Foucault Studies

ARTICLE

Foucault and the Madness of Classifying Our Madness

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ABSTRACT: This paper notes the re-ignited controversy surrounding the publication of a new edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), suggesting that the early work of Michel Foucault can explain why the mere diagnosis of or criteria for mental illness remains a heated flashpoint. In particular, it argues that Foucault articulates a common issue within the philosophical foundations of psychiatry and psychology that the paper terms the 'subjectivity problem.' It observes, using Foucault's work, that these disciplines treat not just simple objects but complex subjects that are capable of interacting with that labelling and who are shaped by it. Drawing on the related work of Ian Hacking on kind-making as world-making, the article fleshes out why the subjectivity problem remains persistent within psychiatry and psychology as forms of knowledge, preventing them from operating as many commentators might desire them to – as pure and objective sciences. Finally, the paper reflects on the relationship of psychiatry and psychology as forms of knowledge, the manner in which they constitute their objects, and how this might shape the biopolitical episteme in which we find ourselves today.

Keywords: psychiatry, psychology, kind-making, biopolitical episteme, Ian Hacking, DSM-V

> At [hospital] they thought I had schizoaffective disorder, and I think they should be very careful in using that diagnosis. I've asked for my medical records, and I think it will show that. I don't think I will meet the DSM III's criteria. I mean, it's like a death sentence when somebody tells you that you have schizophrenia, and I would like to pass that on [to my doctor].
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> Study Participant, "Everybody's Got a Little Mental Illness"[1]

Introduction

Today, the foundations of psychiatry rest on an important philosophical claim—that is, that psychiatry as a form of psychiatric knowledge can separated from psychiatry as a therapeutic and cultural practice. However, this assumption has come under increasing attack recently, as

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[1] Study Participant, cited in Sue Estroff, "Everybody's Got a Little Mental Illness: Accounts of illness and self among people with severe, persistent mental illnesses," *Medical Anthropology Quarterly*, vol.5, Iss. 4 (December, 1991), 331.

the profession has prepared to redraft its central document, the *Diagnostic and Statistical Manual of Mental Disorders*. Within the space of two weeks, the *New York Times* ran three opinion articles challenging key structures of psychiatric diagnosis and called for a reconsideration of the ethical implications of our current modes of psychiatric practice.[2] A great deal of the controversy has focused on changes to the diagnostic criteria for Asperger's syndrome; with activists both objecting to the narrowing of the diagnosis (among other reasons, it may limit insurance coverage), and supporting it (on the grounds that it may be over-diagnosed). Among the most vocal group—both for and against a change in the diagnosis—have been individuals who have received the diagnosis itself; a groundswell of activism that is unheard of in other sciences, but is all too common to psychiatry. This controversy has erupted amidst a number of other public disagreements with the drafting of the DSM: for example, the elimination of a "bereavement exclusion" within the diagnosis of depression; the introduction of a "disruptive mood dysregulation disorder" which would apply to children over six displaying "frequent bursts of anger with chronic irritability"; and the addition of a "hoarding and excoriation disorder."[3]

Littering the history of psychiatry are a string of controversies concerning both the epistemic underpinnings of psychiatric diagnosis (psychiatric knowledge) and their application to individual cases by psychiatrists (psychiatric practice).[4] My contention in this article is that these are not accidental or isolated disputes that naturally accompany the course of any science; rather, they are symptomatic of an unresolved philosophical issue at the heart of psychiatry, which I have entitled "the subjectivity problem." Simply stated, the subjectivity problem concerns forms of knowledge where an individual is both the subject of knowledge *of* a discourse and simultaneously an object of knowledge *for* that discourse. I argue, using key works of Michel Foucault and Ian Hacking, that this leads to a series of unexpected effects in which the very mode of being of the individual can be defined and transformed by certain sorts of discourses, making these forms of knowledge both ontological and political in the manner in which they impact the lives of the individuals. In my view, this is exactly what is occurring in the debates highlighted above—where individuals become deeply concerned with specialised discourses (such as the diagnosis of mental illness) where they feel the discourse has the potential to redefine their mode of being and their relationship to the broader community. The subjectivity problem indicates the impossibility of separating forms of psychiatric knowledge from their functional practices, and their impact in transforming

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[2] Benjamin Nugent, "I Had Asperger Syndrome. Briefly," *The New York Times* (January 31st, 2012); Gary Greenberg, "Not Diseases, but Categories of Suffering," *The New York Times* (January 29th, 2012); Alan Sroufe, "Ritalin Gone Wrong," *The New York* Times (January 28th, 2012).

[3] Benedict Carey, "A Tense Compromise on Defining Disorders," *The New York Times* (December 10th, 2012).

[4] The controversies are well known within the literature. From the 1973 removal of the classification of homosexuality as a mental illness in the seventh edition of the DSM-II, to removal of "sluggishly progressing schizophrenia" from the international equivalent of the DSM, the International Statistical Classification of Diseases and Related Health Problems 10 (ICD-10), which was used to classify forms of political dissidence as mental illness. More recently, some groups have advocated that Autism should not be classified as a disease, but as a mode of living. See Emine Saner, "It is Not a Disease, it is a Way of Life," *The Guardian* (August 7th, 2007).

modes of being, meaning that recent attempts to ensure the legitimacy of psychiatric knowledge by separating it from its forms of practice are problematic.

But the subjectivity problem is not necessarily a generalised problem; if one has a metaphysical or ontological theory of the subject, then there are perhaps answers that can be provided to clarify the relationship of subject to discourse and forestall the critique that Foucault and Hacking offer. My intention here is to demonstrate first the intellectual context in which straightforward theories of the subject are thrown into suspicion, particularly in France, and to illustrate how Foucault's focus on the *production* of certain forms of subjectivity—rather than assuming any founding forms—allows him to open up key questions within the subjectivity problem that might be denied to other approaches. In additionally considering Hacking's work, my intention is not to offer an argument that the subjectivity problem is inherent to all forms of knowledge or to the philosophy of science in general, but rather to argue that the current forms that psychiatric knowledge takes naturally raises problems that can be characterised under the general category of the subjectivity problem, and that Foucault's critical, as well as historical, work on madness helps to unpack what these problems are and how they have come to be the case.

In light of these difficulties I will argue that Foucault, along with other notable figures such as Deleuze, engage in an inverted post-Kantian movement where the question is not so much what the structure of the subject must be to allow for knowledge, but rather what sort of structures of subjectivities do certain forms of knowledge and truth produce.[5] As Gary Gutting describes it, Foucault maintains that the "the subject does not intervene to cause meaning," but rather that the subject is a product of meaning, of certain discursivities, and most prominently of the series of practices that are custodians of that knowledge.[6] In light of this, Foucault's analyses describe totally transformed relationships between meaning, experience, and subjectivity within psychiatry that I will outline within this article.

This leads me to two conclusions: firstly, that it is intensely difficult to separate psychiatric knowledge from practice given the interdependent relationship they have to each other in even constituting the object that they study, and the means through which they know it; and secondly, that this constitution of the object has a direct impact on the nature and experience of the subject of those discourses.

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[5] Or as Mark Cousins and Athar Hussain put it: "Foucault has been described as 'Kant minus transcendentalism,' as an odd creature who employs the formal schemes of the relation between the *a priori* and knowledge but who does so with no intention of establishing the *a priori* as being transcendental in an unconditioned way. Particular forms of knowledge have particular forms of *a priori* conditions. But the particular *a priori* has no general existence; it is itself constructed. In this way Foucault is able to employ as an analytic device certain Kantian schemes without being committed to any general Kantian position" (Mark Cousins and Athar Hussain, *Michel Foucault* (London: MacMillan, 1984), 8). Similarly, Pamela Major-Poetzl writes: "Foucault's main philosophical purpose seems clear: he is seeking the temporal and spatial *a prioris* of knowledge. This archaeology can thus be viewed as a modern form of Kantianism, relativized to deal with a series of specific and variable structures of rationality rather than presuming to define the structure of knowledge in general" (Pamela Major-Poetzl, *Michel Foucault's Archaeology of Western Culture: Towards a New Science of History* (Chapel Hill: University of North Carolina Press, 1983), 137.

