

## REVIEW ESSAY

**Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973-1974*. Edited by Jacques Lagrange. Translated by Graham Burchell (New York: Palgrave Macmillan, 2006). ISBN: 1-4039-6922-1**

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[S]ometimes something like an enigmatic and indecipherable secret, which may have been overlooked or cast aside but which actually contains the essential, falls into someone's hands. And this secret, so secret that we do not know it is a secret unless, precisely, we have undergone the ritual initiations ... puts us on the track of something ...<sup>1</sup>

Fortunately, the lectures comprising the book under review are no longer 'secret', and are now falling into the grateful 'hands' of Foucault enthusiasts who are finding themselves on a fresh 'track' in their Foucault reading. Given between 7<sup>th</sup> November 1973 and 6<sup>th</sup> February 1974, and hence in that relatively long interval between the publications of *L'Archéologie du savoir* (1969) and *Surveiller et punir* (1975), these lectures are instructive in how Foucault returns to the rough empirical ground of *Histoire de la folie à l'âge classique* (1961) – thus leaving behind the studies of the mid to late 1960s, with their focus on ideas, discourses and statements – but now with conceptual equipment and substantive concerns intimating what was to arise in his later work on disciplinary power, biopolitical governmentality and sexual self-fashioning. In the process, the lectures suggest important continuities between the 'archaeological' and 'genealogical' strains of Foucault's earlier and later inquiries, less the break between them that is sometimes trumpeted in the secondary literature, and in this respect they inhabit similar 'meta-theoretical' ground to the already-published lecture series of both 1974-1975 (*Abnormal*) and 1976-1976 ("*Society Must be Defended*"). More broadly, they revolve around the whole question of 'truth': of how it gets told, acknowledged as such, circulated, acted upon, ossified and maybe transformed. Yet, the contents of *Psychiatric Power* (hereafter *PP*) do not require the reader to be

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1 Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973-1975* (New York: Palgrave Macmillan, 2006), 241.

fully inducted in the 'ritual initiations' of Foucauldian scholarship; indeed, they are for the most part surprisingly accessible in this most fluid of translations, and they are potentially offering up 'secrets' of enormous interest to diverse historians (and other scholars) of madness, asylums, psychiatry and psychoanalysis.

As Foucault makes clear,<sup>2</sup> the lectures here cannot but refer back to issues covered, absences within and limitations afflicting *Histoire de la folie* (hereafter *HF*). In an empirical sense, he now tells the story of how 'psychiatry' – sometimes he will say 'proto-psychiatry' – emerged, changed and begat other projects during the course of the nineteenth century, thus picking up various substantive threads left dangling at the close of *HF* (when the late eighteenth century 'liberation' of the insane by Pinel runs into a thumbnail critique of both nineteenth-century asylums and the origins of psychoanalysis). In a theoretical sense, he critiques *HF* for lacking an adequate conception of power, and he begins to develop an outline theory of 'disciplinary power', as distinct but not neatly disentangled from 'sovereign power', which was to become the underlying architecture of *Surveiller et punir* and a connecting ligature into everything that then followed in his studies of governmentality, sexuality and the self. In a political sense, he explicitly engages with the politics of mental health, notably the anti-psychiatric movement, at the same time as opening much more of a space than in *HF*<sup>3</sup> – although arguably still a strangely constrained space – for resistance to surface in the guise of voices, behaviours and other irruptions of and from the patient body (individually and collectively). At the same time, the lectures contain a great deal of material, and entertain a wide range of issues (for instance, 'idiocy' and childhood, as well as neurology and psychoanalysis), not really developed at length in any of Foucault's other writings. The lectures are empirically rich, drawing upon a wide range of primary source materials – mainly French, but also English – in a manner that ought to allay the standard historian's complaint about Foucault's cavalier generalising and lack of scholarly rigour. Such has been a common attack on *HF*, but *PP* sees Foucault using sources more familiar to these historians – case notes, medical treatises in the proto-psychiatric literature, even state commissions of inquiry<sup>4</sup>

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2 Foucault, *Psychiatric Power*, 12-16.

3 Arguably, the only 'resistance' in *HF* arises as the most gifted representatives of 'madness', those carrying the hidden truths of this great 'phenomenological' otherness of Madness (with a capital 'M'), the geniuses like de Sade, Nietzsche and Van Gogh, are allowed to pierce the surface calm of rationality (of Reason triumphant) with their 'mad' productions. This is a somewhat romanticised, arguably apolitical, vision of resistance with little connection to the real struggles of 'psychiatric survivors' and their kin.

4 It might be noted that the scholarly 'appearance' of *Psychiatric Power* has been considerably enhanced by the copious endnoted references to sources (primary documents and secondary texts) prepared by Lagrange, presumably based in part on

– and thereby another claim is that *PP* also builds methodologically upon the approach taken by *HF*.

