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The Carnival of the Mad: Foucault's Window into the Origin of Psychology

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ABSTRACT. Foucault's participation in the 1954 carnival of the mad at an asylum in Switzerland marked the beginning of his critical reflections on the origins of psychology. The event revealed a paradox at the heart of psychology to Foucault, for here was an asylum known for its progressive method and groundbreaking scientific research that was somehow still exhibiting traces of a medieval conception of madness. Using the cultural expression of this carnival as a starting place, this paper goes beyond carnival costumes to uncover the historical structures underneath the discipline of modern psychology. Drawing on Foucault's earliest works in psychology, his 1954 *Mental Illness and Personality*, his 1954 "Dream, Existence and Imagination," his 1957 "Scientific Research and Psychology" and briefly his 1961 *History of Madness*, I will describe the discrepancy between the *theory* of modern psychology, which finds its heritage in the methods of modern science, and the *practice* of modern psychology, which finds its heritage in the classical age. I will argue that this division helps make sense of unexplained psychological phenomena, as seen in general practices related to artistic expression, and individual experiences, as seen in the presence of guilt and the resistance to medical diagnosis in patients.

Keywords: Foucault, madness, psychology, mental illness, carnival

INTRODUCTION

On March 2, 1954, Michel Foucault, at the age of twenty-seven, situated himself on the side of a street in a small town in Switzerland to view an unusual parade. Here, he found a grand assortment of people marching by and sporting all sorts of costumes and masks. Some had large full-headed masks complete with enormous ears and long, pointy noses.

Others had carefully painted smaller masks with cone shaped hats or crowns on their heads.



FIGURE 1: CARNIVAL PROCESSION. PHOTO COURTESY OF ÉDITIONS EHES.

One man in the crowd strode by wearing a massive elephant head with a protruding trunk. Foucault might have done a double take at another man who appeared to be walking backwards; in fact, the man had placed his clothes and mask on backwards to produce this illusion!



FIGURE 2: BACKWARDS MAN. PHOTO COURTESY OF ÉDITIONS EHES.

There were even children joining in the event: one young boy was riding a small wooden wagon being pulled by an adult wearing a long dress and a large mask while carrying an umbrella and a basket. Foucault certainly noted the signature piece of the parade: the giant straw mannequin representing the king of the carnival, which was loaded onto a cart by at least four people and pulled along with the procession. At the end of the day, Foucault found a large fire used to sacrifice the figure of the carnival king and to allow the participants to toss in their own masks to burn along with it.¹



FIGURE 3: KING OF THE CARNIVAL. PHOTO COURTESY OF ÉDITIONS EHESS.



FIGURE 4: KING OF THE CARNIVAL IN CART. PHOTO COURTESY OF ÉDITIONS EHESS.

¹Didier Eribon, *Michel Foucault* [1989] (1992), 46.

This was no ordinary carnival-parade (*Fasnachts-Umzug*) but was composed of the patients from the local psychiatric asylum in the town of Münsterlingen. The patients were allowed to leave the asylum for this one day in order to parade down the streets of the city. Before the event, the patients had carefully “made their own costumes and masks,” as Elisabetta Basso reports, and now they had the opportunity to show them off to others.² Extending to over thirty buildings in length, the parade included not only the patients but also the caregivers and townspeople from the city and nearby areas who wanted to participate as spectators or parade marchers.³

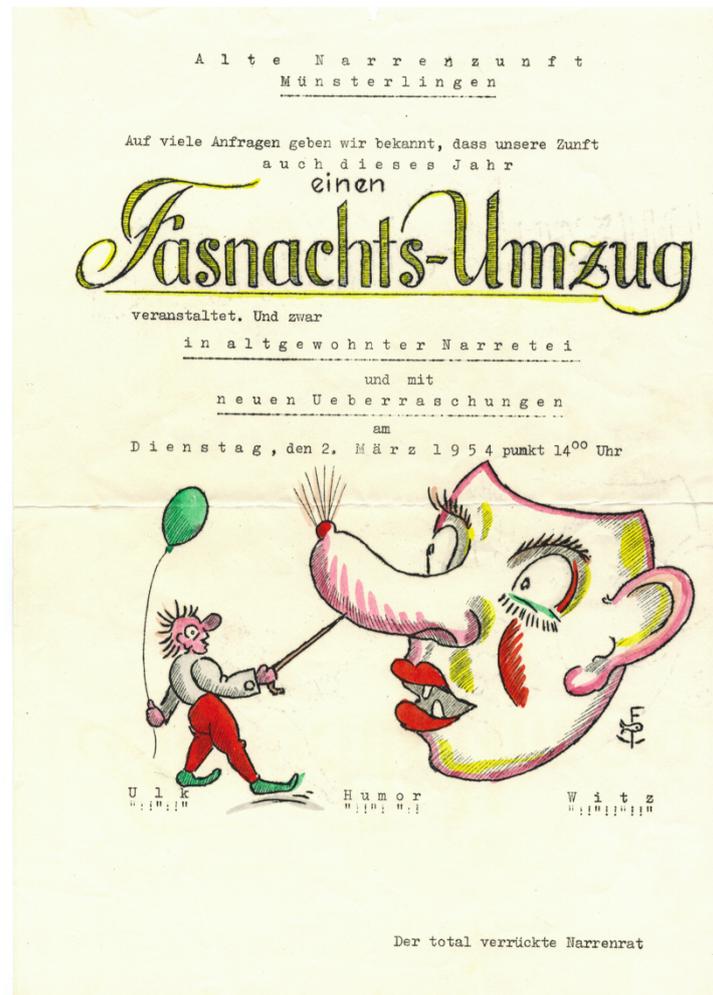


FIGURE 5: CARNIVAL FLYER. PHOTO COURTESY OF ÉDITIONS EHESS.

There was also the famous psychiatrist, Roland Kuhn, who joined in the procession with a crown on his head. The distinctions between the patients and the caregivers were broken down or even “abolished for a time,” as Jean-François Bert writes, because costumes took

² Elisabetta Basso, “Complicités et ambivalences de la psychiatrie: Münsterlingen et la carnaval des fous de 1954,” *Medecine sciences* 33:1 (2017), 102: “Le cortège carnavalesque ... le 2 mars 1954 est constitué par les malades qui ont fabriqué eux-mêmes les costumes et leurs propres masques.” Unless noted otherwise, all translations in this article are mine.

³ Jean-François Bert, “Retour à Münsterlingen,” in *Foucault à Münsterlingen. À l’origine de l’Histoire de la folie*, ed. Jean-François Bert and Elisabetta Basso (2015), 21.

the place of the usual clothes that set them apart.⁴ It was a day where the lines were blurred between the mad and the not mad, the abnormal and the normal, the sick and the healthy.

Foucault attended the carnival with his friends, including Jacqueline Verdeaux, who took forty-five photographs of the event. Recently, these photos have been published in France in a collection of articles on the carnival and related subjects entitled *Foucault at Münsterlingen: At the Origin of the History of Madness (Foucault à Münsterlingen. À l'origine de l'Histoire de la folie)*. In his review, Sverre Raffnsøe calls this volume "compulsory reading" and praises the impressive amount of "historical illustrations and documents" that it contains.⁵ Despite this laudatory review, the findings of this book are still widely unknown in English scholarship.