[6] Gary Gutting, *Michel Foucault's Archaeology of Scientific Reason* (Cambridge: Cambridge University Press, 1989), 10.

This is well known in other disciplines, particularly those frequently designated as "the human sciences", yet it is a lesson that the philosophy of psychiatry has been slow to draw upon.[7] Attempts to place psychiatry on a firm philosophical footing, such as those of Dominic Murphy or Lawrie Reznek, have taken a profoundly analytic approach and focused on drawing sharp lines between knowledge and practice.[8] Yet as others have noted, the desire to draw a line between the observer, the observed, and the disciplinary line that delineates them inevitably proves impossible to fully satisfy.[9]

The Context of the Problem

In 1983, Foucault participated in an interview with Gérard Raulet for the journal *Telos*, which was subsequently titled "Structuralism and Post-Structuralism."[10] Raulet attempts to trace the trajectory of Foucault's work against the changing French intellectual climate of the 1960s and 70s, noting that in 1973 Foucault takes a definite turn towards the influence of Nietzsche, just as Deleuze and Guattari do, in reaction to the predominant schools of French thought and "this vain effort to combine Marxism and Freudianism."[11] Foucault offers a more direct response to the concurrent attempts to synthesise Marxism with a diverse variety of schools of thought:

> So the problem of language appeared, and it was clear that phenomenology was no match for structural analysis in accounting for the effects of meaning that could be produced by a structure

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[7] In reviewing this article for publication, I was fruitfully directed towards the work João Biehl, Byron Good, and Arthur Kleinman (eds.) *Subjectivity: Ethnographic Investigations* (Los Angeles: University of California Press, 2007). Several of the issues described in this paper, including Hacking's description of the "cognitive loop" in which statements about an illness influence and shape the perspective of the sufferer, are well known to medical anthropologists. These earlier realisations, in turn, seem to have been shaped by the work of Foucault and in particular his genealogical turn to Nietzsche in exploring the relationship between different levels of discourse and the production of modes of being. From this perspective, the argument in this paper concerning the 'subjectivity problem' unintentionally reconnects the philosophy of psychiatry, and the origins of Foucault's work, to its development in other fields. I hope that this direct connection (and the arbitrary designation of the title "subjectivity problem") will act as a site of direct contact, and help migrate the insights of those fields back into the philosophy of psychiatry.

[8] See Dominic Murphy, *Psychiatry in the Scientific Image* (Cambridge, Mass.: MIT Press, 2006) and Lawrie Reznek, *The Philosophical Defence of Psychiatry, Philosophical Issues in Science* (London: Routledge, 1991).

[9] Biehl *et al.*, *Subjectivity*, 1-17. In their introduction to the volume, the editors highlight that 'increasing medicalization of depression and suicide not only as the state's response to a perceived new public-health crisis but potentially also as the spread of a form of diffused governance that substitutes everyday commonsense categories and practices for rational and technical ones so as to vitiate the moral and political meaning of subjective complaints and protests' (3). Later chapters highlight that this move against protest, and the categorised individual's reaction to it, animates the clash between the technical discourse, political control, and existential modes of being. It is unsurprising that the technical begins to buckle under the weight of this covert conflict; an issue within psychiatry that has far-reaching consequences, and which I attempt to illustrate an aspect of within this paper.

[10] Michel Foucault, "Structuralism and Post-Structuralism," *Aesthetics, Method, and Epistemology: Essential Works of Michel Foucault*, edited by James Faubion (London: Penguin Books, 1998), 433-58.

[11] Ibid., 435.

of the linguistic type, in which the subject (in the phenomenological sense) did not intervene to confer meaning. And quite naturally, with the phenomenological spouse finding herself disqualified by her inability to address language, structuralism became the new bride. That is how I would look at it. Even so, psychoanalysis—in large part under the influence of Lacan— also raised a problem which, though very different, was not unanalogous. […] Once again, the phenomenological subject was disqualified by psychoanalysis, as it had been by linguistic theory. […] For one and all, it was the same type of problem.[12]

In politely disagreeing with Raulet's sketch, Foucault makes several revealing remarks about how he might view his own intellectual development against the currents of phenomenology, structuralism, and psychoanalysis among others:

[B]ut there were also people who did not follow the movement. I am thinking of those who were interested in the history of science—an important tradition in France, probably since the time of Auguste Comte. Particularly around Georges Canguilhem, an extremely influential figure in the French university—the young French university. Many of his students were neither Marxists nor Freudians nor structuralists. And here I am speaking of myself.[13]

Gary Gutting, in his analysis, remarks that "this was the line of development only for those on the dominant side of the basic division in French thought—for those who worked in terms of the categories of experience, meaning, and subjectivity."[14] The "basic division" that Gutting highlights is similarly the separation between philosophies of the subject, such as existentialism and phenomenology, and those focused on alternate structural or historical approaches, such as Lacan or Bachelard. In this, Gutting is undoubtedly correct and is similarly correct in maintaining that Foucault's "reaction to these dominant movements is based on a fundamental orientation toward the history of science that is strongly influenced by Canguilhem (and, through him, Bachelard)."[15]

However, I would like to leave aside the influence of Bachelard and Canguilhem for the moment, and instead focus on the significance of Foucault's rejection "of the categories of experience, meaning, and subjectivity" as a primary means of analysis and critique. In the same interview, Foucault claims that "I have never been a Freudian, I have never been a Marxist, and I have never been a structuralist"—yet in this claim he is undoubtedly recasting an inconvenient earlier flirtation.[16] Foucault's earliest work *Mental Illness and Psychology*, as well as in his introduction to Ludwig Binswanger's work, shows him involved heavily in both psychoanalysis and Marxism, and combines with the later similarities of his project in *The Order of Things* with other structuralist analyses. So then, why the strong turn away from the question of the subject and experience? This is made doubly peculiar by Foucault's own return

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[12] Ibid., 436, 37.

[13] Ibid., 437.

[14] Gutting, *Michel Foucault*, 10, 11.

[15] Gutting, *Michel Foucault*, 11.

[16] It is telling that Foucault refers to his first work as *Madness and Civilization* rather than as his *History of Madness*; the former was heavily revised and edited by Foucault in 1972 to bring it in line with the change in his work, and remove the most embarrassing Marxist (and other) excesses. Foucault, "Structualism and Post-Structualism," 437.

to the subject in his later work.[17] I think the simplest answer to this question is that Foucault felt, after early enthusiasm, that phenomenology of a French or Heideggerian stripe failed to address the cracks in the foundation of the subject that were beginning to emerge.[18]

The first of these cracks emerges with the rising influence of psychoanalysis, particularly as developed philosophically by Lacan, and through Foucault's own readings of Heidegger and Binswanger.[19] Ethan Kleinberg notes that the initial popularity of Heidegger in France came from "a metaphysical unease" felt by the class of 1933, a generation of thinkers who included Sartre, Merleau-Ponty, Lacan, and others.[20] Simultaneously, Freud's theories concerning the unconscious and the development of psychoanalysis within psychiatry as a serious school of thought ensured a broader circulation of ideas that would be combined with existentialism in projects such as that of Binswanger on the one hand, and existentialism's eventual eclipse by psychoanalysis on the other. Initially, the two may have seemed compatible—as Heidegger's phenomenology required a bracketing of theoretical or structural assumptions in order to focus on the nature of experience prior to a "reflective cogito," and similarly psychoanalysis required strict reporting and probing of key experiences in order to identify the structure that lay beneath, where the patient is the reporter and the doctor a later enabler of self-reflection.[21] But as Foucault highlights in the interview cited above, "the phenomenological subject was disqualified by psychoanalysis, as it had been by linguistic theory."[22] For too long, under the "first reading" of Heidegger highlighted by Kleinberg, the subject as a site of experience was intimately entangled with a Cartesian cogito which is neither pre-theoretical or pre-cognitive.[23] Conceptualisations such as the unconscious, and the