### **Psychiatric power, disciplinary power, family power**

The lectures are about ‘psychiatric power’, installed during the nineteenth century but, by the logic of Foucault’s account, still very much the base-line of the encounter today between the psychiatrist and the patient. At bottom, this power arises as the proto-psychiatrist comes to exercise power over his (always ‘his’) patients within the context of a combative relationship between the two, a play of two *wills* where the fundamentally unequal contexts and contours of the struggle involved almost always end up favouring the former over the latter.<sup>5</sup> It is all about the detailed strategies – or perhaps better, local tactics – whereby ‘mastery’ over the patient is achieved by the psychiatrist, often but not always through his absent presence since in practice all manner of administrators and attendants serve to (re)create ‘his’ embodied mastery from minute to minute. The point, though, is that asylum space has to be imbued with the psychiatrist’s rule, thereby imprinting upon it a constant relation of power – cool, calm, efficient power – enacted with the perfection of the military tactician. It is a relation that might involve a measure of violence, perhaps physical restraint using a strait-waistcoat or applying cold showers and rotating chairs, but by and large it is distinguished from the randomly violent acts of previous ages (the blows and beatings in the darkened cellar). This relation is what is fundamental, what has to be grasped, not the asylum *per se*; and here Foucault distances himself to some extent from the focus on the asylum in *HF*, but also from those anti-psychiatrists who see the main problem in the treatment of madness as the institution (the big, blocky institutional form of the asylum or mental hospital). While in practice deriving considerable inspiration from the anti-psychiatrists – with whom he had not been familiar when writing *HF*<sup>6</sup> – he nonetheless feels that their analysis is compromised by focusing on the asylum, as itself what seemingly produces abusive relations between authorities and patients, rather than on what is *really* at the heart of matters: namely, the deeply unequal nexus of power between psychiatrist and patient, played out in countless ‘psychiatric

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evidence left by Foucault himself regarding sources consulted as well as derived from Lagrange’s own trawls.

5 In this respect, it is perhaps telling that Foucault keeps much of his analysis in the present tense; so that, even when discussing the tactics of, say, a mid-nineteenth-century physician, he is implying that equivalent tactics – and, more broadly, an equivalent form of relation – can still be found ‘in play’ in the present. Of course, Foucault’s problematic of writing ‘the history of the present’ is also very much in the weave of these lectures.

6 See especially Foucault, *Psychiatric Power*, 13-14.

scenes' (see below) as the key precondition for the appearance of modern psychiatry and its many derivatives (meaning the diffusion of the so-called 'psy-functions', including both neurology and psychoanalysis).<sup>7</sup>

This is an anonymous engagement of powers, set within an overall field of forces – of combats – comprising a specific version of a more generalised disciplinary power. Here, especially in lectures three and four, Foucault is clearly anticipating *Surveiller et punir* and providing a statement of fundamental changes in the disposition of power, albeit not positing a simple historical break from sovereign to disciplinary power. In fact, he spends some time on continuities: firstly, on how disciplinary power emerged in 'deeper' history, especially in monastic institutions; and secondly, on how more violent, coercive forms of power survived after circa 1800 (on occasion being entirely functional in newer forms of power).<sup>8</sup> Nonetheless, he does still identify a departure from older forms of sovereign power, anchored in the figure of the monarch or equivalent (eg., the father) who exercises authority in an essentially arbitrary, discontinuous and often violent ('terror-ific') kind of way. Similarly, there are impressively clear statements about how newer forms of disciplinary power comprise "a micro-physics of power",<sup>9</sup> a terrain of orders, relays and transmissions permeating many different walks of life. Familiar Foucauldian themes emerge: the facility of surveillance, the minute orderings of activity in time and space, the dressage of the body,<sup>10</sup> and the appearance of particular institutional forms to be the crucibles of disciplinary power in the sense of 'modelling' precisely how such power might operate. In this latter regard, it is intriguing to find Foucault referencing the Panopticon,<sup>11</sup> where he expressly recognises that Bentham's model was precisely that, a 'model', and elaborates how the body here is indeed the locus of a fiendishly clever system allowing power to be exerted on one mind by an absent other (mind). On many pages of *PP*, meanwhile, we hear about the play of power in and across asylum spaces, albeit always configured as doctor-patient combats, and lecture eight – discussing "the asylum microphysics of power" and the medical-administrative 'direction' of the asylum as "a medically demarcated space"<sup>12</sup> – is perhaps the key 'missing link', as it were, between *HF* and *Surveiller et punir* (or between the asylum and the prison). It must be

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7 See especially Foucault, *Psychiatric Power*, 344-345.

8 He writes: "disciplinary power, in its specificity, has a history: it is not born suddenly, [but] has not always existed, and is formed and follows a diagonal trajectory, as it were, through Western society" (Foucault, *Psychiatric Power*, 40).