This paper hopes to bring awareness to this important collection by pairing its insights with Foucault's earliest works in psychology: his 1954 *Mental Illness and Personality (Maladie mentale et personnalité)*, his 1954 "Dream, Existence and Imagination" (An Introduction to Ludwig Binswanger's *Dream and Existence*), his 1957 "Scientific Research and Psychology" ("La recherche scientifique et la psychologie") and briefly his 1961 *History of Madness*. Through this study, we will see that Foucault's participation in the 1954 carnival of the mad marked the beginning of his critical reflections on the origin of psychology. Using the cultural expression of this carnival as a starting place, this paper goes beyond carnival costumes to uncover some of the historical structures underneath the discipline of modern psychology. To begin, I will articulate how the carnival can serve as a window into the origin of psychology. Next, I will explore what hidden structures are revealed and how they point to a deep division in psychology. Lastly, I will show how this division makes sense of unexplained psychological phenomena, as seen in general practices related to artistic expression, and individual experiences, as seen in the presence of guilt and the resistance to medical diagnosis in patients.

Due to his change in methods over the years, some scholars argue that Foucault's early works in psychology should be disregarded as a "false start."⁶ However, by tracing the themes from these early works, including his unpublished notes, to his later works, it becomes clear that the questions raised here remain central issues for Foucault in all of his writings.⁷ In particular, Foucault refers to the carnival event throughout his life, as I will

⁴ Bert, "Retour à Münsterlingen," 22: "Les différences vestimentaires entre soignants et soignés sont pour un temps abolies."

⁵ Sverre Raffnsøe, "A page of unpublished history; A Review of: Jean-Francois Bert and Elisabetta Basso (eds.), *Foucault à Münsterlingen; À l'origine de l'Histoire de la folie, Avec des photographies de Jacqueline Verdeaux*," *Foucault Studies* 21 (2016), 260.

⁶ Alan Sheridan, *Michel Foucault: The Will to Truth* (1990), 195.

⁷ See, for example, the arguments in: Elisabetta Basso, "À propos d'un cours inédit de Michel Foucault sur l'analyse existentielle de Ludwig Binswanger (Lille 1953-54)," *Revue de synthèse* 137:6 (2016), 35-59; Elisabetta Basso, "Foucault's Critique of the Human Sciences in the 1950s: Between Psychology and Philosophy," *Theory, Culture & Society* (2020), 1-20; Béatrice Han-Pile, "Phenomenology and Anthropology in Foucault's 'Introduction to Binswanger's Dream and Existence': A Mirror Image of The Order of Things?," *History and Theory* 54 (2016), 7-22.

show in the next section, and, while the application of these reflections changes with the phases of his thought, it is evident that the experience continued to have a profound effect on him. Furthermore, scholars have also criticized Foucault as being too antagonistic toward psychology, making him not “a particularly helpful guide” for psychiatric practitioners.⁸ But, as I will demonstrate, by exposing the roots of psychology, Foucault’s work becomes a necessary and relevant perspective for contemporary concerns in mental health.

With regard to terms, throughout this paper, my use of “modern” refers to various psychological approaches which originated in the nineteenth century and have continued up to the present time. Although psychological practices have undergone changes, Foucault finds that there is a kind of unity to them which he places under one particular “consciousness of madness” which characterizes the modern times.⁹ Secondly, while I claim that this study reveals key “structures at the origin of psychology,” this is not an exhaustive account; in other words, there are many other factors which have contributed to the construction of the modern discipline of psychology. However, the structures discussed here fill in a gap, often overlooked, that need to be addressed in mental healthcare. And third, I will be primarily using the term, “psychology,” meaning the general study and care for the mental capacities and affected behaviors of the human, because Foucault tends to see “psychology” as the broader discipline which encompasses “psychiatry,” with its focus on specific medical treatments, and “psychopathology,” with its focus on the abnormal effects of the disorders.

A. THE CARNIVAL AS A WINDOW

Foucault’s attendance at the carnival came after several years of study and work in psychology. He obtained his *licence* in psychology in 1949 while also teaching psychology classes and working at the Hôpital Sainte-Anne around this same time. In 1952, while working at the *Université de Lille*, he received a *Diplôme de psycho-pathologie* from the *Institut de psychologie*.¹⁰ During this time of psychological work and training, he was personally invited, along with Jacqueline Verdeaux, by the psychiatrist Roland Kuhn to Münsterlingen to attend the carnival in 1954.¹¹ And it appears that it was here, building on thoughts already brewing, that he began to question the traditional narrative given about the origin of psychology.

The traditional narrative describes how modern psychology has progressed beyond the use of any kind of mystical or spiritual explanation for madness and, instead, has discovered that madness is simply a health condition, labelled as a mental illness, which can

⁸ Peter Barham, “Foucault and the Psychiatric Practitioner,” in *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de la folie’*, ed. Arthur Still and Irving Velody (1992), 49.

⁹ Michel Foucault, *History of Madness* [1961] (2006), 169-170.

¹⁰ Eribon, *Michel Foucault*, 42, 48.

¹¹ See the letter exchange here: Bert, “Retour à Münsterlingen,” 46-47.

be scientifically identified and diagnosed. Foucault later summarizes this well in the opening to his new chapter that he adds to his 1962 *Mental Illness and Psychology*:

And all histories of psychiatry up to the present day have set out to show that the madman of the Middle Ages and the Renaissance was simply an unrecognized mentally ill patient [*un malade ignoré*], trapped within a tight network of religious and magical significations. According to this view, it was only with the arrival of the calm, objective, scientific gaze of modern medicine that what had previously been regarded as supernatural perversion was seen as a deterioration of nature.¹²

Those that were labeled mad in the past were thought to be under the powers of strange religious and magical forces, but we now know that they were actually patients or sick people (*les malades*) who were suffering from undiagnosed medical conditions. The advance of science, with its objectivity and reliability, claims to provide biological accounts of disorders leaving behind the old spiritual explanations.

In fact, the asylum at Münsterlingen exemplified the latest scientific progress in mid-twentieth century psychiatry with the use of diagnostic tests according to inkblot patterns, developed by Hermann Rorschach, and the introduction of the first antidepressant medication, developed by Roland Kuhn.¹³ And yet, each year, in plain sight, the asylum hosted this event drawing on non-scientific ideas from medieval carnival traditions. Perhaps while watching the parade go by, Foucault asked the following question, as Bert writes: "How can an asylum, where science and rationality reign and that is now on the forefront of experiential research, each year for the day of Mardi-Gras perpetuate a ritual which finds a large part of its origin in the depths of the Middle Ages?"¹⁴ In other words, if madness is only a disorder to be medically controlled and fixed, why is there this fascination on the part of both the patients and the surrounding community with the strangeness and mysteriousness of madness? Does the carnival tell us something about a missing or hidden element of modern psychology?

Foucault answers, "Yes," to this last question and believes that the fascination with the mystical side of madness arises out of a part of history that is often covered up but not completely gone. Foucault links the carnivals at psychiatric hospitals to the medieval feast of fools (*fête des fous*) to demonstrate how these two events reveal deep historical truths.¹⁵ In a series of radio interviews about ten years after Münsterlingen, Foucault clearly draws the connection: "And by a strange paradox, by a strange return, we organize for them [the patients], around them, with them, a whole parade, with dance and mask, a whole

¹² Foucault, *Mental Illness and Psychology* [1962] (1987), 64; French: Foucault, *Maladie mentale et psychologie* [1962] (2015), 76.

¹³ Basso, "Complicités et ambivalences de la psychiatrie," 99-100. I use the term "psychiatry" here because it refers specifically to the use of medical practices and treatments.

¹⁴ Bert, "Retour à Münsterlingen," 20: "Comment un asile où règnant la science et la rationalité et qui est alors à la pointe de la recherche expérimentale peut-il, chaque année pour le jour de Mardi gras, perpétuer un rituel qui trouve une grande partie de son origine au plus profond du Moyen Âge?"

