts it into a medical space. However, and this is the essential point, the doctor's intervention is not made by virtue of a medical skill or power that he possesses in himself and that would be justified by a body of objective knowledge. It is not as a scientist that *homo medicus* has authority in the asylum, but as a wise man. If the medical profession is required, it is as a juridical and moral guarantee, not in the name of science. A man of great probity, of utter virtue and

15. Cited in Tuke, *Description of Retreat*, pp. 89–90.

from science only their disguise, or at most their justification. These powers, by their nature, were of a moral and social order; they took root in the madman's minority status, in the insanity of his person, not of his mind. If the medical personage could isolate madness, it was not because he knew it, but because he mastered it; and what for positivism would be an image of objectivity was only the other side of this domination. "It is a very important object to win the confidence of these sufferers, and to arouse in them feelings of respect and obedience, which can only be the fruit of superior discernment, distinguished education, and dignity of tone and manner. Stupidity, ignorance, and the lack of principles, sustained by a tyrannical harshness, may incite fear, but always inspire distrust. The keeper of madmen who has obtained domination over them directs and rules their conduct as he pleases; he must be endowed with a firm character, and on occasion display an imposing strength. He must threaten little but carry out his threats, and if he is disobeyed, punishment must immediately ensue."¹⁷ The physician could exercise his absolute authority in the world of the asylum only insofar as, from the beginning, he was Father and Judge, Family and Law—his medical practice being for a long time no more than a complement to the old rites of Order, Authority, and Punishment. And Pinel was well aware that the doctor cures when, exclusive of modern therapeutics, he brings into play these immemorial figures.

Pinel cites the case of a girl of seventeen who had been raised by her parents with "extreme indulgence"; she had fallen into a "giddy, mad delirium without any cause that could be determined"; at the hospital she was treated with great gentleness, but she always showed a certain "haughtiness" which could not be tolerated at the asylum; she spoke "of her parents with nothing but bitterness." It was decided to subject her to a regime of strict authority; "the keeper, in order to tame this inflexible character, seized the moment of the bath and expressed himself forcibly concerning certain unnatural persons who dared oppose their parents and disdain their authority. He warned the

17. John Haslam, *Observations on Insanity with Practical Remarks on This Disease* (London, 1798), cited by Pinel, *Traité*, pp. 253-4.

scruple, who had had long experience in the asylum, would do as well. For the medical enterprise is only a part of an enormous moral task that must be accomplished at the asylum, and which alone can ensure the cure of the insane: "Must it not be an inviolable law in the administration of any establishment for the insane, whether public or private, to grant the maniac all the liberty that the safety of his person and of that of others permits, and to proportion his repression to the greater or lesser seriousness of danger of his deviations . . . , to gather all the facts that can serve to enlighten the physician in treatment, to study with care the particular varieties of behavior and temperament, and accordingly to use gentleness or firmness, conciliatory terms or the tone of authority and an inflexible severity?"¹⁸ According to Samuel Tuke, the first doctor appointed at the Retreat was recommended by his "indefatigable perseverance"; doubtless he had no particular knowledge of mental illnesses when he entered the asylum, but "he entered on his office with the anxiety and ardor of a feeling mind, upon the exertion of whose skill, depended the dearest interest of many of his fellow-creatures." He tried the various remedies that his own common sense and the experience of his predecessors suggested. But he was soon disappointed, not because the results were bad, or the number of cures was minimal: "Yet the medical means were so imperfectly connected with the progress of recovery, that he could not avoid suspecting them, to be rather concomitants than causes." He then realized that there was little to be done using the medical methods known up to that time. The concern for humanity prevailed within him, and he decided to use no medicament that would be too disagreeable to the patient. But it must not be thought that the doctor's role had little importance at the Retreat: by the visits he paid regularly to the patients, by the authority he exercised in the house over all the staff, "the physician . . . sometimes possesses more influence over the patients' minds, than the other attendants."