9 Foucault, *Psychiatric Power*, 16, 33.

10 The significance of the body as that on which power works, exercising power on the corporeal body and from there also 'the soft fibres of the brain', is underlined in Foucault's suggestion that disciplinary power "could be called the synaptic contact of bodies-power" (Foucault, *Psychiatric Power*, 40).

11 Foucault, *Psychiatric Power*, 41, 73-79.

12 Foucault, *Psychiatric Power*, in abstract of contents for lecture eight, 173.

appreciated that Foucault sees the psychiatrist in the asylum as formally equivalent to the supervisor of a prison, and that the former's mobilisation of power is not peculiar to nor sanctioned by his medical status or access to some privileged realm of medical knowledge about madness: instead, such status, complete with claims to specialist knowledge, is itself seen as deriving *from* the effects of psychiatric power (the disciplinary power achieved by the successful physician over the chaotic populations of the mad).

Before saying a little more about the doctor-patient relation within asylum space, it must be acknowledged that a big difference between *HF* and *PP* lies in how Foucault treats the family. In *HF*, the 'family model' was presented as something very much produced in, as structurally of a piece with, the new forms of dealing with madness after the late 1700s; as a particularly significant means by which 'moral' control could be exerted over the mad by making them into 'children', treated kindly and with respect, but also with the expectation of respect being returned in the guise of good conduct (in short, the performance of sanity). The prime model for this account was that of the Tukes' York Retreat, opened in the 1790s; and understanding the patriarchal relations established in this asylum between 'Old' William Tuke (the father-figure) and his patients is crucial to the logic of arguments threading through *HF*. The implication is that this Tukean family model, replicated throughout countless public and philanthropic asylums overseen by male Medical Superintendents, prepared the ground for the Freudian relation of analyst and analysed that was to appear circa a century later. In such a family regime, the mad person would be forced to behave, to develop sane conduct, to gain self-mastery that was in no way a 'cure' – as in tackling the real causes of someone's mental unwellness – but could readily be taken as such. This prioritising of the family becomes problematic in *PP*, however, chiefly because it is so obviously a form of sovereign power that – by the lights of Foucault's new analytics of history – was waning in late 1700s Western Europe and about to be replaced by disciplinary power. Thus, in order to be consistent, if nothing else, Foucault now has to downplay the importance of the family model in the early 1800s asylum system; and so at various moments in lectures four and five he duly insists that the two forms of power, psychiatric and sovereign, were fundamentally disjunct. Even so, he then leaves himself the task of showing how the family was still functional to psychiatric power, both outside the asylum (as the source of patients who needed to be 'released' from the family to the care of the psychiatrist) and inside the asylum (as family models of operation, akin to that at Mettray,<sup>13</sup>

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13 The Mettray colony for delinquent boys (opened circa 1840s) occupies a pivotal if neglected place in *Surveiller et punir*, positioned by Foucault as evidence for the maturation of disciplinary power (or a diffuse 'panopticism'). It was ostensibly organised on a 'family model', installing pseudo-families of boys under the direction of stand-in father figures, but here Foucault casts its family organisation as a reworking of



were progressively refined and installed in the fabric of the asylum). There remains a strain in his reasoning here, though, since, unlike in *HF*, he is now pushing against the considerable evidence – found in the York Retreat but also elsewhere<sup>14</sup>– of a family model, explicitly understood and activated as such, present within the earlier asylums (public, charitable and private) operating before the mid-1800s. In short, to position proto-psychiatric power as *so* different from family power in the earlier years of the nineteenth century strikes me as a touch quixotic, driven more by theoretical fiat than empirical warrant. More productively, though, spotlighting the relations *between* the family and the emerging psychiatric nexus does enable Foucault to detect, and to anticipate, a new cast of issues germane to further claims in *PP* about how psychiatric power eventually played *back* upon the family as part of the diffusion of the ‘psy-functions’ mentioned above.<sup>15</sup>

### **Psychiatric scenes, doctor-patient relations, surpluses and realities**

Whereas the underlying architecture of *HF* entailed a spatial history concerned with the making and marking of exclusionary lines between the sane and the mad (between Reason and Madness),<sup>16</sup> *PP* develops a ‘scenography’ of psychiatric power reconstructing less the starkness of exclusions and more the thoroughly entangled power relations between doctors and patients (mostly but not exclusively within asylum spaces). Foucault indicates that his lectures will offer “a history of ... psychiatric

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‘military’ regimen under the sign of disciplinary power: see Foucault, *Psychiatric Power*, 84-85.

14 For a detailed assessment of the family regime at the ‘Retreat’, complete with its paternalist power relations as filtered through the deliberate creation of a ‘home-like’ environment, see Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: The Space Reserved for Insanity* (Lewiston, Queenston and Lampeter: Edward Mellen Press, 2004), 480-490. Chap.5 of the same book also includes evidence of similar regimes operating in a number of private madhouses (at bottom profiteering establishments) from at least the late 1700s onwards.