¹⁵ The phrase "fête des fous" itself was probably not used at the carnival of Münsterlingen. See Yann Dahhaoui, "La fête des fous de Michel Foucault," in Bert and Basso, *Foucault à Münsterlingen*, 246n7.

carnival, which is in the strict sense of the term a new feast of fools.”¹⁶ The new feast of fools, for Foucault, represents a paradox at the heart of psychology, as we will discuss fully in the next section, and which can be traced back to the old medieval feast. The first observances of the feast of fools are found in the twelfth century, and, although there were variations in its practices, it generally included an exchange of positions where the higher ranked clergy would switch places with the lower ranked clergy and was celebrated during the few days after Christmas.¹⁷ The festival was repeatedly condemned by the church due to inappropriate and blasphemous behavior that may have taken place, although some have argued that the rumors were worse than the actual events.¹⁸

Nevertheless, for Foucault, the stories of these medieval festivals, both the true and the fictional, are linked to the roots of the carnival of the mad. They represent a “strange return” to the past, as he remarks in his radio interview, that brings attention to something deep in the human experience; the dancing, the masks, and the changing of social positions are all characteristics of both events, shedding light on the human need for such expressions. Foucault writes in *History of Madness* that the “theatrical events” of the medieval feast of fools were one way which “brings everyone back to their own truth,” i.e., to reveal something deep inside themselves.¹⁹ In the same way, the carnival of the mad explains how our understanding of mental illness arises out of this same history, the history that we have created. Foucault concludes his radio talk with the following: “Maybe it is us who have invented entirely this feast of fools, this feast for the fools, this feast with the fools ...”²⁰ We cannot ignore the carnival of the mad, because even in a partial reenactment of it, we discover the ways that we have invented it for the patients and for ourselves out of our own history.

In 1975, Foucault further reflects on these carnivals in an article entitled “Faire les fous” first published in *Le Monde*. After reviewing a recent film depicting life in a local mental asylum, he writes:

... it makes me think particularly of these feasts of fools as it still existed only a few years ago in certain hospitals in Germany and Switzerland: on the day of the carnival, the mad put on costumes and had a masked parade down the streets, feeling some embarrassed curiosity and some fear of the spectators. This was the only day where we permitted the mad to leave [the hospitals], it was for laughing, for fooling around [*pour faire les fous*].²¹

¹⁶ Michel Foucault, “La folie et la fête,” first of five radio interviews under the title, “L’usage de la parole. Les langues de la folie,” January 7, 1963, audio, 29:40: “Et par un étrange paradoxe, par un étrange retour, on organise pour eux, autour d’eux, avec eux, tout un défilé, avec danse et masque, tout un carnaval qui est au sens strict du terme une nouvelle fête des fous.” This quote is also transcribed in Bert, “Retour à Münsterlingen,” 12.

¹⁷ Dahhaoui, “La fête des fous de Michel Foucault,” 236-238.

¹⁸ See Max Harris, *Sacred Folly: A New History of the Feast of Fools* (2014).

¹⁹ Foucault, *History of Madness*, 13.

²⁰ Foucault, “La folie et la fête,” 36:57: “Peut-être est-ce nous qui l’avons inventée entièrement cette fête des fous, cette fête pour les fous, cette fête avec les fous ...”

²¹ Michel Foucault, “Faire les fous” [1975], in *Dits et écrits I. 1954–1975* (2001), 1:1672–3: “Mais le film de René Féret, dans sa très grande beauté et rigueur, me fait penser surtout à ces fêtes de fous, comme il

As Foucault remarks here, this carnival was not just an annual tradition at the asylum of Münsterlingen but was something that took place in many hospitals in Germany and Switzerland.²² The repeated incidents show that this singular day, where we allow the mad to leave the hospitals, must speak to us about our view of madness. Foucault is playing on the phrase *faire les fous*, which literally means the “making of the mad” but is usually an idiom for “fooling around” in order to have a good time. The carnival of the mad is both for having fun with the mad while at the same time creating their identity through the festive practices.

Foucault’s experience at the carnival of the mad provoked questions about the history of psychology which he continued to pursue years after the event. Drawing the link between the feast of fools and the carnival of the mad, Foucault argues that the carnival of the mad proves a revelatory event in human history, particularly the history of madness. The carnival gives us a glimpse into the kind of “making of the mad” that is happening in our modern times, and it forces us to look to the historical structures that give rise to this creation of madness.

B. THE HIDDEN STRUCTURES BEHIND THE CARNIVAL

To discover the deep historical structures of psychology, we must begin by addressing some preliminary concerns right on the surface: first, the problem in the relationship between illness and mental illness, and second, the problem in the paradoxical experience of the individual patient. After investigating these two superficial issues, we will then be able to uncover the real theory and practice behind psychology and see the division between them.

Beginning with the first concern, we start by asking about the nature of the relationship between illness and mental illness and whether or not we can use the same language for all types of illness. These are the questions that plagued Foucault in the years leading up to the 1954 carnival, as seen in the opening to his book *Mental Illness and Personality* (*Maladie mentale et personnalité*) published that same year.²³ It is important to note that Foucault republished this book with significant revisions in 1962 under a new title, *Mental Illness and Psychology*.²⁴ We will be primarily looking at the 1954 version in the first part of this section, and I will make a note if there were any changes in the 1962 version.

en existait encore, il y a peu d’années, dans certains hôpitaux d’Allemagne et de Suisse : le jour du carnaval, les fous se déguisaient et faisaient un défilé de masques dans les rues : curiosité gênée , un peu effrayée des spectateurs : le seul jour où on permettait aux fous de sortir, c’était pour rire, pour faire les fous.” Thanks to Philipp Rosemann for discussion on this passage.

²² There are various traces of other carnivals in the archives of the asylums. See Basso, “Complicités et ambivalences de la psychiatrie,” 102.

²³ Foucault was working on the content of this book in the years 1952-1953 according to his list of writing projects that he made in May or June of 1953. This list also includes his introduction to Binswanger’s *Dream and Existence* that we will discuss shortly. See Eribon, *Michel Foucault*, 63.

²⁴ For helpful lists of the some of the changes between these two versions, see James W. Bernauer, *Michel Foucault’s Force of Flight: Toward an Ethics for Thought* (1992), 185-187; Stuart Elden, “The changes between *Maladie mentale et personnalité* (1954) and *Maladie mentale et psychologie* (1962),” *Progressive*

The opening to this early book asks the following two questions: “Under what conditions can one speak of illness in the psychological domain? What relations can one define between the facts of mental pathology and those of organic pathology?”²⁵ To answer these critical questions prior to his experience at the carnival, Foucault looks to specific methods, such as existential, phenomenological, psychoanalytic and Marxist methods, to try to understand the discrepancies between organic pathology and mental pathology. Although these methods may not have proved satisfactory in the end, at this point, he knows that something else is needed because conflating the notions of the organic and the mental was simply not working. He writes this in his opening chapter: “So one can accept at first sight neither an abstract parallel nor an extensive unity between the phenomena of mental pathology and this of organic pathology.”²⁶ Rather than using an abstract parallelism, where unjustified lines of connection are drawn between the methods in general medicine with those in pathology, or an extensive unity, where we conflate the two and say that both the organic and mental are part of one and the same thing, we must see, as Foucault argues, that “mental pathology requires methods of analysis different from those of organic pathology.”²⁷ When we try to use the same methods in both areas, we end up unable to offer a full account of mental illness; this recognition compels us to admit that the conventional account of psychology is incomplete.