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[17] As Eric Paras argues: "Foucault started from a position that admitted the possibility of subjectivity: arguably, it was his awareness that certain kinds of subjects had been suppressed merely because of the label that one affixed to them—'mad,' 'demented,' 'enraged'–that motivated him to write in the first place. He ended, nearly a quarter-century later, at a position that looked not a little like his starting-point: acknowledging the existence of prediscursive subjects, enraptured by literature, politically unaffiliated, and pledged to a kind of experience that pushed the limits of the known. In the period in-between, Foucault created the twentieth century's most devastating critique of the free subject—and then, in a voice that by the end trembled from pain and debility, liquidated it" (See Eric Paras, *Foucault 2.0: Beyond Power and Knowledge* (New York: Other Press, 2006), 157, 58). While I do not wholeheartedly agree with Paras–as he seems to confuse Foucault's consistent focus on the subject and the creation of subjectivities with a much more specific commitment to an idea of any subject as possessing "freedom," which seems to disregard Foucault's analysis of the politics of freedom in all of his works–I do think that Paras convincingly portrays Foucault's sustained interest in the subject and its experience in his later lectures, as well as work on Greek and Roman sexuality and subjectivity.

[18] Ethan Kleinberg, *Generation Existential: Heidegger's Philosophy in France 1927-1961* (Ithaca: Cornell University Press, 2005), 5-11.

[19] Ibid., 94-99.

[20] Ibid., 33, 34.

[21] Dermot Moran provides an excellent description of Husserl's concept of *epoché* or *Einklammerung* (bracketing) in Dermot Moran, *Introduction to Phenomenology* (London: Routledge, 2000), 148-52.

[22] Foucault, "Structualism and Post-Structualism," 437.

[23] He writes that "Heidegger did not agree with Husserl that the primary mode of existence as pretheoretical and precognitive. For Heidegger, 'philosophy as the primal science is like no other science, since it is to be a

collective unconscious, seemed a direct challenge to the immediately transparent and individualised nature of experience proposed by Heidegger as *Dasein*, and which had been reconceptualised through the various flavours of French phenomenology. Indeed, in his *New Introductory Lectures on Psycho-analysis*, coincidentally published in 1933, Freud proposed a further splitting of the unconscious into the triumvirate of ego, super-ego, and id—moving psychoanalysis even further away from the foundational unity of the subject found in phenomenology.[24]

While Foucault may not quite legitimately complain that he was not under the influence of psychoanalysis, it is certainly true that the influence over him was short lived—and was already beginning to disappear during the drafting of his *History of Madness*. However, the work was yet to escape the influence of phenomenology—as Jean Khalfa notes his introduction to the English edition, the word experience is one of its most commonly used terms—as Foucault emphasises the attempt to recapture the "zero point of an experience of madness" or at least reopen a dialogue with it that is unable to be conceptualised within our current ways of thinking about this alien experience.[25] The culmination of Foucault's scepticism towards the universal structures demanded by philosophical enterprises, such as phenomenology, is not directed towards any substrata of human subjectivity but rather the layers imposed upon it—the Cartesian structures of rationality, and varied attempts to impose a universal theoretical structure under the guise of a pre-theoretical or pre-cognitive description of the subject's experience.[26] As Foucault makes clear, initially in his *History of Madness*, while it might make sense to talk of a pre-theoretical consciousness, or experience, or unconscious, it does not make sense to ascribe structures to it through introspecting the opaque experience of the subject.[27] Introspection occurs with a subjectivity already in place, and the structures that constitute the subject already assumed. For this reason, Foucault turns away from a phenomenological or psychoanalytic methodology, and towards the use of historical analysis. If one cannot come to know the forms of subjectivity, and therefore the various structures of the subject, internally then one can attempt to analyse them externally. This is the genesis of Foucault's *History of Madness*, and distinguishes it from his earlier work in *Mental Illness and Psychology* and his introduction to Binswanger.

Foucault's solution in sidestepping the subjectivity problem is to invert it and assume that subjectivity is structured by forms of knowledge and practices of introspection, and not vice-versa. This way, one can tell a history of subjectivities through examining the volumes of

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supra- or pre-theoretical science' that forces us to reconsider the limits of science" (Kleinberg, *Generation Existential*, 37).

[24] Sigmund Freud, *New Introductory Lectures on Psycho-Analysis and Other Works*, translated by James Strachey (London: Hogarth Press, 1964), 57-80.

[25] Jean Khalfa, "Introduction," in Michel Foucault (auth.), Jean Khalfa (trans.), *History of Madness* (London: Routledge, 2006), xx-xxi.

[26] This is most convincingly argued by Foucault's mentor in Georges Canguilhem "The Death of Man or Exhaustion of the Cogito?" in Catherine Porter (trans.), Gary Gutting (ed.), *The Cambridge Companion to Foucault* (Cambridge: Cambridge University Press, 1994), 71-91.

[27] For example, in his discussion of Tuke's "Stranger" technique, which reflects the structuring of a self-reflexive subjectivity *par excellence*; see Foucault, *History of Madness*, 486, 87.

knowledge and discursive practices that go into constituting these subjectivities—as well as narrating a history of their changes and transformations.[28]

What I will argue is that this approach leads to further implications for the subjectivity problem which tie into ontological and political concerns. These are that within our own episteme, we are locked into a mode of conceptualising mental illness in terms of bare life and stripped of the political implications of the metaphysics underpinning this conception; and that because of this, the foundations of our own conceptualisation of a science of mental illness, and its corresponding experience of madness, has led to the creation of a *homo natura* within psychiatry that holds out the promise of a scientific epistemology of the psychiatric subject, but simultaneously covers over and attempts to close off the ontological or political dimensions of that subject of knowledge.

I take the last point to be the essential thrust of Foucault's research concerning the subjectivity problem, which he initiates in his *History of Madness*, and continued to develop within his lectures at the Collège de France—particularly in his collection of lectures later titled *Abnormal*; *Psychiatric Power*; and *Security, Territory, Population*.[29]

As has been helpfully pointed by a reviewer of this article, current models of the individual within psychiatry and psychology are profoundly neuro-scientific and orientated towards researching specific categories of illness in order to expand our understanding of the biological mechanisms that underpin it. This was the aim of the DSM V, and was a direct response to the endless criticism the DSM suffered by being too behaviourally focused. Essentially, the work wants to be authoritative by finding and articulating the right level of "truth" about mental illness. However, the acceptance of this biological model and project is itself a naturalisation of the subject; a philosophical bet that although the true, unified subject may not be found in phrenology or phenomenology or psychoanalysis or another fundamental theory of the subject, it will be found within neurology and eventually eliminate existing controversies once the truth of the subject is known. Yet as I have argued above, Foucault's project employs its historical-Nietzschean dimension precisely to undermine this sort of confidence in a founding and fundamental level of truth about the subject. As Beihl and his co-authors note, this founding of truth and similar technical

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[28] For example, within his "Preface to the 1961 Edition of *Histoire de la Folie*" Foucault writes: "In the midst of the serene world of mental illness, modern man no longer communicates with the madman: on the one hand is the man of reason, who delegates madness to the doctor, thereby authorising no relation other than through the abstract universality of illness; and on the other It the man of madness, who only communicates with the other through the intermediary of a reason that is no less abstract, which is order, physical and moral constraint, the anonymous pressure of the group, the demand for conformity. There is no common language: or rather, it no longer exists; the constitution of madness as mental illness, at the end of the eighteenth century, bears witness to a rupture in a dialogue, gives the separation as already enacted, and expels from the memory all those imperfect words, of no fixed syntax, spoken falteringly, in which the exchange between madness and reason was carried out. The language of psychiatry, which is a monologue by reason about madness, could only have come into existence in such a silence" (Foucault, *History of Madness*, xxviii).