15 There is an entirely new argument surfacing here in *PP*, albeit one that cannot be pursued here. It ties in with what Foucault debates at greater length in the *Abnormal* lectures about the role of psychiatry in conjunction with the judiciary and other specialist bodies of knowledge, particularly as let loose in legislating on what ought to be ‘normal’ patterns of child development, when formulating a broader field in which human ‘abnormality’ becomes identified, pathologised, operated upon and deployed as a ‘space’ of limits (beyond which human being, thought and action should not transgress).

16 For accounts of *HF* stressing this spatial history, see Philo, *A Geographical History*, esp. chap.2; Stuart Elden, *Mapping the Present: Heidegger, Foucault and the Project of a Spatial History* (London: Continuum, 2001), 120-133.

scenes" complete with attention to "the detailed morphology of these scenes,"<sup>17</sup> and the result is a close engagement with specific persons, places and events culled from in-depth reading of primary documents, the object being to illustrate the myriad practical tactics pursued by physicians (and their underlings) when seeking to manipulate madness. Tracking a loose chronology through various scenes variously described as 'proto-psychiatric', 'psychiatric', 'psychoanalytic' and 'neurological', Foucault follows a "series of scenes"<sup>18</sup> – full of ceremony, ritual, procedures, practices – bearing witness to certain underlying principles arising to govern the 'game' of psychiatric power from its origins in the late 1700s through to its hegemonic status in the present (although his empirical detail runs out in the early 1900s). The first scene about which we hear, in lecture three, concerns the madness of George III, an English monarch of the late 1700s, and more specifically how the monarch's mania was controlled by his physician, Francis Willis, whose own highly embodied control of the troubled sovereign could be effected even at a distance thanks to a "an anonymous, multiple, pale, colourless power ... which is basically what I will call disciplinary power."<sup>19</sup> Foucault brilliantly disinters the precise mechanisms involved, and unsurprisingly delights in this highly tangible example of "a sovereignty that is disappearing ... caught up in a disciplinary power that is [at the same time] being constituted,"<sup>20</sup> although there is a slight empirical problem that – despite Foucault's emphasis on the absence of Willis, thereby implying the anonymity of proto-psychiatric power – other accounts always underline the very particular qualities of Willis *himself* (his own charisma, his own fearful gaze, his insistence on the king trusting *him* alone and *his* judgment).<sup>21</sup> The inference is that *not just anybody* could have occupied the decisive position within this power relation, one demanding George III's submission to bodily intervention by attendants bearing the sanction of Willis and none other, and it occurs to me that the *specific* personages of the physicians encountered in various other scenes related by Foucault *do* matter (and that he is probably well aware of this fact too). Thus, there is a counter here to the principle of anonymity and substitutable authority claimed as integral to disciplinary psychiatric power, although in practice I am unsure how damaging this particular critique is to the broader span of Foucault's reasoning in *PP*.

In various ways and with varying emphases, lectures five to eight interrogate a diversity of scenes through which the engagements of psychiatric power can be revealed. There is much compelling detail on offer, telling of situated tactics deployed by physicians such as de Boismont,

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17 Foucault, *Psychiatric Power*, 31-32.

18 Foucault, *Psychiatric Power*, 29, 32.

19 Foucault, *Psychiatric Power*, 22.

20 Foucault, *Psychiatric Power*, 23.

21 See Philo, *A Geographical History*, 313, notes on 401-402.

Blanche, Georget, Leuret and many others, but a number of pervasive themes emerge. One is the extent to which “the psychiatrist’s body is the asylum itself; ultimately, the asylum machinery and the psychiatrist’s organism must form one and the same thing,” so much so that “[t]he entire asylum space is covered with his eyes, ears and actions.”<sup>22</sup> In practice, such a complete dominion could never be fully accomplished – and maybe Foucault pays insufficient attention to ‘holes’ in the physician’s net of control – but it cannot be disputed that, to use a classic Foucauldian formulation, there was a deep-seated ‘will’ on the part of the proto-psychiatrists to establish such a total dominion (a will, together with multiple tactics for endeavouring to realise this will, that was then bequeathed to the medical-psychiatric establishment of later eras). In the course of Foucault’s account our attention is drawn to two intersecting ‘surpluses’, the first being the more obvious, concerning as it does the *surplus power* that the psychiatrist possesses over the patient: “the surplus power situated definitively on the side of the other,”<sup>23</sup> where ‘the other’ is the physician, the proto-psychiatrist on the way to being the fully-fledged psychiatrist as the nineteenth century progresses into the twentieth. For Foucault, this unequal power relation – “the question of dependence on and submission to the doctor as someone who, for the patient, holds an inescapable power” – remains an element that will “stubbornly recur throughout the history of psychiatry.”<sup>24</sup> It is also signal that when Foucault explores the ‘generalisation’ of psychiatry into different walks of life, describing a ‘diffusion’ that carries with it just as much the ‘archaic’ dynamics of psychiatric power as it does any ostensible ‘expert’ knowledge,<sup>25</sup> a defiantly critical tone remains, one implying that these iniquities of power are then reproduced throughout a whole arsenal of socially controlling functions, many informed by the so-called ‘psy’-disciplines, becoming available in the modern West and beyond.