Secondly, another surface-level problem in psychology is the paradoxical experience of the individual. Foucault sets up the paradoxical structure of the patient’s experience toward the end of this early book on mental illness:

The contemporary world makes schizophrenia possible, not because its *techniques* render it inhuman and abstract, but because *man makes such use of his techniques* that man can no longer recognize himself in it. Only the real conflict of the conditions of existence *can account for the paradoxical structure* of the schizophrenic world.²⁸

Geographies. <https://progressivegeographies.com/resources/foucault-resources/the-changes-between-maladie-mentale-et-personnalite-1954-and-maladie-mentale-et-psychologie-1962/> (Accessed June 1, 2021)

²⁵ Foucault, *Maladie mentale et personnalité* (1954), 1. Translation from Foucault, *Mental Illness and Psychology*, 1. These opening questions remain the same in the 1954 and 1962 versions.

²⁶ *Maladie mentale et personnalité*, 16. Translation from *Mental Illness and Psychology*, 13 (1962 French version: 16). This statement is the same in the 1954 and the 1962 versions.

²⁷ *Maladie mentale et personnalité*, 12; Translation: 10. Again, this is the same in the 1954 and the 1962 versions.

²⁸ *Maladie mentale et personnalité*, 89: “Le monde contemporain rend possible la schizophrénie, non parce que ses techniques le rendent inhumain et abstrait; mais parce que l’homme fait de ses techniques, un tel usage que l’homme lui-même ne peut plus s’y reconnaître. Seul le conflit réel des conditions d’existence peut rendre compte de la structure paradoxale du monde schizophrénique.” My italics in the text represent the phrases that were later changed in the 1962 version. Here is the 1962 version: “The contemporary world makes schizophrenia possible, not because its *events* render it inhuman and abstract, but because *our culture reads the world in such a way* that man himself cannot recognize himself in it. Only the real conflict of the conditions of existence *may serve as a structural model for the paradoxes* of the schizophrenic world” (*Mental Illness and Psychology*, 84; French: 100-101). Foucault changes “techniques” to

The modern world places constraints around the real world and makes use of these constraints to shape the meaning of a mental illness, such as schizophrenia. These boundaries keep the schizophrenic world separate from the real world such that a “man [with schizophrenia] can no longer recognize himself” here and can no longer find his identity in society. Such a person has gone “beyond reality” and is “unable to feel at home in this world.”²⁹ The modern way of redefining the world leaves no welcoming space or even space in general for someone who struggles with schizophrenia. And yet, the conditions of existence of *the world* are what define the mental illness as being *outside of the world*; the constraints themselves are part of this world showing that the mental illness must be part of it too. This creates the paradox where the man with schizophrenia becomes a “stranger in a real world” who feels both in the world and pushed outside of the world at the same time.³⁰

With the problems in the relationship between medicine and mental illness and with the conflict between conditions of the redefined world and the patient’s experience, Foucault had already placed his finger on something paradoxical in psychology before his experience at the carnival and was trying to find the paradox in the truth of the human. But after witnessing the mental patients as “strangers” erupting “in the real world” at the carnival, he moved beyond trying to use particular methods to explain the human on its own to a more historically situated analysis of psychology as a whole. Perhaps it was the intensity of this carnival that finally pushed him to question the actual discipline of psychology after seeing that none of these methods offered a full explanation for the event and, thus, for the phenomena of mental illness. He changes his opening thesis in his book on *Mental Illness* from saying that he will find the root of pathology “in a reflection on man himself” (1954) to stating that he will find it “in a certain relation, historically situated, of man to the madman [*l’homme fou*] and to the true man [*l’homme vrai*]” (1962).³¹ It is a shift from searching for psychology’s origin in the essence of the human to seeking it in the dynamic relationship between the madman (*l’homme fou*) and the true man (*l’homme vrai*), between madness and humanity. James Bernauer puts it well, “His earlier work called into question the relation between mental illness and psychology’s abstract view of man, as implied in the employment of the category of ‘personality.’ His later work is not calling into question an element or a tendency of psychology but the very field itself.”³² Foucault broadens his scope here from looking at the paradoxical experience of the patient to the contradictory nature of the field of psychology itself.

“events” and “man makes use of techniques” to “culture reads the world” to show his later preference for a more historically situated approach to madness as we will discuss in a moment.

²⁹ *Maladie mentale et personnalité*, 88, 89. Translation: 84 (French: 100). These phrases are the same in the 1954 and the 1962 versions.

³⁰ *Maladie mentale et personnalité*, 89. Translation: 84 (French: 100). This phrase is the same in the 1954 and the 1962 versions.

³¹ *Maladie mentale et personnalité*, 2: “dans une réflexion sur l’homme lui-même”; *Mental Illness and Psychology*, 2; French: *Maladie mentale et psychologie*, 2.

³² Bernauer, *Michel Foucault’s Force of Flight*, 42.

In this broader approach, we find that the paradoxical structure of a patient's experience arises out of the paradox found at the origin of psychology. This paradox lies in a division between the modern *practice* of psychology, which finds its heritage primarily in the classical age, and modern *theory* of psychology, which finds its heritage in the methods of modern science. The discipline of psychology cannot be understood solely by the theories of modern science, because its practices show that there is something else present. Thinking again of the example of the man experiencing schizophrenia, we can make the connection from the paradoxical experience of a patient to the paradox at the heart of psychology. Here is a person who has regular hallucinations where he feels and sees things that are not part of the material world. Because these experiences are placed outside of the world, he feels out of place in this world and relegated to another world. The modern theory cannot explain the presence of these phenomena as it can only say that these experiences do not fit into the real world. By placing the experiences outside of the real world, we cannot offer a theoretical explanation; and yet the needs of the patient demand for something to be done – some kind of practice to address the condition. Practices are used but they come for somewhere else, while the theory stays disconnected.

The disconnection between theory and practice pushes Foucault to search for other methods to better address mental illness. Like Roland Kuhn, who had invited Foucault to the carnival, Foucault was influenced by the work of a Swiss psychiatrist, Ludwig Binswanger, and he found Binswanger's method of existential analysis a possible way to avoid the paradox in psychology. In 1952-1953, Foucault and Jacqueline Verdeaux translated Binswanger's *Dream and Existence* from German to French, and Foucault decided to write an introduction for its publication.³³ The introduction, now titled "Dream, Imagination and Existence," ended up being longer than Binswanger's actual book and thus provides another helpful key into Foucault's thought around the time of the carnival as possibly "the best reflection of his intellectual orientation during this period," as Didier Eribon comments.³⁴ In "Dream, Imagination and Existence," Foucault explores how psychoanalysis, from Freud, and pure phenomenology, from Husserl, can help us avoid the problems in modern psychology by approaching mental illness according to lived experience. But he finds that these methods still fall short and suggests that perhaps Binswanger's existential analysis, while still drawing on psychoanalysis and phenomenology, offers a more comprehensive approach. In his unpublished book on Binswanger's existential analysis written around this same time, Foucault makes his concerns about these methods, including Binswanger's application of them, even clearer, such that he sees that "neither psychoanalysis nor phenomenology ... is actually able to account for the phenomenon of disease," as Basso writes after examining the manuscript.³⁵ Although he

³³ Michel Foucault, 42-43.

³⁴ Ibid., 47.