It is thought that Tuke and Pinel opened the asylum to medical knowledge. They did not introduce science, but a personality, whose powers borrowed

18. Pinel, *Traité*, pp. 292-3.

girl she would henceforth be treated with all the severity she deserved, for she herself was opposed to her cure and dissimulated with insurmountable obstinacy the basic cause of her illness." Through this new rigor and these threats, the sick girl felt "profoundly moved . . . she ended by acknowledging her wrongs and making a frank confession that she had suffered a loss of reason as the result of a forbidden romantic attachment, naming the person who had been its object." After this first confession, the cure became easy: "a most favorable alteration occurred . . . she was henceforth soothed and could not sufficiently express her gratitude toward the keeper who had brought an end to her continual agitation, and had restored tranquillity and calm to her heart." There is not a moment of the story that could not be transcribed in psychoanalytic terms. To such a degree was it true that the medical personage, according to Pinel, had to act not as the result of an objective definition of the disease or a specific classifying diagnosis, but by relying on that prestige which envelops the secrets of the Family, of Authority, of Punishment, and of Love; it is by bringing such powers into play, by wearing the mask of Father and of Judge, that the physician, by one of those abrupt shortcuts that leave aside mere medical competence, became the almost magic perpetrator of the cure, and assumed the aspect of a thaumaturge; it was enough that he observed and spoke, to cause secret faults to appear, insane presumptions to vanish, and madness at last to yield to reason. His presence and his words were gifted with that power of disalienation, which at one blow revealed the transgression and restored the order of morality.

It is a curious paradox to see medical practice enter the uncertain domain of the quasi-miraculous at the very moment when the knowledge of mental illness tries to assume a positive meaning. On the one hand, madness puts itself at a distance in an objective field where the threats of unreason disappear; but at this same moment, the madman tends to form with the doctor, in an unbroken unity, a "couple" whose complicity dates back to very old links. Life in the asylum as Tuke and Pinel constituted it permitted the birth of that delicate structure which would become the essential nucleus of madness—a structure that formed a kind of microcosm in which were symbolized the

massive structures of bourgeois society and its values: Family-Child relations, centered on the theme of paternal authority; Transgression-Punishment relations, centered on the theme of immediate justice; Madness-Disorder relations, centered on the theme of social and moral order. It is from these that the physician derives his power to cure; and it is to the degree that the patient finds himself, by so many old links, already alienated in the doctor, within the doctor-patient couple, that the doctor has the almost miraculous power to cure him.

In the time of Pinel and Tuke, this power had nothing extraordinary about it; it was explained and demonstrated in the efficacy, simply, of moral behavior; it was no more mysterious than the power of the eighteenth-century doctor when he diluted fluids or relaxed fibers. But very soon the meaning of this moral practice escaped the physician, to the very extent that he enclosed his knowledge in the norms of positivism: from the beginning of the nineteenth century, the psychiatrist no longer quite knew what was the nature of the power he had inherited from the great reformers, and whose efficacy seemed so foreign to his idea of mental illness and to the practice of all other doctors.

This psychiatric practice, mysterious even to those who used it, is very important in the situation of the madman within the medical world. First, because medicine of the mind for the first time in the history of Western science was to assume almost complete autonomy: from the time of the Greeks, it had been no more than a chapter of medicine, and we have seen Willis study madness under the rubric "diseases of the head";¹⁸ after Pinel and Tuke, psychiatry would become a medicine of a particular style: those most eager to discover the origin of madness in organic causes or in hereditary dispositions would not be able to avoid this style. They would be all the more unable to avoid it in that this particular style—bringing into play increasingly obscure moral powers—would originally be a sort of bad conscience; they would increasingly confine themselves in positivism, the more they felt their practice slipping out of it.

18. *Ed.*: A discussion of Thomas Willis's work appears earlier in Foucault's *Madness and Civilization*.

doctor's eyes. That obscure power whose origin he no longer knew, in which he could not decipher the patient's complicity, and in which he would not consent to acknowledge the ancient powers which constituted it, nevertheless had to be given some status; and since nothing in positivist understanding could justify such a transfer of will or similar remote-control operations, the moment would soon come when madness itself would be held responsible for such anomalies. These cures without basis, which must be recognized as not being false cures, would soon become the true cures of false illnesses. Madness was not what one believed, nor what it believed itself to be; it was infinitely less than itself. We can see here the genesis of Babiniski's pithiatism. And by a strange reversal, thought leaped back almost two centuries to the era when between madness, false madness, and the simulation of madness, the limit was indistinct—identical symptoms confused to the point where transgression replaced unity; further still, medical thought finally effected an identification over which all Western thought since Greek medicine had hesitated: the identification of madness with madness—that is, of the medical concept with the critical concept of madness. At the end of the nineteenth century, and in the thought of Babiniski's contemporaries, we find that prodigious postulate, which no medicine had yet dared formulate: that madness, after all, was only madness.