The second surplus is perhaps more unexpected, in that Foucault argues that the psychiatrist strives to impose *surplus reality* upon his patients in the asylum. At first sight this seems an odd claim, in that the patients have been deliberately removed from the everyday realities that previously surrounded them, those of home, street and workplace, and instead incarcerated in the entirely alien environment of the asylum whose daily round – sleeping in cells or wards, eating in communal dining rooms, pacing without purpose around corridors and exercise yards, etc. – is quite apart from the ‘reality’ lived by most of society’s citizens. What Foucault is getting at, however, is the

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22 Foucault, *Psychiatric Power*, 182.

23 Foucault, *Psychiatric Power*, 177.

24 Foucault, *Psychiatric Power*, 177.

25 Especially in Foucault, *Psychiatric Power*, lecture nine, which ideally should be discussed at greater length in this review (but both space and my own need to digest more fully its many implications preclude such a treatment here).



manner in which the nineteenth-century psychiatrist, unlike his predecessors from earlier centuries who would either ignore or indulge the patient's 'ramblings', now confronts the patients' delusions, their own version of reality, with the *actual* realities of their own state, reduced to existing in an asylum precisely because they have failed adequately to acknowledge the real world and its demands beyond the asylum gates. There is a certain 'tautology' here, then, in that patients are removed from 'normal' reality as a means of getting them better to recognise, respond to and deal with that very reality. What Foucault documents is a subtle management of patient 'needs', their real bodily ones for food, water, warmth and some freedom to move around, in generating an asylum 'economy' wherein patients (believe that they) have to renounce aspects of their madness so as to persuade their keepers to continue meeting these needs. Patients are forced to accept their 'official' identity, and rather than speaking their own truth, their own madness as it were, they are coerced into "first person recognition of [themselves] in a particular administrative and medical reality constituted by asylum power."<sup>26</sup> At the same time, the psychiatrist takes away any 'pleasure' that the patients may enjoy in their own madness, even or perhaps especially within the asylum, forcing them to perform sanity in the sense of (apparently) apprehending, responding to and operating within the 'same' horizons of the real as everybody else (or, at least, everybody else who is not a patient). In this "game of reality",<sup>27</sup> wherein psychiatric power acts as "a sort of intensifier of reality to madness,"<sup>28</sup> the patient is compelled at bottom to confront the reality which is the aforementioned surplus power of the psychiatrist. This surplus is converted into a surplus of reality, a surplus produced by the 'direction' of the psychiatrist, that is ushered in to replace – to do combat with – whatever 'reality' has previously been envisaged and experienced by the patient. To put matters another way, linking with the still-broader focus of *PP*, the patient's truths are bludgeoned into submission by the psychiatrist's truths; *but* the crucial irony is that the psychiatrist has *no* truths, he is no possessor of true medical knowledge about madness as illness, and in fact his only 'real truth' is that he has worked out a few tactics for cajoling mad people into acting not-mad.

### **Truth, resistance, hysteria**

In keeping with concerns traversing much of Foucault's corpus from the late 1960s through to the late 1970s, *PP* is indeed an inquiry into truth, conceived here as an 'effect' arising from the production of knowledges that tend to be

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26 Foucault, *Psychiatric Power*, 161.