³⁵ Basso, "Foucault's Critique of the Human Sciences in the 1950s," 9. The manuscript for this unpublished book on Binswanger was recently found in Foucault's papers and will be published soon, according to Basso's video introduction: <https://www.theoryculturesociety.org/blog/special-issue-foucault-before-the-college-de-france>.

eventually finds these methods unsatisfactory, his study still shows the insufficiency of modern psychology to offer full explanations for unusual human experiences, especially the experience of dreams.³⁶

Similar to the opening of *Mental Illness*, “Dreams, Imagination and Existence” begins by centering the discussion of dreams around a fuller understanding of the human. In the spirit of Binswanger, Foucault calls for “a form of analysis, finally, whose principle and method are determined from the start solely by the absolute privilege of their object: man, or rather, the being of man, *Menschsein*.”³⁷ The German word, *Menschsein*, is used in contrast to both *homo natura*, as an empirical, natural being, and even to *Dasein*, as a subjective, transcendental being, as Han-Pile argues, in order to emphasize the importance of seeing the human as an “instantiation of the transcendental in the empirical,” in other words, as a biological being that is placed in a meaningful relation to the world.³⁸ Because the methods of analysis used for organic pathology are inadequate, as we saw in *Mental Illness*, we need something like Binswanger’s existential analysis, which does not rely on a theory that places the experiences of mental illness outside of the world but goes “straight to concrete existence, to its development and its historical content” to make sense of them.³⁹ Foucault writes, “If the dream is the bearer of the deepest human meanings, this is not insofar as it betrays their hidden mechanisms or shows their inhuman cogs and wheels, but on the contrary, insofar as it brings to light the freedom of man in its most original form.”⁴⁰ The scientific theory tries to define dreams according to biological mechanisms and processes, but this truncated conception of dreams does not do justice to the presence of freedom in human experience.⁴¹ If we rely only on modern psychology, we are left with no proper theory to account for the creativity in dreams.

In his 1957 article, “Scientific Research and Psychology” (“La recherche scientifique et la psychologie”), Foucault argues that this loss of theory behind psychology is because the proper origin of psychology “has been forgotten, or rather hidden;” in other words, the practice of psychology no longer has a theory by which to support it.⁴² The ignorance of its origin creates a contradiction at its root, namely, the division between theory and practice that Foucault already uncovered in *Mental Illness*. He explains this division

³⁶ Even with the change in methods, Han-Pile makes a compelling argument for how the questions and themes in “Dream, Existence, and Imagination” are reflected in Foucault’s later book, *The Order of Things*. See Béatrice Han-Pile, “Phenomenology and Anthropology in Foucault’s ‘Introduction to Binswanger’s Dream and Existence’: A Mirror Image of *The Order of Things*?” *History and Theory* 54 (2016), 7-22.

³⁷ Michel Foucault, “Dream, Imagination and Existence: An Introduction to Ludwig Binswanger’s *Dream and Existence*” [1954], in *Dream and Existence*, ed. Keith Hoeller (1993), 31.

³⁸ Han-Pile, “Phenomenology and Anthropology in Foucault’s Introduction to Binswanger’s *Dream and Existence*,” 10-11, 12.

³⁹ Foucault, “Dream, Imagination and Existence,” 32.

⁴⁰ “Dream, Imagination and Existence,” 53.

⁴¹ Foucault is also criticizing psychoanalysis in this quote because, in his opinion, it reduces dreams to deterministic processes.

⁴² Michel Foucault, “La recherche scientifique et la psychologie” [1957], in *Dits et écrits I. 1954–1975* (2001), 1:173: “cette origine ... a été oubliée, ou plutôt cachée.”

further: “We find ourselves in a paradoxical situation: on one side, the real practice of psychology ... does not rest on any theoretical formation, and by way of consequence never succeeds in taking the meaning [*sens*] of the theory [*recherche*], nor even in defining the precise needs in relation to the scientific theory [*recherche*].”⁴³ Here, on this first side, we have the practice of psychology, which neither has a modern theory to justify it nor even tries to respond to the demands of the scientific field (because its practices are still pulling from the ones of the past created prior to the modern age). Not only are there problems justifying the practices, but there is also an absence of a foundation for the modern theory: “On the other side, the acquisition of the techniques, which can guarantee a practical security and a theoretical justification to concrete psychology, cannot give itself access to an exercise of psychology where practice and theory [*recherche*] would find themselves effectively linked.”⁴⁴ The other side of the paradox is that the modern theory is unable to come up with a practice (or exercise) of psychology which would support both a practical application and a justifiable theory and allow the theory and practice to be tied together. Thus, there cannot be any “theory of psychology” which comes out of the “needs of the practice.”⁴⁵

To put it directly, Foucault finds that the modern practice of psychology does not have a foundation in theory and the modern theory of psychology cannot offer any practices nor make sense of the practices already there. He concludes: “*The non-existence of an autonomous and effective practice of psychology has become paradoxically the condition of existence for a positive, scientific and ‘effective’ theory [recherche] in psychology.*”⁴⁶ There is in fact no such thing as a “modern” practice of psychology, and it is this absence of a practice which ironically forms the foundation for the modern theory of psychology. Because the practice is based on something else — the old ideas of the classical age which are “neither scientific nor psychological” — the theory is then based on nothing but an avoidance of the old forces at work.⁴⁷ Michael Behrent summarizes this well, “Applied psychology ... has no theory, while psychological research has no practice (or concrete applications).”⁴⁸ The practices of psychology have a foundation that is hidden and the theories of psychology do not have any practices; each is left unsupported by the other.

⁴³ Foucault, “Recherche scientifique et la psychologie,” 175: “On se trouve dans une situation paradoxale : d’un côté, la pratique réelle de la psychologie ... ne repose sur aucune formation théorique, et par voie de conséquence ne parvient jamais à prendre le sens de la recherche, ni même à définir ses exigences précises par rapport à la recherche scientifique.”

⁴⁴ Ibid., 175: “D’un autre côté, l’acquisition des techniques qui peuvent garantir à la psychologie concrète une sécurité pratique et une justification théorique ne donne pas elle-même accès à un exercice de la psychologie où pratique et recherche se trouveraient effectivement liées.”

⁴⁵ Ibid., 175: “La recherche en psychologie ne naît donc pas des exigences de la pratique.”

⁴⁶ Ibid., 176, italics his: “La non-existence d’une pratique autonome et effective de la psychologie est devenue paradoxalement la condition d’existence d’une recherche positive, scientifique et “efficace” en psychologie.”

⁴⁷ Ibid., 177: “ni scientifique ni psychologique.”

⁴⁸ Michael C. Behrent, “Foucault and Technology,” *History and Technology: An International Journal* 29:1 (2013), 70.

This narrative may seem over-simplified for some of us, as there are certain modern practices, such as the prescription of medication, that appear to be justified by modern theory. Let us take, for example, the introduction and use of antidepressants for major depressive disorder. During the testing of different medications, starting back even with Kuhn (with whom Foucault worked) in the 1950s, studies have shown that there are often positive results in patients who are given antidepressants.⁴⁹ The scientific hypothesis is that patients with depression have a decrease in concentrations of monoamine neurotransmitters in the brain, such as serotonin, norepinephrine and dopamine.⁵⁰ Thus, doctors and researchers believe that these medications must increase these levels in order to help treat the disorder.⁵¹ Even though it is still unclear exactly how these medications improve these levels, it seems that we can at least draw a link between a scientific hypothesis about brain function and a scientific practice which offers medication to aid the brain function.

The Foucauldian response to this example is to first agree there are certain scientific theories which appear to back certain practices. But the point is that the *motivation* behind the practices does not arise out of contemporary modern theory. In other words, the medication for depression is given according to the scientific hypothesis that it will increase monoamine neurotransmitters in the brain, but the motivation is to alter the behavior of the person in order to conform to the standards of society. This motivation is often disguised by the genuine desire to help people “feel better” and to respond to the desperation that many feel to escape their depression. This is not to make light of the real suffering felt in depression but to acknowledge the cultural pressures that push us to “fix the problem” so that people can be normal contributors to society.⁵² These pressures can be traced back to an old structure of the classical age which sought to hide any expressions of madness. Rather than hiding the expression by placing people in confinement, as in the classical age, we conceal it now by modifying emotions and behaviors with medication to fit with modern norms. Ignoring this motivation, we no longer have a justification for the practices of psychology, and, in the void, we attempt to give a scientific account of mental illness. This does not mean that modern practices, such as prescribing medicine for mental illness, are negative on their own, but rather that we need to take time to understand the reasons behind them and the motivations behind implementing them.