Thus while the victim of mental illness is entirely alienated in the real person of his doctor, the doctor dissipates the reality of the mental illness in the critical concept of madness. So that there remains, beyond the empty forms of positivist thought, only a single concrete reality: the doctor-patient couple in which all alienations are summarized, linked, and loosened. And it is to this degree that all nineteenth-century psychiatry really converges on Freud, the first man to accept in all its seriousness the reality of the physician-patient couple, the first to consent not to look away nor to investigate elsewhere, the first not to attempt to hide it in a psychiatric theory that more or less harmonized with the rest of medical knowledge, the first to follow its consequences with absolute rigor. Freud demystified all the other asylum structures: he

19. These structures still persist in nonpsychanalytic psychiatry, and in many aspects of psychoanalysis itself.

As positivism imposes itself on medicine and psychiatry, this practice becomes more and more obscure, and the doctor-patient couple sinks deeper into a strange world. In the patient's eyes, the doctor becomes a thaumaturge; the authority he has borrowed from order, morality, and the family now seems to derive from himself; it is because he is a doctor that he is believed to possess these powers, and while Pinel, with Tuke, strongly asserted that his moral action was not necessarily linked to any scientific competence, it was thought, and by the patient first of all, that it was the esotericism of his knowledge, in some almost daemonic secret of knowledge, that the doctor had found the power to unravel insanity; and increasingly the patient would accept this self-surrender to a doctor both divine and satanic, beyond human measure in any case; increasingly he would alienate himself in the physician, accepting entirely and in advance all his prestige, submitting from the very first to a will he experienced as magic, and to a science he regarded as prescience and divination, thus becoming the ideal and perfect correlative of those powers he projected onto the doctor, pure object without any resistance except his own inertia, quite ready to become precisely that hysteric in whom Charcot exalted the doctor's marvellous powers. If we wanted to analyze the profound structures of objectivity in the knowledge and practice of nineteenth-century psychiatry from Pinel to Freud,¹⁹ we should have to show in fact that such objectivity was from the start a reification of a magical nature, which could only be accomplished with the complicity of the patient himself, and beginning from a transparent and clear moral practice, gradually forgotten as positivism imposed its myths of scientific objectivity; a practice forgotten in its origins and its meaning, but always used and always present. What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism.

But if the doctor soon became a thaumaturge for the patient, he could not be one in his own positivist

abolished silence and observation; he eliminated madness's recognition of itself in the mirror of its own spectacle; he silenced the instances of condemnation. But, on the other hand, he exploited the structure that enveloped the medical personage; he amplified its thaumaturgical virtues, preparing for its omnipotence a quasi-divine status. He focused on this single presence—concealed behind the patient and above him, in an absence that is also a total presence—all the powers that had been distributed in the collective existence of the asylum; he transformed this into an absolute Observation, a pure and circumspect Silence, a Judge who punishes and rewards in a judgment that does not even condescend to language; he made it the Mirror in which madness, in an almost motionless movement, clings to and casts off itself.

To the doctor, Freud transferred all the structures Pinel and Tuke had set up within confinement. He did deliver the patient from the existence of the asylum within which his "liberators" had alienated him; but he did not deliver him from what was essential in this existence; he regrouped its powers, extended them to the maximum by uniting them in the doctor's hands; he created the psychoanalytic situation where, by an inspired short-circuit, alienation becomes disalienating because, in the doctor, it becomes a subject.

The doctor, as an alienating figure, remains the key to psychoanalysis. It is perhaps because it did not suppress this ultimate structure, and because it referred all the others to it, that psychoanalysis has not been able, will not be able, to hear the voices of unreason, nor to decipher in themselves the signs of the madman. Psychoanalysis can unravel some of the forms of madness; it remains a stranger to the sovereign enterprise of unreason. It can neither liberate nor transcribe, nor most certainly explain, what is essential in this enterprise.

Since the end of the eighteenth century, the life of unreason no longer manifests itself except in the lightning flash of such works as those of Hölderlin, of Nerval, of Nietzsche, or of Artaud—forever irreducible to those alienations that can be cured, resisting by their own strength that gigantic moral imprisonment which we are in the habit of calling, doubtless by antiphrasis, the liberation of the insane by Pinel and Tuke.

Questions

1. What does this selection have to do with the history of anthropological theory?
2. According to Foucault, why have conceptualizations of madness changed over time?
3. If you have seen the 1975 movie *One Flew over the Cuckoo's Nest*, or read the 1962 novel of the same name by Ken Kesey, do you think that this story fits within Foucault's theoretical framework?

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