27 Foucault, *Psychiatric Power*, 1751

28 Foucault, *Psychiatric Power*, 143.

taken as truthful, as revealing the truths of the world, on account of who is speaking, when, where, with what authority, in what kind of voice, through what kinds of material mediums, and so on. Such a formulation, not so distant from that of *L'Archéologie du savoir*, is of course now supplemented with an alertness to power, to the intersections of power and knowledge; and as such *PP* repeatedly probes the processes whereby something called 'psychiatry' comes to be powerful, ostensibly because it 'knows' the truth of madness as illness, but really because it has already mastered a certain species of power – that of the proto-psychiatrist behind the high walls bounding asylum space – full of artful disciplinary tactics. Several pages of *PP* open a 'parenthesis' that "insert[s] a little history of truth in general,"<sup>29</sup> fascinating in its own right, but what drops from this digression is the tension – largely resolved in general medicine by the end of the 1700s, but remaining an acute problem for psychiatry through the 1800s and beyond – between the 'truth-sky' (a claimed, largely accepted, well-organised knowledge base with a purchase on the nature of pathology independent of individual cases) and the 'truth-thunderbolt' (a momentary shaft of knowledge about a specific patient in a specific asylum, generated through highly practical techniques of truth-making, practical 'rituals' within the power-laden tactics of the psychiatrist, but hardly generalisable into something resembling the epistemic 'grid' available to the general physician). In various ways, Foucault explains how the proto-psychiatrists sought to evade this tension, grasping the outward trappings or 'tokens' of medical authority like the 'clinic' as the "staged presentation of the patient in which questioning the patient serves the purpose of instructing students,"<sup>30</sup> and thereby aiming to convince others (and perhaps too themselves) that they *did* possess a coherent body of psychiatric knowledge sanctioning their every action rather than merely an ability to discern the most effective tactics for quieting the disturbances of each individual patient. The illusion of a psychiatric truth-sky was duly fostered during the 1800s, buttressed by nosologies,<sup>31</sup> aetiologies and hypothesised organic causes of 'mental illness', but there remained multiple discrepancies – as Foucault relishes in telling us<sup>32</sup> – between the avowed 'medical theory' here, with its dubious and limited prescriptions for treatment, and the mundane tactics deployed day-to-day in sustaining good asylum order and, if possible, bullying particular patients into acting out a version of sanity.

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29 Foucault, *Psychiatric Power*, 235 (the whole digression covers 235-247).

30 Foucault, *Psychiatric Power*, 185.

31 However elaborate the nosologies in proto-psychiatric textbooks, the divisions between patients that remained meaningful and applied in practice were ones governed by the needs of management, between the calm and the agitated, the obedient and the insubordinate, the cleanly and the uncleanly, etc.: see Foucault, *Psychiatric Power*, 180.

32 See Foucault, *Psychiatric Power*, 179-181.

Once again, we arrive at the core critical claims of *PP*, wherein we spy the nakedness of psychiatric power, enacted time and again in the scenes of doctor-patient encounter, as the only real 'truth' involved, however much it might be cloaked by increasingly sophisticated concoctions of psychiatric knowledge. Yet, it is also at this point that Foucault makes a further move, initially a disconcerting one, by proposing that before and beneath all of the artifice that is psychiatric truth – the trappings of symptomatology, journal papers, white-coated clinics, etc. – there *is*, after all, still a profound sense in which psychiatrists (past and present) must face the 'truth' of whether someone is really 'mad' or just simulating the condition. By the early 1800s general physicians rarely had to ask if a patient was simulating, so Foucault asserts, and for them the key moment of decision had become a relatively straightforward one: what exactly to do in terms of intervention, medically-speaking, when a disease reaches its crucial turning-point with either life or death beckoning for the bearer of the disease. The situation for proto-psychiatry in the same period was different, since the question of genuine state or simulation was an ever-present, making it much harder for the practitioner to forsake an older configuration of truth – that of the trial or the test, demanding the flawed human act of judgment – with forebears in the likes of Medieval inquisition and torture. In the absence of being able to apply 'differential diagnoses' anchored in prior knowledge and logically prescribing relevant treatments, proto-psychiatry remained saddled with the need to make what was instead an 'absolute diagnosis': "Is this individual mad or not?"<sup>33</sup> In consequence, there was then – and arguably still is now – a stark decisionism at the heart of psychiatric power: the psychiatrist ultimately has to make the call as to whether someone is or is not mad; and, precisely because this is a question with such an unverifiable answer, the question must be continually asked (in effect, the patient is always on the spatial threshold of the asylum, always at the entrance, with the decision constantly needing to be made about whether they should enter or leave). Thus, the psychiatrist has little alternative but to be "deciding between reality or lie, reality or simulation,"<sup>34</sup> madness or not-madness, the upshot being to intrude a profound truth-provocation inextricably associated with each individual case into the heart of an activity beset by wholly unreliable truth-foundations.

In lecture eleven, Foucault discusses three techniques whereby proto-psychiatrists sought to ascertain this 'truth' of someone's madness – namely, questioning, drugs and hypnotism – but in the process he further refines his understanding of the psychiatric 'test' in play here, reconfiguring it as "a test of reality rather than a test of truth,"<sup>35</sup> in that what matters is establishing

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33 Foucault, *Psychiatric Power*, 251.