⁴⁹ Kuhn writes of the positive results in 1958 stating, “The patients express themselves as feeling much better, fatigue disappears, the feeling of heaviness in the limbs vanish, and the sense of oppression in the chest gives way to a feeling of relief,” as quoted in Todd M. Hillhouse and Joseph H. Porter, “A brief history of the development of antidepressant drugs: From monoamines to glutamate,” *Experimental and Clinical Psychopharmacology* 23:1 (2015), 6.

⁵⁰ Hillhouse and Porter, “A brief history,” 3.

⁵¹ There is still uncertainty on whether the decrease in these levels is the accurate explanation for depression. The latest research shows that it may not be a decrease in certain levels but a lack of neural connectivity. See Katharina Helm, Kathrin Viol, Thomas M. Weigner, Peter A. Tass, Christian Grefkes, Damir del Monte and Günter Schiepek, “Neuronal connectivity in major depressive disorder: a systematic review,” *Neuropsychiatric disease and treatment* (2018), 2715-2737.

⁵² In fact, I believe that a more historical approach acknowledges the pain of mental illness in an even deeper way, as we will see in the last section of this paper.

The priority of social motivations over scientific theory can even be seen in how some of the psychiatric drugs have been developed. As Todd Hillhouse and Joseph Porter point out, there has been a certain “serendipity” in the discovery of drugs to treat schizophrenia and major depressive disorder.⁵³ In both cases, the drugs were stumbled upon accidentally through the testing of new drugs to treat other medical conditions.⁵⁴ As a result, the effectiveness of these medications is more clinically based, meaning its use is due to some positive clinical results as opposed to scientific research, and scientists are still working on exactly why these drugs often prove helpful. Because of the lack of scientific basis for the use of psychiatric drugs, some scholars have argued that the promotion of drugs is due to “extra-scientific interests,” such as professionals wanting more respect for the discipline of psychiatry or pharmaceutical companies desiring an increase in revenue.⁵⁵ At least in the cases of schizophrenia and major depressive disorder, then, it appears that first there is a definition of a mental disorder, then there is a practice of prescribed medicine, and, finally, there is a search for a theory to make sense of it. We find again the division between theory and practice where the scientific theories are coming *after* the implementation of the practice.⁵⁶

Critically analyzing the hidden structures behind the division in psychology brings to light the crucial aspect of human experience that is often overlooked in general psychology: the experience of the nonrational or unreason (*déraison*). Beginning with his participation in the carnival event to his questioning of the discipline of psychology itself, Foucault’s quest eventually leads him to discover this critical force behind mental illness, unreason, and his book *History of Madness* brings to light this force in the historical structures of each age. In the classical age, through physical confinement and moral condemnation, society tried to hide and eradicate the idea of the nonrational. Displays of the nonrational in events, such as the old feast of fools, was condemned and suppressed during this time. After hundreds of years of concealment, modern psychology has now almost forgotten about the experience of the nonrational, but it is still something that pervades human society — not just in cases of madness, but in common human behavior, every day human relationships, and even encounters with the divine.

In *History of Madness*, Foucault finds that it is this this disavowal of the nonrational element of the human which ultimately marks the birth of modern psychology:

⁵³ “A brief history,” 4.

⁵⁴ In the case of major depressive disorder, scientists were trying out a new drug to treat tuberculosis and, in the process, found that the drug, iproniazid, had the side effect of making people feel happier. (See “A brief history,” 4). In the case of schizophrenia, scientists were searching for drugs to help with allergies and discovered that chlorpromazine also had a strong calming effect. See Peter Haddad, Robert Kirk and Richard Green, “Chlorpromazine, the first antipsychotic medication: history, controversy and legacy,” *British Association for Psychopharmacology* (2016).

⁵⁵ Joanna Moncrieff, “The Creation of the Concept of an Antidepressant: An Historical Analysis,” *Social Science & Medicine* 66 (2008): 2352-2353.

⁵⁶ There are many others besides Foucault who have criticized modern psychology. Each come at the problems from different angles, for example: Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment* (2008); Thomas Szasz, *The Myth of Mental Illness* (1974); R.D. Laing and Aaron Esterson, *Sanity, Madness, and the Family* [1964] (2016).

That which was classified as sickness would be related to the domain of the organic, and all that was associated with unreason ... would be relegated to the realm of the psychological. And it was precisely there that psychology was born, not as the truth of madness, but as a sign that madness was now detached from its truth, which was unreason, and that from now on it would be a rudderless phenomenon, *insignificant*, on the indefinite surface of nature. An enigma with no truth other than the one that could reduce it.⁵⁷

Here Foucault returns to the original question that he asks back in the opening to his 1954 *Mental Illness* on the relationship between physical sickness (organic pathology) and psychological sickness (mental pathology) and offers a deeper response. When we place all sickness, physical and psychological, in the domain of the organic, anything that is psychological must be defined according to the terms of medicine. The “domain of the organic” and the “realm of the psychological” are now on one side and understood according to one classification. What used to be the source of the psychological, which was anything associated with the nonrational (unreason), was detached from it and pushed aside. This source used to be the “truth” of madness, the reason for its existence, but now madness is separate from this truth and understood only according to the medical. It is here between the medical and the nonrational that psychology is born: psychology comes into the picture not by the next step in a proper understanding of madness but by taking madness and cutting it off from its anchor. It now has no distinction except the one which reduces it to “nothing more than a sickness.”⁵⁸

To summarize this section, the ambiguous relationship between illness and mental illness and between patient experience and the conditions of the refined world act as red flags alerting us to a larger problem found in the structures of psychology itself. This problem comes from a division between the theory and practice where neither can justify the other, but both are used to address and explain the disorder. Overlooking the root of these practices is especially concerning because it ignores the unexplainable tragic elements of human life found in nonrational experience. Modern theory truncates the reach of madness because it is no longer a part of the larger nonrational, no longer connected to other mysterious and mythical human phenomena, but is placed under the classification of a medical illness to be treated. Rejecting magical and spiritual explanations in other areas of human life, modernity also does away with any mysterious link of madness to the nonrational, thereby creating the division at the core of psychology.

C. THE CONSEQUENCES OF THE DIVISION

The division between theory and practice found at the heart of psychology plays out in unexpected ways in both its general practices as well as in individual experiences of patients. In terms of general practices, while we may not see parades outside mental hospitals in our own towns, there are other activities which parallel events like the carnival of

⁵⁷ *History of Madness*, 339.

⁵⁸ *Ibid.*

the mad and counter a purely scientific narrative. A primary example of this is found in the strong emphasis on visual and performing arts in communities of people experiencing mental disorders. This emphasis reveals both a need in those communities to express themselves through art and an interest in the others outside of those communities to view these expressions. At the Austin State Hospital, for example, the patients are encouraged to take painting classes and create works of art. Their artwork is then displayed throughout the facility, including the administration offices, and also sold to support the Volunteer Services Council at the hospital.⁵⁹ The name of the art program is “Insights” with the tagline: “unique art created by the patients of the Austin State Hospital.”⁶⁰ The title “insights” shows that this visual art is more than therapeutic activity for the patients and can also be a way of communicating truths about the world. It prompts us to ask whether there may be insights, expressed in the art, that mental patients can teach us about human experience.