[29] See Michel Foucault, *Abnormal: Lectures at the Collège de France 1974-1975*, translated by Graham Burchell (London: Verso, 2003); Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, translated by Graham Burchell (Basingstoke: Palgrave Macmillan, 2006); and Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977-1978*, translated by Graham Burchell (New York: Palgrave Macmillan, 2007).

projects often cover over the social, political, and personal conflict that is being fought on the terrain; the truth is not a neutral party within this struggle.[30]

Framing the experience of madness

As I highlighted above, the key dilemma for Foucault in articulating the subjectivity problem is to understand how it is a subject, such as a mad individual, is captured as an object for a particular discourse and therefore for a form of knowledge. Foucault's central claim was that there can be no fixed account of the relation of the subject to itself as an object, and the way in which it is constituted as an object of a particular knowledge.[31] This is an unsurprising claim given the failure of phenomenology or existentialism to excavate a universal structure of the subject that might hold for all time periods or places. Instead, in the *History of Madness*, Foucault argues that the historical epochs (or epistemes, as he calls them) have had their own distinct way of conceptualising the subject as an object of a particular discourse—in the *History of Madness* it is strictly in regard to those conceptualised as "mad" or "mentally ill," but in *The Order of Things* Foucault considers the intellectual structure of these epistemes and their constitution of the subject as object in general.[32]

Although Foucault starts with the Medieval, and briefly considers the role that the leper occupied as constituting an essential experience of nothingness and death, the conceptualisation that concerns him foremost in beginning this history is that of the Renaissance.[33] During this episteme, Foucault takes for granted that man is not constituted as an object of knowledge as such, but is constituted in a complex relationship to nature on the one hand, and scripture on the other.[34] Man is a participant in both nature and the word, allowing him a unique but challenging position between knowledge of God through His works (nature), and knowledge of His word (through scripture).[35] This is a generally unproblematic assertion within Renaissance scholarship; what is different in Foucault's analysis of madness in this period is the conceptualisation that he identifies as essential in the works of thinkers such as Montaigne. In writing about Tasso, Montaigne's friend who is encountered in the throes of madness, Montaigne posits the subject as metaphorically walking a path through a fundamentally unknowable world where individuals are often beset by the

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[30] Biehl *et al.*, *Subjectivity*.

[31] As Dreyfus similarly argues in Hubert Dreyfus, "Being and Power: Heidegger and Foucault," *International Journal of Philosophical Studies*, vol. 4, Iss. 1 (1996), 1-16.

[32] Michel Foucault, *Order of Things: An Archaeology of the Human Sciences* (London: Routledge, 1989), 235-40.

[33] As Foucault explains: "But before madness was brought under control towards the mid-seventeenth century, and before ancient rituals were resuscitated in its honour, it was linked obstinately to many of the major experiences of the Renaissance" (Foucault, *History of Madness*, 8).

[34] Ibid., 10, 11.

[35] For example, as Francis Bacon quotes from the scriptures and explains: "*God hath made all things beautiful, decent, in the true return of their seasons; also he hath placed the world in man's heart, yet cannot man find out the work which God worketh from the beginning to the end*: declaring not obscurely, that God hath framed the mind of man as a mirror or glass, capable of the image of the universal world, and joyful to receive the impression thereof, as the eye joyeth to receive light" (Francis Bacon, *Essays Civil and Moral: Advancement of Learning, Novum Organum, Etc.* (London: Ward, Lock, Bowden, 1894), 44).

inexplicable such as death, the will of God, or misfortune.[36] Montaigne pities Tasso because he sees endless potentiality for his own encounter with madness.[37] Foucault argues that under this conceptualisation, unreason (of which madness is a form) accompanies reason hand-in-hand within the Renaissance conception of the world.[38] Folly too, another form of madness which we might suddenly fall prey to, accompanies all endeavours of knowledge; and in this Foucault cites Erasmus' learned doctor with the fool's cap (among other examples).[39] Within this episteme, for the subject to envision itself as an object of knowledge within the world is incomprehensible, as this would be hoping for the knowledge of God, the only perspective from which it is possible to see all of nature as objects of His gaze and therefore of knowledge.[40] This in itself is a form of madness for the Renaissance, and Foucault remarks that the "world of the seventeenth century is strangely hospitable to madness" and that it "is there, in the hearts of men and at the heart of things, an ironic sign blurring the distinction between the real and the chimerical."[41] Montaigne's suspicion that "there was nothing to assure him that all thought was not haunted by the ghost of unreason" indicates that during the Renaissance there was a very different relationship between madness, its subject, and any comprehension of it as an object or experience.[42]

Famously, at this point Foucault traces a radical break in the conceptualisation of madness and its relationship to knowledge, in citing Descartes' dismissal of madness as a form of doubt in his first meditation.[43] Foucault controversially reads this as Descartes, and the Classical episteme, dismissing madness as an impossibility in relation to the rational being.[44] For Foucault, this dismissal is symptomatic of a new regime of administering to madness on the one hand, and a new way of conceptualising madness as an object of knowledge that was

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[36] Montaigne writes: "I used to feel sorry for the wretched folk who were taken in by such madness. Now I find that I was at least as much to be pitied as they were. It is not that experience has subsequently shown me anything going beyond my original beliefs (nor is it from any lack of curiosity on my part), but reason has taught me that, if you condemn in this way anything whatever as definitely false and quite impossible, you are claiming to know the frontiers and bounds of the will of God and the power of Nature our Mother; it taught me also that there is nothing in the whole world madder than bringing matters down to the measure of our own capacities and potentialities" (Michel de Montaigne, *The Complete Essays*, translated by Michael Screech (London: Penguin Books, 1987), 201).

[37] Ibid.

[38] Foucault, *History of Madness*, 45, 46.

[39] Ibid., 30, 31.

[40] This is incidentally one of the reasons Foucault identifies Nietzsche as a modern expression of this lost conceptualisation of madness in his original introduction to the *History of Madness*—which Foucault no doubt finds in Nietzsche's rejection of metaphysical realism in section 16 of "On the prejudices of philosophers" in *Beyond Good and Evil*, and in his chapter on "'Reason' in philosophy" in *The Twilight of the Idols*. See: Friedrich Nietzsche, *Beyond Good and Evil: A Prelude to a Philosophy of the Future*, translated by R.J. Hollingdale (London: Penguin, 1973), 45, 46; and: Friedrich Nietzsche, *Twilight of the Idols and the Antichrist*, translated by R.J. Hollingdale (London: Penguin, 1968), 45-49.

[41] Foucault, *History of Madness*, 42, 43.

[42] Ibid., 46.

[43] René Descartes, *Meditations and Other Metaphysical Writings*, translated by Desmond Clarke (London: Penguin, 1998), 15, 16.