34 Foucault, *Psychiatric Power*, 251.

35 Foucault, *Psychiatric Power*, 268.

whether or not an individual's 'request' to be judged as mad can be translated into a real basket of symptoms appropriate for designation as 'mental illness' treatable by a medical expert in this field (the psychiatrist). The curious corollary of this test, when characterised as such, is that it exposes a measure of power that, notwithstanding everything said so far, the apparently 'powerless' patients can wield in their relationship with medical authority. Indeed, "there is a prodigious surplus-power of the patient, since it is the patient, in terms, precisely, of the way in which he [*sic*] undergoes and comes out from the psychiatric test, who will or will not establish the psychiatrist as doctor."<sup>36</sup> It is impossible to recount the details of what Foucault says about the three techniques of questioning, drugs and hypnosis, but what can be stated is that, through his careful rehearsal of these details, he elaborates the thesis that late nineteenth-century psychiatry had finally found a method – or, at least, *thought* it had found a suite of methods – for accessing, unimpeded, "the very functioning of the patient's body."<sup>37</sup> Actually, what he ends up arguing is that these three tools remain "the three elements with which psychiatric power, within or outside the asylum space, still operates today,"<sup>38</sup> but now largely bereft of the ambitions originally invested in them. In short, his conclusion is that the great hopes held for these tools or elements as offering an access to the 'truth' of madness as mental illness – as holding open the promise of being able to make scientifically accurate and replicable differential diagnoses free from the contaminating confusion of the potentially simulating patient – were to be sadly dashed, leaving *only* the techniques (themselves still ensnared in the 'archaic' dynamics of psychiatric power) as a trace of what had once been promised.

With the discussion of neurology and hypnotism, we reach, in lecture twelve, the climax of Foucault's claims, and we also find the implications of recognising that the patient could claw back some power, achieve some resistance, in the context of the psychiatric test (as noted a moment ago). The thematic interest of lecture twelve is chiefly the emergence of the 'neurological body', one whose surface might betray the workings of a real 'neurological illness', maybe through a trembling arm, a drooping eyelid, a dimple on the forehead, a lack of balance, or equivalent, and a body that might permit reliable inferences to be made about the organic bases for certain conditions catalogued under the umbrella of madness (or mental illness). The substantive lynchpin, meanwhile, is Charcot's studies at Salpêtrière in the later 1800s on so-called 'hysterics', the objective being to identify if their condition – often presented with physical symptoms of shaking, seizures and the like – might be classed as a 'neurosis' (close in form

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36 Foucault, *Psychiatric Power*, 269.

37 Foucault, *Psychiatric Power*, 288.

38 Foucault, *Psychiatric Power*, 288.

if not cause to the known neurological illnesses), rather than as a more imprecise (and clinically much less interesting) form of madness. The veracity of such a differential diagnosis was supposed to be guaranteed by the use of in-depth questioning, in which patients were invited to talk repeatedly not only about their symptoms but also about their case-biographies dating back into childhood, occasionally supplemented by hypnosis sessions in which it was presumed that patients could not fake anything. Publicly and professionally, Charcot confirmed that the hysterics were suffering from neuroses, and thus properly the charges of physicians trained in the emerging field of neurology; and he thereby “pathologised them,” enabling hysterics to be seen as patients and allegedly “rescu[ing] hysteria from the psychiatrists.”<sup>39</sup> Foucault suspects something else, however, and argues that the hysterics – battling against the label of ‘mad’ and conscription into the asylum system as just another ill-defined species of madness; perceiving benefits to themselves in presenting precisely the kinds of stable, repeated symptoms demanded by the ‘true’ physician influenced by the truth model of pathological anatomy – were most likely *simulators*, and hence were mounting a rearguard resistance to the whole psychiatry-asylum edifice created by the nineteenth century. Remarkably, Foucault goes so far as to depict “the hysterics as the true militants of anti-psychiatry,”<sup>40</sup> insisting that these hysterics elected to respond to the request for symptoms, to talk the ‘truth’ of what had perhaps caused said symptoms, precisely by relating multiplicities of symptoms (albeit ensuring some stability and much repetition in their accounts) and by disclosing at length their life experiences from childhood onwards, especially their problematic *sexual* ones. Foucault mentions Charcot’s private unease about such sexual display, less from prudishness it seems than from his concern that such sexuality was too easy a target for critics at the time who suspected the hysterics as simulators. Even so, what had been let loose was indeed sexuality, soon to become the target for a whole new array of ‘psy-functions’, psychoanalysis included, that closed the gap left for the resistant eruptions of the hysterics; and it is on this note that the lectures end by anticipating the contents of Foucault’s later writings on the history of sexuality.

## Final words

My review above has barely been a review, rather a hurried sketch of a complex, fascinating and challenging book, and I have hardly broken the surface of what the constituent lectures offer both individually and as a

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39 Foucault, *Psychiatric Power*, 308. It was someone called Guillian, whom Foucault refers to as “a contemporary neurologist,” who penned this line about Charcot rescuing hysterics from psychiatry.