Not only are visual arts emphasized but performing arts are encouraged as well. A non-profit in Minnesota called The Interact Center encourages people with all types of accessibility to participate in visual arts and performing arts. Their performing arts program puts on a regular full production every year. Ironically, their production for 2017 was titled “Feast of Fools,” where the actors, which included those with and without disorders, reenacted the medieval day on stage.⁶¹ Just as Foucault noted the connections between the feast of fools and the carnival at the hospital, here too we should observe an underlying force behind the old costume and this modern program. The performance of the feast of fools, like the visual art above, pushes us to ask whether or not these productions are just for amusement or if there is an expression of a deeper side to disorders that is being exposed here. At the very least, these general expressions demonstrate that the modern theory of psychology is missing something insofar as it fails to account for the need of public artistic expression.

In an even stronger way than these general practices, the individual experience of patients illustrates the crack in the foundation of psychology; here, we will look at the experience of guilt and the resistance to medical diagnosis in patients. Beginning with the experience of guilt, we find that, while psychology has done away with any ties to morality, patients continue to express feelings of guilt in connection with their mental disorder. Foucault writes:

Psychopathology might feign surprise at finding feelings of guilt mixed in with mental illness, but they had been placed there by the obscure groundwork of the classical age.

⁵⁹ Austin State Hospital, personal tour and interview, August 24, 2017.

⁶⁰ Austin State Hospital, “Insights”. <https://www.austincoolart.com> (accessed June 11, 2020).

⁶¹ The Interact Center, “Feast of Fools”. <https://interactcenter.org/performing-arts/performances/feast-of-fools-2017/> (accessed June 11, 2020). See also the news article about the event: Andy Steiner, “In creating the new play ‘Feast of Fools,’ actors see disability as a creative advantage,” *MinnPost* October 18, 2017, <https://www.minnpost.com/mental-health-addiction/2017/10/creating-new-play-feast-fools-actors-see-disability-creative-advanta/> (accessed June 1, 2021).

It is still true today that our scientific and medical knowledge of madness rests implicitly on the prior constitution of an ethical experience of unreason.⁶²

While there are many reasons for the experience of guilt in mental disorders, as further explored in psychoanalysis, one key reason is due to the hidden historical structures which undergird the practices of psychology. Certain practices that arose from the classical and early modern age were designed to manipulate guilt in their patients. Although psychology no longer subscribes to a *theory* which allows for a moral judgment to be placed on those with mental disorders, some of the *practices* continue to elicit guilt in the patients because they are coming out of an ethical understanding of the nonrational and madness.

For example, the system of rewards and punishments developed by the early modern reformer Samuel Tuke of England was designed to give patients a “moral consciousness.”⁶³ If a patient made the wrong choice, he was made to see that the guilt was self-inflicted and that the “punishment [was] always offered to himself.”⁶⁴ This emphasis on moral therapy has faded away, but we still implement certain behavior management treatments, such as “cognitive behavioral therapy” (CBT), to condition individual behavior. Cognitive behavioral therapy, for example, claims to no longer be influenced by concerns of morality, and yet some of the motivations behind the behavior are similar. CBT promotes “helpful” behaviors and thought patterns but discourages “unhelpful” ones by setting goals and providing incentives for reaching those goals; it “focuses on changing behavior through pairing positive and negative reinforcement, or rewards and punishments, with behaviors that the person wants to increase or decrease.”⁶⁵ Due to the continued use of the “rewards and punishments” system, there will naturally be a propensity in patients to experience guilt when they do not meet the goals of the program and receive “negative reinforcements” for correction.

Notice also that the emphasis in the above definition of CBT is still on the individual person and what that person wants to change; just as the punishment was seen as self-inflicted in the past, there continues to be a burden of responsibility placed on the self for the resulting punishments and rewards. Psychiatrist Arthur Kleinman writes that this focus on the individual is part of the distortion in psychiatry: “[T]here is a bias in psychiatry in the very way knowledge is created, so that social causes and social remedies are minimized and even denied. Prevention ... is configured as the choices and behaviors of individuals.”⁶⁶ Feelings of individual guilt is further shown in how people describe their experience of mental disorders. A recent study on blogs written by people diagnosed with depression, conducted by Joanna Moncreiff, Maev Conneely, and Paul Higgs, found that

⁶² *History of Madness*, 91.

⁶³ *Ibid.*, 487.

⁶⁴ *Ibid.*, 485.

⁶⁵ Elizabeth Hartney, “Cognitive Behavioral Therapy For Addiction: An Evidence-Based Psychological Technique For Treating a Range of Addictions,” *Very Well Mind*. <https://www.verywellmind.com/cognitive-behavioral-therapy-for-addiction-21953> (accessed June 1, 2021).

⁶⁶ Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience* (1991), 75.

over and over again the bloggers “described their recovery in moral terms.”⁶⁷ Discussion of mental disorders continues to use the vocabulary of morality, but rather than seeing how feelings of guilt may have social or historical factors, psychiatry places all the responsibility on the individual to make the right choices to prevent and treat the disorder.

Another example of the reward and punishment system is found in the practice of prescribing “cold showers” for the treatment of the mad. Although cold showers have been part of the history of madness since ancient times, the early modern reformer Philippe Pinel of France integrated cold showers into his methods as a form of punishment; it was a way of organizing things so that the “mad recognize themselves in the world of judgment.”⁶⁸ In the mid-twentieth century, cold showers, called “hydrotherapy,” continued to be used. Although no longer explicitly for punishment, they were employed for the calming effects on the patients, and, as a result, all nurses and caregivers were required to be trained in the proper techniques.⁶⁹ Today, hydrotherapy is no longer officially used, but the practice of cold showers is growing in popularity and is still recommended to help treat mental disorders.⁷⁰ A new scientific explanation is given for its benefits, but, again, it is important to note that it comes *after* the use of the practice. In other words, the same practice once justified by its ability to produce guilt is now validated by a scientific theory. It would then follow that practices, like this one, could still prompt guilt in the patients and, without a look at their history, there would be no way to explain this phenomenon.

In addition to guilt experienced by the individual patient, there can also be guilt expressed by the family of the patient. Families may wonder whether or not their behavior toward the person or the behavior of others around the person may have contributed to the disorder. For many, however, these kinds of speculations about social or familial influences often prove “too difficult” and preference is given to a scientific theory, as Kleinman relates:

[T]he exploitive orientation of the media to the latest scientific breakthroughs assures that biological rather than social issues will receive attention. Even the families of the mentally ill find biological causes more acceptable, since they indicate that mental illness is like all other disorders and *they remove some of the burden of guilt.*⁷¹

Due to social pressures from the media, as Kleinman relates, and due to modern cultural structures, as Foucault tells us, the highlighted explanation for mental disorders is a scientific account of biological factors. If the family feels guilty for the condition, our modern theory tells them that their guilt can be alleviated by the notion that the condition has

⁶⁷ Joanna Moncrieff, Maev Conneely and Paul Higgs, “Medicalising the Moral: The Case of Depression as Revealed in Internet Blogs,” *Social Theory & Health* (2020).

⁶⁸ *History of Madness*, 501.

⁶⁹ Rebecca Bouterie Harmon, “Hydrotherapy in State Mental Hospitals in the Mid-Twentieth Century,” *Issues in Mental Health Nursing* 30:8 (2009), 491-494.

⁷⁰ Peter Bongiorno, “A Cold Splash—Hydrotherapy for Depression and Anxiety,” *Psychology Today*. <https://www.psychologytoday.com/us/blog/inner-source/201407/cold-splash-hydrotherapy-depression-and-anxiety> (accessed June 1, 2021).

⁷¹ Kleinman, *Rethinking Psychiatry*, 73, my italics.

nothing to do with their own actions toward the person but has been purely biologically caused. And yet, even though psychiatry cannot account for the presence of the guilt for the family, we cannot disregard that they continue to express guilty feelings and search for ways to dismiss them.