[44] Foucault, *History of Madness*, 44, 45.

not possible during the Renaissance.[45] The new regime of administration that Foucault identifies is the internment of a great population of unreason within the confinements of the Hôpital general in Paris—a gesture repeated elsewhere, and which Foucault catalogues. This creates a physical space for unreason, carefully delineated from the broader communities, and operates as what Foucault would later call a heterotopia or exceptional region of space which is not just physical but corresponds to a key form of experience and a key domain of knowledge.[46] As Gutting observes, Foucault uses this historical moment and the statement from Descartes to indicate how a physical and conceptual space are linked, where unreason enters a realm of both intellectual and physical confinement.[47] This originary event in the creation of the asylum structure, and the creation of a proto-discourse of psychiatry, is significant because it is the delineation and distance that this experience of madness establishes that allows madness in the Classical episteme to become an *object*—both an object of study, and of administration; an object to be known on the one hand, and a social problem or disorder to be managed on the other.

Yet, as Foucault points out, this leads to a tragic confrontation within the Classical episteme in that while seeming to unite a knowledge and a practice, one is in effect set against the other.[48] Foucault is at pains to demonstrate throughout the *History of Madness* that two modes of dealing with madness now run in parallel; a medicine of madness which is primarily a knowledge but also a treatment, and an administration of madness which is a knowledge of a social problem and a management of it.[49] In highlighting this tragic confrontation of emerging practice and emerging science, Foucault traces it through to our current dilemmas in the treatment of mental illness in attempts to separate psychiatric knowledge from psychiatric

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[45] Ibid., 47-55.

[46] Foucault entitles these spaces "heterotopias." In the article "Different Spaces" Foucault returns to the question of a parallel creation of spaces intellectual and physical, which he explicitly links to Bachelard and the phenomenotechnique. He writes: "There are also, and probably in every culture, in every civilization, real places, actual places, places that are designed into the very institution of society, which are sorts of actually realized utopias in which the real emplacements, all the other real emplacements that can be found within the culture are, at the same time, represented, contested, and reversed, sorts of places that are outside all places, although they are actually localizable. Because they are utterly different from all the emplacements that they reflect or refer to, I shall call these places 'heterotopias,' as opposed to utopias; and I think that between utopias and these utterly different emplacements, these heterotopias, there must be a kind of mixed, intermediate experience, that would be the mirror" (Michel Foucault, "Different Spaces," *Aesthetics, Method, and Epistemology; Essential Works of Foucault 1954-1984*, edited by James Faubion (London: Penguin Books, 1998), 178).

[47] Gutting, *Michel Foucault*, 72, 73.

[48] Foucault, *History of Madness*, 167, 68.

[49] Foucault writes: "There was no possibility of dialogue, no confrontation between a practice that mastered all that went against nature and reduced it to silence, and a form of knowledge that tried to decipher the truths of nature. The gesture that expelled all that man would not recognise remained outside the discourse in which a truth comes to knowledge. The different forms of experience developed to their open ends, the one in a practice without commentary, the other in a discourse without contradiction. Entirely excluded on one side, entirely objectified on the other, madness was never made manifest on its own terms, its own particular language. It was not alive with contradiction but rather lived split between the two terms of a dichotomy" (Ibid., 171).

practice.[50] The most important point that Foucault extracts from his study of the conceptualisation of unreason within the Classical episteme is that it is the exact opposite of madness in the Renaissance; whereas in the Renaissance madness is to be conceptualised not as an object of knowledge but is rather a constant companion of knowledge as a whole; in the classical episteme, madness is unable to be anything but an object, and Foucault highlights this in his discussion of the Classical conception of madness as pure animality stripped of all the senses or capacities a subject may possess.[51] It is, for the Classical episteme, a loss of reason and therefore an object in the world like others, still one that has its own experience but which is shorn of its subjectivity.

In moving to a discussion of the Modern episteme, Foucault turns his focus to the creation of the first modern asylums—particularly those of Samuel Tuke and Philippe Pinel. The two institutions are not identical, indeed they play out on another register the tragic confrontation that Foucault identified in the Classical episteme, even as they constitute their own forms of knowledge and associated practices.[52] Pinel's reformed institution represents the culmination of a knowledge of insanity, and is the wedding of that knowledge to a series of experimental or medical practices. Pinel employs techniques associated with reasoning with the patient, attempting to break them of their delusions, and also employs treatments, such as showers or shocks, which are rooted in organic theories. Pinel's institution is one of reason, medical treatment, and represents the culmination of the strand Foucault identifies as aiming at a knowledge of unreason and a series of techniques built upon that knowledge.[53] Tuke's institution, on the other hand, is one that aims at a moral therapy and is instead the culmination of a form of administration and instruction which addresses itself to a social problem. Tuke's techniques consist in employing the positive influence of the countryside, the virtues of work, and moral correction.[54]

In both examples, as well as the cognate discourses of the Modern episteme, Foucault traces a reconceptualization of the relationship of the object of these knowledges towards the

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[50] This is represented most sharply in analytic philosophy, such as the work of Dominic Murphy. He puts the problem this way: "That has immediate consequences for the idea of a positive psychiatry. Two consequences in particular are interesting. The first consequence of the normative nature of rationality for psychiatry is that we cannot always divorce questions about function and malfunction from questions about the status of malfunction. Part of the motivation of the picture of psychiatry developed earlier was the desire for a realm of positive fact within which science operates, and a separate but equal realm of moral and social evaluation within which conceptions of human flourishing have a home. If questions about the characterization and explanation of mental illness are strongly normative in the sense of being tied to questions about human flourishing, the hope for a realm of positive fact has vanished" (Dominic Murphy, *Psychiatry in the Scientific Image* (Cambridge, Mass.: MIT Press, 2006), 156, 57).

[51] "Slowly, and in a still disparate style, the eighteenth century put in place a whole new order of concepts around this consciousness of madness and its menacing increase. In the landscape of unreason where it had been placed by the seventeenth century, madness concealed a meaning and origin that were obscurely moral; its secret likened it to sin, and the imminent animality perceived in it paradoxically did nothing to make it more innocent" (Foucault, *History of Madness*, 371).

[52] Ibid., 128, 29.

[53] Ibid., 164-81.

[54] Ibid., 465-67.

nature of the subject and its associated treatments. The Modern episteme conceptualises the madman not as an animal object, as in the Classical episteme, or as a subject of folly among all of us, as in the Renaissance, but as a unique and special case of both subject and object—a subject that is lacking or deficient, and an object of correction or treatment.[55] The conceptual relationship of subject-object-discourse is radically transformed—the madman is simultaneously an object of knowledge, and a subject to be cured. This dual nature of the patient as object-subject lies at the core of the subjectivity problem; one which problematizes the relationship of the object of psychiatry to the subject of its treatments. Similarly, the ambitions of psychiatry are transformed with this reconceptualization—madness is no longer a Renaissance misfortune, or an incurable loss to Classical animality, but a degeneration or defect or lack that can be diagnosed within the psychiatric object and reformed or cured within the psychiatric subject. Also, as Foucault later points out in his lectures in *Abnormal*, the degenerate subject is one which is to be returned to an idealised state—one that in theory has the relationship of an identifiable nosological abnormality to a normative ideal state as one object to another, and which in practice is the relationship of doctor to patient as one subjectivity to another.[56] Conceptualised in this way, there is a reengagement of reason and unreason, which the Classical episteme had sent into exile; but now reason must listen closely to unreason in order to diagnose its discomforts, and determine the origins of its lack.[57] Thus the object, in being cured, must live up to the role of the subject and can be cured or treated, restored back to this normality.