40 Foucault, *Psychiatric Power*, 254.



whole.<sup>41</sup> Indeed, as I leaf back through the pages of *PP*, many issues, phrases, allusions and possible lines of elaboration tumble out at me, far more than can be conveyed in a review essay. I realise too that, a few hints aside, I have said little to indicate how the book might be received and used by different disciplines, particularly by the historians, sociologists, anthropologists and geographers of madness. Neither have I considered the extent to which *PP*'s deeply critical assessment of proto-psychiatry and its heirs, configured as at root the calculated tactics of how to gain power over the patient, can or ought to be itself critiqued; and in this regard it is unlikely that Foucault will win any more friends from the legions of psychiatry than he did with the publication of *HF*. Furthermore, I have only gestured at how the book might be read by specialists wishing to map, debate and (re)assess the many twists and turns in Foucault's *oeuvre* across the years, maybe as related to wider changes in the intellectual landscape (most notably perhaps Deleuze and Guattari's 'geophilosophy', notations from which, such as 'multiplicity', 'nomadism' and 'apparatus of capture', are smuggled into corners of the lecture courses from the early- to mid-1970s). As a very preliminary comment, though, my sense on this count is that *PP* will be judged a crucial work linking up different segments of Foucault's *oeuvre*, principally because it shows us Foucault returning to subject-matter that he had tackled near the start of his career, but now armed with concepts, terminologies, models, examples and an ethico-politics informed by *both* his discourse-based 'archaeologies' and his emerging power-based 'genealogies' (and by the intellectual coordinates lying beyond both of these positions).

If I can be allowed a brief evaluative moment in closing, I might return to Foucault's depiction of hysterics as militants. It is exciting to see Foucault bringing resistance to the somewhat bleak terrain of *HF*, wherein patients remained shadowy bit-players in a grand theatre of medico-moral discourses, governmental strategies and silencing practices; and it is inspiring to conceive of these hysterics refusing the terms and conditions of the medical-psychiatric edifice installed by the nineteenth century, exposing the sham that the power exerted over them depended *not* on secure, trustworthy knowledge of madness, but instead on a relation of force pretending to have the weight of medical reason behind it. Yet, I am uneasy: it is unclear the extent to which Foucault regards these hysterics as creative agents, in the sense of wittingly, intentionally resisting – and thereby claiming a 'space' for themselves against – the drift of nineteenth-century psychiatric history (and power). A host of broadly sociological questions hence come steaming in about the status, experiences, hopes and fears of these hysterics as subjects of, in and

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41 An excellent review and assessment of the earlier French edition of the book is Stuart Elden, "Discipline, health and madness: Foucault's *Le pouvoir psychiatrique*." *History of the Human Sciences* 19:1 (2006), 39-66.

apparently making history,<sup>42</sup> about the extent and nature of their alleged subterfuge and counterfeiting, and about why sexuality might be such a significant point of departure for their expressions of resistance (albeit a resistance to some degree conspiratorial with what their physicians wanted to hear).<sup>43</sup> In short, while applauding how the hysterics emerge in *PP* as champions of an anti-psychiatry *avant la lettre*, there is a nagging worry that they are cast in a role *not* so different from that of the mad geniuses – de Sade, Nietzsche, Van Gogh – who surfaced in *HF* as outcrops of resistance to the progressive silencing of madness across the centuries. In both instances, there is arguably a romanticising of what these marginal figures entail, stand for and can accomplish, the tortured genius in the one case or the hysteric in the other, but without their embodied selfhoods ever really being addressed as an issue of theoretical, historical or substantive concern in its own right. This being said, and perhaps precisely because *PP* begins to prompt such demanding questions, this worry is certainly no reason to avoid opening the covers of *PP*: there are many new ‘secrets’ and ‘tracks’ to be uncovered in so doing.

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42 A further issue is the gendering of the hysteric who, most of the time albeit with the odd exception, is positioned as a ‘she’ throughout *PP*. There are many grounds for thinking that women have been particularly oppressed by the medical-psychiatric establishment – countless cases come to mind of wives, lovers, sisters and mothers wrongly confined in nineteenth-century asylums, for instance, and it cannot be doubted that certain constructions of mental disease (for example, of the ‘nerves’ and ‘passions’) and certain specifications of ‘mad’ practices (for example, ‘immoral’ acts such as sexual depravity) have been differentially projected on to women rather than men – and these grounds are themselves reasons to celebrate what might be conceived as a ‘feminist’ resistance to a ‘masculinist’ medical-psychiatric order. Nonetheless, we need to be careful about the exact status envisaged for the female-hysteric-militant, and I am unsure that *PP* can altogether escape feminist censure for its casting of this figure as seemingly a creature of low cunning, selfish calculation and emotional manipulation.

43 More broadly, a lingering sense remains of Foucault avoiding what many *do* regard as the horrors of slipping into the state-of-being sometimes called ‘madness’; a residual worry about his seeing such matters more through the lens of this ‘game’ – perhaps an unfortunate word here – of power ‘played’ out between psychiatrist and patient than as anything to do with a ‘real’ *interiority* of experience, feeling, distress, anguish, hurt, despair and, yes on occasion, terror felt by the latter.