To be clear, it is not the point to say that these practices — in the past called “rewards and punishments” and “cold showers” and later called “cognitive behavioral therapy” and “hydrotherapy” — are poor or unhelpful in themselves. In fact, much of the evidence shows a certain amount of effectiveness in them. And I am certainly not denying that there are key biological factors in mental disorders as both biological and cultural influences need to be addressed; for it is, as Kleinman states, the “models of culture-biology interactions” that give the fullest picture of disorders.⁷² But it is through analysis of these practices and these feelings of guilt that we become aware of the roots of these phenomena: because practices were used in the past to manipulate guilt in patients, guilt may still be present in the way these practices are carried out today. If we ignore the link between guilt and madness of the past, then we will not be aware of certain consequences found in the experiences of those struggling with mental disorders now.

To understand guilt in the experience of mental illness, we must realize that modernity has not completely severed the tie of madness to the dark nonrational, as we found in the previous section. Foucault explains how this link carried over from the classical age still seeps into psychiatry today leading to the continued feelings of guilt:

Madness found itself side by side with sin and it is perhaps from there that stems the immemorial linking of unreason and guilt that the alienated [*l'aliéné*] today still feel to be their fate, and which doctors discover as a truth of nature. In this artificial space created out of nothing in the mid-seventeenth century, dark alliances were created, which more than 100 years of so-called ‘positive psychiatry’ have never managed to break.⁷³

Because of the way madness was tied to immorality in the classical age, there remains an unspoken link between mental disorder and guilt which can still be felt. Outwardly, we claim that it is no fault of their own that people struggle with mental disorders and that they certainly do not deserve moral condemnation, but what do our practices actually demonstrate? What do the families who surround the patient actually feel? Foucault states that an alliance between madness and the tragic force of the nonrational has never been successfully broken. Rather than trying to get rid of the guilt, we can recognize its presence and its deep connection to our human experience. This alliance may never be able to be dissolved, but it is something that should be acknowledged as opposed to ignored.

In addition to the experience of guilt, another example of a consequence of psychology’s division can be seen in the resistance to mental disorder diagnosis in patient experience. If having a mental disorder is just another physical illness needing to be cured,

⁷² *Ibid.*, 27.

⁷³ *History of Madness*, 86. French: Foucault, *Histoire de la folie à l’âge classique* [1961] (1972), 120. The French term “l’aliéné” can be used as another name for the mad (*les fous*). The reference here is to that specific group of people as opposed to alienated people or outsiders in general.

such as allergies, asthma or even cancer, then why do patients diagnosed with mental disorders feel as though they are undergoing a change in their identity as a person? This shift in identity can be so strong that some will resist and claim that the given diagnosis is not accurate. Certainly, a diagnosis of a physical illness can change one's life as well, such as the devastating news of cancer, but there appears to be a difference in that those with mental disorders feel as if the diagnosis decreases their actual humanity.

Drew Ninnis explores this further by relating Foucault's approach specifically to the changes that were included in the 2013 Diagnostic and Statistical Manual of Mental Disorders V (DSM-5), the national guide for all psychopathological diagnoses in the United States. Ninnis writes of a patient who, after being diagnosed with schizophrenia, remarked, "It's like a death sentence when somebody tells you that you have schizophrenia."⁷⁴ This statement illustrates how patients may feel as if their human identity has been reduced to something else — a being that can only be known as a schizophrenic. Patients may push back against a diagnosis of mental illness because they feel that the modern classification system has a dehumanizing effect and sense that there is something more behind the psychological analysis than scientific evidence. Ninnis concludes his article by stating: "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 dehumanizing and in denying the terms of their own biological finitude wish to repossess the terms of their own constitution."⁷⁵ The underlying crack in the foundation of psychology provokes questions about the validity and scope of the diagnoses and cures being offered, especially when it is coupled with a feeling of objectification.

In a study on the effects of diagnosis, one patient, who was diagnosed with major depressive disorder, writes this after his visit with his doctor: "I don't think he heard me. I wanted him to listen to me not for the diagnosis, but for the story ... Depression may be the disease, but it is not the problem. The problem is my life."⁷⁶ For this patient, he felt that the doctor was too quick to give him a diagnosis, prescribe some medicine and assure him that this will fix the problem. While depression may be the correct diagnosis, the patient pushed back against this label knowing that it was more complicated than that; he felt that there were deep problems in his life that must be acknowledged as well. Kleinman interprets this experience: "The patient feels that in constructing the disease, [the doctor] has neither fully elucidated the anguish of his illness experience nor allowed him to express the range of depth of the problems that beset him."⁷⁷ Here anxiety and extensive suffering have been "detached from its truth," as Foucault states, separated from the reality of madness, and pushed aside.⁷⁸ In its place, we label the experience as the medical

⁷⁴ Drew Ninnis, "Foucault and the Madness of Classifying Our Madness," *Foucault Studies* 21 (2016): 117.

⁷⁵ *Ibid.*, 137.

⁷⁶ *Rethinking Psychiatry*, 87.

⁷⁷ *Ibid.*, 90.

⁷⁸ *History of Madness*, 339.

condition of depression which can be fixed by medication, just as this particular doctor tells the patient: "... a few sessions of psychotherapy can really help, but meds are what will get you better."⁷⁹ Although a diagnosis may be part of the picture, some patients resist it because they feel that it does not do justice to their true experiences and depth of pain.

The general practice in mental health communities that emphasizes art expressions and the individual experiences of obscure guilt and contention against diagnosis are examples of consequences that arise out the historical structures behind psychology. While there are many other areas that we could explore, this gives us a taste for how the division between the scientific theory and the actual practice of psychology impacts the world of mental health today.

D. CONCLUSION

Spurred on by the unusual event of the carnival of the mad, this paper helps expose the facade that psychology rests only on the theories of modern science. This mask, so to speak, needs to be pulled off so that we can see how psychology originates in a division between a theory that arises from modern science and a practice which still contains remnants of the past constructions of madness. These past constructions, however, have needed elements of truth, even in the modern sense, and erupt in expressions found in carnivals, art and experiences of the patients. An awareness of this forgotten origin of psychology will help us to understand the full experience of both practitioners and patients in the modern world of psychology and, as a result, be able to offer more holistic support.

Uncovering the origin of psychology is not always a pleasant or popular activity. It means facing some of the tragic strands of the human condition, such as the force of the nonrational, found in our experience and in our history. Foucault writes in his updated chapter five of *Mental Illness*, "It is this relation [between reason and unreason] that, despite all the penury of psychology, is present and visible in the works of Hölderlin, Nerval, Roussel, and Artaud, and that holds out the promise to man that one day, perhaps, he will be able to be free of all psychology and be ready for the great tragic confrontation with madness."⁸⁰ For Foucault, the eruptions in the arts are a sign that the poverty of modern psychology will one day be realized and the deeper truths of the human experience will be confronted. This confrontation involves a descent into the darkest places of human experience, and it is only then that psychology can reach its fullness. Foucault provocatively ends his article "Scientific Research and Psychology" with: "Psychology can be saved only by a return to Hell."⁸¹ If we truly desire to bring unity to the discipline of psychology, we must look at some of the darker aspects of patients' experiences and be aware of the historical structures of society which may be shaping these experiences; we must,

⁷⁹ *Rethinking Psychiatry*, 85.

⁸⁰ Foucault, *Mental Illness and Psychology*, 75.

⁸¹ Foucault, "Recherche scientifique et la psychologie," 186: "La psychologie ne se sauvera que par un retour aux Enfers."

in a way, descend into Hell in order to grasp the deep pain of madness so that we can find a way to ascend beyond it.

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