It is difficult to say how this relates to our own episteme and how we have reconceptualised madness. Foucault does offer insight in several of his lectures, including *Psychiatric Power*, but these glimpses remain tantalisingly vague.[58] Firstly, the legacy of a conceptualisation of madness as the lacking or degenerate subject remains with us, but is no longer framed in the moral terms of Pinel or Tuke. Instead, the psychiatric object is broken down into a series of behaviours and is measured against a set of normative standards for those behaviours, in order to determine whether these might be compulsive or symptomatic of

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[55] Foucault returns to this analysis of lack and degeneracy in *Abnormal*, and writes: "The large, ill-defined, and confused family of 'abnormal individuals,' the fear of which haunts the end of the nineteenth century, does not merely mark a phase of uncertainty or a somewhat unfortunate episode in the history of psychopathology. It was formed in correlation with a set of institutions of control and a series of mechanisms of surveillance and distribution, and, when it is almost entirely taken over by the category of 'degeneration,' it gives rise to laughable theoretical constructions that nonetheless have harshly real effects" (Foucault, *Abnormal,* 323).

[56] Ibid., 254.

[57] On this constitution through negation, Foucault writes: "In this reflection on madness, and the still-nascent elaboration of the concept of the milieu, the eighteenth century strangely anticipated what were to become in the age that followed the guiding themes in all thinking about men. And in a light still dim, on the fringes of philosophy and medicine, psychology and history, with a naivety that all the disquiet of the nineteenth century and indeed our own age have yet to dispel, it proposed a very rudimentary concept of alienation, which allowed the human milieu to be defined as the negativity of man, in which the concrete a priori of all forms of madness were to be discerned. Madness was thus placed as close to and as far as possible from man" Foucault, *History of Madness,* 376.

[58] See Foucault, *Psychiatric Power*, 19-38, 297-334.

an underlying condition.[59] Similarly, psychiatry has sought to capitalise on the conception of the madman as medical object—seeing to identify strict biological dysfunctions, rather than making normative judgements about behaviour, that might be used to identify madness.[60] Under the dominant contemporary reading, psychiatry now aspires to be strictly biological in its conceptualisation of the psychiatric object.[61] Similarly, we no longer engage in the moral therapy of Tuke or the vestiges of those treatments in Pinel—the psychiatric subject is no longer engaged as one that must be corrected. Instead treatments address themselves at the body, being indifferent to questions of morality or social order beyond the bluntest questions about acceptable behaviour or social acceptability. The dichotomy Foucault identifies of knowledge and cure on the one hand, and administration and treatment on the other still exists but no longer as a tragic confrontation. Rather, they are two-stages in the same process; the first aiming at the individual as object of a medical discourse, and the second aiming at the psychiatric subject as member of a broader community. This is known as the "two-stage" picture of psychiatry, the very separate tasks of constituting forms of psychiatric knowledge and psychiatric practice.

There are two points to make here. The two-stage picture is a direct result of the tragic confrontation of the Classical episteme, and the collapse of the moral order propping up normative evaluations in the Modern episteme. The conceptual opting out of questions of knowledge from normative or social issues of practice allow psychiatric knowledge to remain legitimate and independent, while supporting a set of administrative practices that aim themselves at treatment of the individual case. We continue to live with the dysfunctional conception of the psychiatric object from the Modern episteme, but the moral correction and treatment of the subject has been radically relativised. This makes it no less normative; but it does shift the problem from a universal level of a question of knowledge to a concern of localised practices, creating an ethical—rather than moral—subject.

But secondly, the order of the two phases is absolutely critical; theorists defending psychiatry as a science maintain that the knowledge comes first, and informs the practice—leading to an eclectic series of practices used by the psychiatrist in any given case, but resting on a universal knowledge.[62] Yet this would seem to have a key impact in what Foucault (and

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[59] This also parallels Foucault's arguments concerning the disciplinary apparatus as a space of distribution in Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (London: Penguin Books, 1977), 141-49.

[60] See, for example, Anthony Clare, *Psychiatry in Dissent: Controversial Issues in Thought and Practice* (London: Tavistock, 1976), 6-20.

[61] As typified, philosophically, by Murphy, *Psychiatry in the Scientific Image*, 11.

[62] As Anthony Clare puts it: "By virtue of the immense public demand for psychiatric care, as much as by reason of a particular faith in the efficacy of such treatments, many psychiatrists do seem to rely quite heavily on physical methods of treatment, such as anti-depressant drugs and ECT, and do stress the genetic and organic factors operating in psychiatric illness. Psychiatrists, especially when they appear in public before a non-professional audience, tend to stress their freedom from prejudice and bias, their open-mindedness, their willingness to select what is best from a wide variety of possibilities, in short their shrewd and well-informed eclecticism" (Clare, *Psychiatry in Dissent*, 64).

others) would call the *biopolitical* level.[63] To borrow from the work of Giorgio Agamben, we can acknowledge that the Aristotelian conception of the individual is both *bios* and *zoē*—that is, it possesses both a political and biological quality.[64] Yet the two-stage picture strips away the political dimensions of the subject, leaving only the biological dimensions of the individual as object for psychiatric discourse. The very nature of the two-stage picture shows this to be disingenuous, as the political dimension of the subject is acknowledged and returned within psychiatric practice, which constitutes a relationship between doctor and patient, as well as the return of concepts such as rights, lifestyles, and social issues that are predominantly the realm of the political. Yet this realm is secondary, and must be returned to the patient after diagnosis and during treatment. Therefore, as a preliminary sketch, I would say that the post-modern episteme constitutes madness as dysfunctional object and ethical subject, yet it does so with the priority on the former rather than the latter—which must be returned to the psychiatric object.

The identification of the psychiatric object as biological also generalises psychiatry, in that it becomes the master of both the normal and abnormal—creating the need for a psychology of normality and functionality, as well as a psychiatry of dysfunction.[65] In *Abnormal*, as well as in *Discipline and Punish*, this generalisation means that we are all potentially mad in that we are all deviations from an idealised norm, and one can now speak of degrees of depression or delusion. If the biopolitical argument I have outlined above is correct, then this is worrying; we have all become biological objects first, and political subjects second in the conceptual eyes of these new sciences.[66]

Kind-making is world-making

In the previous section I demonstrated how Foucault argues that the production of subjectivities (and subject-object-discourse relations) are historically conditioned and change from one episteme to the next, which we can call a "vertical" argument; here I will demonstrate how the conceptualisation of that discourse within a particular episteme is also vitally active in creating a discursive and literal space for madness, thus is equally active in the production of subjectivities, which would be a "horizontal" argument. At this point it is useful to consider the work of Ian Hacking, who was himself heavily influenced by Foucault's work. [67] First, I'll briefly consider what Hacking has to say about the nature of certain concepts he

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[63] I am aware of the complicated relationship of Foucault to the school of "biopolitics" that he has spawned. Here I refer to the very limited sense of his work in Foucault, *Security, Territory, Population*; and in Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France 1978-79*, translated by Graham Burchell (New York: Palgrave Macmillan, 2008).

[64] *Giorgio Agamben, Homo Sacer: Sovereign Power and Bare Life*, translated by Daniel Heller-Roazen (Stanford: Stanford University Press, 1998), 1-12.

[65] Foucault, *Abnormal*, 305-10. Dreyfus also discusses this generalisation in Hubert L. Dreyfus, "Foucault's Critique of Psychiatric Medicine," *The Journal of Medicine and Philosophy*, vol. 12, no. 4 (1987).

[66] And, indeed, this is exactly what Esposito argues in Roberto Esposito, *Bios: Biopolitics and Philosophy* (Minneapolis: University of Minnesota Press, 2008), 159-82.

[67] For example, see Ian Hacking, *Historical Ontology* (Cambridge: Harvard University Press, 2002), 2-20.

labels "human kinds," then consider the "looping effects" that he identifies when the conceptual categories are applied to an individual subjectivity and transform that subjectivity.

The relevant work from Hacking that I would like to consider here centres around the discussion of kinds—particularly, the analytic debate concerning "natural" kinds and what he entitles "human" kinds.[68] Because of his concentration on "human kinds" and "world-making," Hacking has been labelled a constructionist in relation to the philosophy of psychiatry; which in the surrounding debate generally denotes someone who argues that mental illnesses are social or cultural constructions. However, this is unfair to Hacking—and would also be unfair if levelled at Foucault, as neither claims that madness is not a real phenomenon, but acknowledge it is experienced in concrete existential terms and that in any given period has origins in both biological and sociological phenomena. [69] Hacking, unlike constructivists such as Thomas Szasz, does think that there are natural kinds in the world and that certain sciences can concern themselves with these kinds without serious problems. [70] Psychiatry, however, is not one of those sciences. A key difference between the social sciences and the hard sciences is that of the kinds they treat, or more specifically the objects of their investigation, and Hacking asks:

> How then may natural kinds differ from what I call human kinds? I do accept, but wish to downplay, one fundamental difference. Human kinds are laden with values. Caked mud and polarized electrons may be good or bad depending on what you want to do with them, but child abuse is bad and multiple personality disorder is to be healed.[71]

He continues that the "responses of people to attempts to be understood or altered are different from the responses of things" and that this "trite fact is at the core of one difference between the natural and social sciences, and it works at the level of kinds."[72] This brings together two elements of Hacking's criticism of psychiatry as a scientific practice—it is concerned with questions of value, and that these questions (as well as the way in which psychiatry answers them) have a direct impact on the object studied and *change* them. This is not the case in the sciences which psychiatry aspires to imitate. Further, psychiatry and the social sciences are inherently constituted by norms.[73] This means that "biologizing human

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[68] Two of Hackings best known works deal substantially with this topic, however for ease of reference I have chosen several related journal articles which address the topic specifically and have a narrower focus on just these issues. The broader work is contained in: Ian Hacking, *The Social Construction of What?* (Cambridge, Mass: Harvard University Press, 2000); and in Hacking, *Historical Ontology*.

[69] Dominic Murphy argues this concerning Hacking, and in passing Foucault. He writes "I shall make plain that I am not arguing anything remotely like either a Verstehen or a constructionist position. Yes, I think that the human differs from the natural, but not because what I call human kinds are to be understood hermeneutically rather than explained by causal principles. Yes, I think that the human differs from the natural, but not because human kinds are social constructions while natural kinds are discovered in nature" (Murphy, *Psychiatry in the Scientific Image,* 260).

[70] Ian Hacking, "The Looping Effects of Human Kinds," in Dan Sperber and Ann Premack (eds.), *Causal Cognition: A Multidisciplinary Debate* (Oxford: Oxford University Press, 1995), 362.

[71] Ibid., 366.

[72] Ibid., 370.

[73] Ibid., 372.

kinds does not thereby make them immune to looping effects," or indeed to the question of values.[74]

Hacking also considers the way in which the delineation of kinds simultaneously creates certain sorts of worlds and possibilities in his article "World-Making by Kind-Making: Child abuse for example."[75] He highlights the fierce social investment in the sort of human kinds deployed in the social sciences, as opposed to the natural sciences, and the ways in which individuals are caught up within them. He writes:

> That is where some human kinds begin to differ from those routinely thought of as natural kinds. The classification of people and their acts can influence people and what they do directly. And I believe this is true only of people. Trivial enough: only people can understand what they are called and how they are described, so only people can react to being named and sorted. But it becomes an important difference in kinds when we realise that entities—people and their acts—of a kind can change in response to being so grouped, that the group thereby changes, and hence our characterisation of the group itself has to be revised. In this way human kinds have feedback, a looping effect unknown in the inhuman world. […] And just because of the implied value, so people sorted under those kinds change, or work back upon the kind. For we want to be seen as good or to confess our sins as bad. Human kinds can change our evaluations of our personal worth, of the moral kind of person that we are. Sometimes this means that people passively accept what experts say about them, and see themselves in that light. But feedback can direct itself in many ways. We well know the rebellions of the sorted. Gay liberation is only the most successful.[76]

Hacking points out that, for example, "the concept of child abuse craves objectivity," and that "constant frustration of child abuse workers is lack of agreed criteria, of 'scientific' proof."[77] Indeed, several scientific techniques were developed in order to objectively establish whether a child had been abused or not. But as Hacking observes, this led to a crisis in the "objectivity" of establishing child abuse. While the techniques employed can be purely scientific and absolute, the way in which they are deployed in the interpretative apparatus of the kind "child abuse" is not. The kind "child abuse" cannot be scientifically defined because it is, like many concepts in psychiatry, fundamentally a question of social norms and values. The sharp delineation of a hard science, the very reason for wishing for this approach to be taken up by the social sciences, is suddenly ineffective and here lies Hacking's criticism of attempts to reform the social sciences to bring them in line with a more "respectable" scientific paradigm.[78]

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[74] Ibid.

[75] Ian Hacking, "World-Making by Kind-Making: Child Abuse for Example," in Mary Douglas and David Hull (eds.), *How Classification Works: Nelson Goodman among the Social Sciences* (Edinburgh: Edinburgh University Press, 1992).

[76] Ibid., 190, 91.

[77] Ibid., 215.

[78] Hacking returns to these problems repeatedly through the work of Foucault and Kuhn, contrasting the two ambitions but also demonstrating how they are complimentary. See Ian Hacking, "Working in a New World: The Taxonomic Solution," in Paul Horwich (ed.), *World Changes* (Cambridge: MIT Press, 1993) and Ian Hacking, "Michel Foucault's Immature Science," *Noûs*, vol. 13, no. 1 (1979).

However, Hacking's work is not uncontroversially accepted. Commentators, such as Dominic Murphy, correctly point out that Hacking's approach focuses heavily on semantics and the way in which labels are constituted or applied to individuals. Murphy then takes this to be an inadequacy of Hacking's approach, arguing that "the semantic approach does not answer the questions about mental illness we want answered" because "it deals with the circumstances under which kind terms are revised, not with the causes of mental illness."[79] On one ground this is obviously unfair, as Murphy is simply stating that Hacking's criticisms do not provide an explanation for how mental illnesses are caused biologically. Yet this is exactly what Hacking is contesting, that mental illnesses can correspond to causative natural kinds such as those in biology. What is at stake here is the very validity of the notion of causation, and that mental illness can be caused in a strict scientific model, against the dividing practices that socially and culturally constitute our concepts (rather than correspond to strict causes). Alternately, Murphy is correct in surmising that the semantic approach is limited in the explanations and insights it can provide us. Yet this is not necessarily a criticism of Hacking, as his approach understandably treats only of certain questions. More telling, in my view, is that Hacking draws substantially from Foucault's *The Order of Things* and his *Archaeology of Knowledge*.[80] These texts represent Foucault at his linguistic height, concerned primarily with articulation and discourse, and somewhat removed from the later genealogical turn that Foucault makes. What drives Foucault to a wider consideration of historical phenomena, and beyond the written, is the question of values and his reading of Nietzsche's *Genealogy of Morals*. Hacking raises the problem that "human kinds are laden with values," yet the question of values is not one that he addresses directly.[81] A purely semantic approach, as Foucault discovered, is inadequate in interrogating the values that underlie a particular discourse.

I raise all of this here, because I think it adds important weight to the argument that I was attempting to forward above in relation to epistemic frameworks and the creation of an experience of madness. This is directly relevant to the subjectivity problem because if Hacking is correct, then the way in which a particular episteme conceptualises and frames the problem of madness through particular forms of knowledge has a direct effect on the formation of the subjectivity of the madman. A good example of this is Foucault's discussion of the techniques employed by Pinel and Tuke in their respective asylums, and the conceptualisations of madness within the Modern episteme that underpinned those techniques. As I mentioned above, this leads me to two conclusions: firstly, that it is intensely difficult to separate psychiatric knowledge from practice given the interdependent relationship they have to each other in even constituting the object that they study, and the means through which they know it; and secondly, that this constitution of the object has a direct impact on the nature and experience of the subject of those discourses.

The picture is complicated even further when we introduce the different layers of analysis that Hacking hints at but does not explore; for example, the problematic nature of

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[79] Murphy, *Psychiatry in the Scientific Image*, 273.
[80] See Hacking, "Immature Science."
[81] Hacking, "The Looping Effects of Human Kinds," 366.

defining and applying the category "child abuse" has explicit juridical force and impacts on issues such as social administration, among others. In picking out this example, as well as others, Hacking and Foucault illustrate not just the interconnected nature of identity, classification, and the operation of discourse but also the general manner in which other discourses interconnect with psychiatry and establish a tissue of demands on psychiatric practice that influence the nature and currency of psychiatric knowledge.

Conclusion

Given the way in which Foucault raises the subjectivity problem, and then provides a historical account of the way in which the subject-object-discourse relationships within madness have been transformed, we can read his analysis of these techniques as an almost Althusserian critique of the production of subjectivities by certain forms of knowledge and practice.[82] To return to Hacking, and our discussion above, the subjectivity of the madman is not a natural kind or a metaphysically generated entity. The concepts and contents of the particular epistemology in operation actively produce these forms of subjectivity and work on them in order to bring about a particular transformation in the nature of that subjectivity. The fluidity of this process makes it essential to the core criticism that both Foucault and Hacking raise in the subjectivity problem; we have no direct access to the underpinnings of a given subjectivity, but we do have enough material to critically infer what these modes might be and how they are being shaped by the discourses that surround them and their associated institutional practices. Although we cannot have direct access to the experience, as part of a critical task we can study the "kind-making" of a series of discourses within an episteme, and infer the "world-making" that is taking place. This skirts the subjectivity problem for Hacking and Foucault, who acknowledge that the production of subjectivity is a fluid process, while giving them a way forward in critiquing the underlying epistemic foundations of psychiatry.

To summarise, in his *History of Madness* Foucault has outlined three historical transformations of the relationships of subject, object, and discourse within an emerging knowledge of madness—and I have argued that we can perhaps trace a fourth, contemporary transformation. In the Renaissance, we see a Christian metaphysics which constitutes the madman as an object inconceivable outside the whole of God's work, as well as a moral subject under the laws of God's word. In the Classical episteme the madman is pure animality as object, and disqualified as a subject possessing reason. In the Modern episteme we have the madman constituted as a moral object simultaneously constituted by an emerging medical and moral discourse, but also a lacking subject in need of reformation and cure. Finally, in the our own episteme we have the madman as a biological object first, and an ethical subject second.

Charting these transformations speaks directly to the subjectivity problem; it is impossible to answer how an individual can be both an object of a discourse within the human sciences and simultaneously occupy a role of subject within the broader series of knowledges and practices that constitute that discourse. Rather than systematise the subject-object-discourse relationship within a metaphysics or ontology set in stone, Foucault takes on the

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[82] For example, as he provides in Louis Althusser, *Lenin and Philosophy, and Other Essays,* translated by Ben Brewster (New York: Monthly Review, 2001), 115-20.

Nietzschean task of attempting to trace a genealogy of the contingencies and transformations that have led us to our current position. This is also perhaps a good point to remark on the contentions surrounding the historical accuracy of Foucault's *History of Madness*. Erik Midelfort and others have contested that Foucault is wrong on several points in his reading, particularly in relation to Renaissance conceptions of madness.[83] I am very convinced by Colin Gordon's defence of the work, and intelligent consideration of the objections, as well as the dialogue that he engages in with those critics in *Rewriting the History of Madness*.[84] However, for the purposes of my argument here it is not necessary for Foucault to be completely correct; like Nietzsche in the *Genealogy of Morals*, all Foucault needs to establish for my argument to work is that these experiences of madness have been substantively different from each other, and that the underlying metaphysics of the subject-object-discourse relationship have been prone to transformation across epistemes.[85]

This accomplishes several things in transforming the subjectivity problem into an epistemic critique of any potential psychiatric science. It demonstrates that the metaphysics used to determine these relationships is not fixed, problematizes aspects of the knowledge produced, and illustrates that one of many critical philosophical tasks remains at the core of both a psychiatric knowledge and practice. I've also briefly argued that these differing experiences of madness pose problems for contemporary attempts to separate psychiatric knowledge from practice, and may well be part of a more troubling gesture which reduces the individual to *zoē* (biological dimensions), and places conditions on our return as *bios* (political beings). Much rides on the framing of the experience of madness, and the metaphysics which underpins the subjectivity problem. This in turn creates a state or an experience of madness that structures the subject and grounds the knowledge of or experience of that subject. What contemporary psychiatry must do, in order to succeed as a form knowledge and as a science, is fabricate a fictional *homo natura* which must be the bearer of proper functioning and the idealisation of the psychiatric subject as an object.[86] But as we have seen in a quick

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[83] A concise and diverse survey of these critics is offered in Colin Gordon (ed.), *Rewriting the History of Madness: Studies in Foucault's Historie De La Folie* (London: Routledge, 1992). An extensive critique of Foucault's reading of Renaissance madness, by Midelfort, is provided in Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford: Stanford University Press, 1999).

[84] Colin Gordon, "Historie De La Folie: An Unknown Book by Michel Foucault," in *Rewriting the History of Madness*.

[85] In his excellent book on Nietzsche and Kant, Robert Hill outlines the strategy of argument used by Nietzsche to critique Kant. He writes: "Genealogy serves a critical function, undermining the myths and mystifications a particular contemporary perspective may have about itself. To the extent that the perspective depends upon mystification, participants' understanding of the processes that constructed the perspective will lead to its disintegration." This is exactly the task I see Foucault as engaging in within his *History of Madness*, even though he may not have the advanced tools of his later genealogical work. For a full examination of this strategy, see: Kevin Hill, *Nietzsche's Critiques: The Kantian Foundations of His Thought* (Oxford: Clarendon Press, 2003), 196-225.

[86] Foucault writes: "The psychotherapy of the nineteenth century (and perhaps our own too, even now) believes that it orients itself and takes its bearings in relation to a *homo natura*, or a normal man pre-existing all experience of mental illness. Such a man is in fact an invention, and if he is to be situated, it is not in a natural space, but in a system that identifies the socius to the subject of the law. Consequently a madman is

examination of *bios* and *zoē*, idealising the psychiatric object in this way excludes important ontological and political dimensions of the subject. A key implication from my argument above is that this move is not a neutral or disinterested one—this exclusion and covering over has a very real impact on an ontological and political level, denying any psychiatric epistemology the ability to fully separate itself from a psychiatric practice or broader cultural issues.

"It's like a death sentence when somebody tells you that you have schizophrenia" the patient, cited above, pleads. Within our current episteme, psychiatry constitutes us as biological objects first, which is something less than human beings. It is no wonder, then, that many diagnosed with mental illness find this dehumanising and in denying the terms of their own biological finitude wish to repossess the terms of their own constitution.

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not recognised as such because an illness has pushed him to the margins of normality, but because our culture situates him at the meeting point between the social decree of confinement and the juridical knowledge that evaluates the responsibility of individuals before the law. The 'positive' science of mental illness and the humanitarian sentiments that brought the mad back into the realm of the human were only possible once that synthesis had been solidly established. They could be said to form the concrete a priori of any psychopathology with scientific pretensions" (Foucault, *History of Madness,* 129).