Editorial Introduction

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From 1953-1954 Michel Foucault taught psychology at the Université of Lille Nord de France, and published his earliest book, *Maladie mentale et personnalité*. While Foucault would later disavow his first study of mental illness, an exploration and critique of the psychological sciences would remain a leitmotif in his writings, from *Histoire de la folie* through *Histoire de la sexualité*. New Foucauldian insights into the history and practice of the psy-disciplines have moreover become available in recent years with the publication of Foucault's course lectures at the Collège de France, such as *Pouvoir psychiatrique* and *Les anormaux*. This special issue of *PhaenEx*, titled *Foucault et les sciences de l'âme* (Foucault and the sciences of the soul), is devoted to explorations of the psychological sciences in the writings of Foucault and of the contemporaries who responded to him.

In his contribution to this issue, "Subjectivation and Counter-Power at a Nineteenth-Century Danish Asylum," **Bjørn Hamre** examines a 19th-century Danish asylum, Saint Hans' Hospital, under the direction of Chief Surgeon Johannes Henrik Seidelin. In particular, Hamre is interested in the case of a self-institutionalized psychiatric patient, Wilhelm Frydendahl, interned for six months, only to be released as "perfectly healthy," albeit with an element of "hypochondria." The Chief Surgeon exemplified a current of psychiatry largely unique to German and Nordic psychiatry, the "Mentalism" founded by J. C. A. Heinroth (1773-1843). Unlike the French and British theoreticians of the time, the "mentalists" were entrenched in

German *Naturphilosophie* and developed their etiological theories in light of evil, or sin, making mental illness a “form of functional damage to the soul, which arises when people give free reign to their passions.” The Danish debate, Hamre shows, pitted “Mentalists” against “Somaticists,” and the tension between them can be clearly observed in the histories of the major asylums. In Denmark through the 1830s, therapeutic measures were essentially shaped by the *Naturphilosophie* whose psychiatric “subjects” were free in principle to cede or not to their passions and by extension, to their *folies*. It was not for another decade that, under the influence of French philosophers like August Comte, the Somaticists would redefine madness and attempt to rework the principal therapies utilized. How best to use Foucault’s work to address these transitions—notably, given that many cultures were still very much tied to the therapeutic framework Foucault deemed “The Great Confinement of the 17th century,” as late as the mid-19th century? What was the end of the array of practices, from icy showers to shock therapy, and how did the official diagnosis pass from “mental illness,” with protracted melancholy and a nervous disorder, to health per se? One question, explored by Hamre, concerns the ways in which we can read Foucault to cast light on the dramatization of such conditions and the discursive universes they are forced into; but a quite different question concerns the portrait of the larger cultural configurations that deploy belief systems and forces (physicians, hospital boards, lawyers, educators, religious authorities), themselves frequently in conflict with each other. In what ways do these micro-powers form an aggregate, and how do we bring out these “tactical arrangement[s] that enable power to exist” (Foucault, 2006:6)?

Jean-François Bissonnette’s article, “Savoir, pouvoir et inconscient : de la psychanalyse comme dispositif de subjectivation,” examines Foucault’s complex relationship to psychoanalysis over the course of his philosophical development. Using a conceptual

framework that combines two fundamental notions: that of the "apparatus" [dispositif] and that of "modes of subjectivation," Bissonnette argues that Foucault "never succeeded in getting around the Freudian problematic," which was the irreconcilability between the affirmation of unconscious psychic phenomena and the genealogical principal that "every form of knowledge [tout savoir] generates its [own] objects." The "man of desire" [l'homme du désir] largely forged through the expanding practices of psychoanalysis figures among the "transactional realities" Foucault describes (Foucault, 2004: 301), whereby the pleasure generated by the psychoanalytic truth practice ultimately reinforces the "reality" of the desiring subject and the analytic psyche. Thus, the "indetermine extension of the apparatus of sexuality" proves not to have been the mere result of a "monstrous and impersonal machinery or mechanism." It must be grasped in light of the specificity and pleasure generated by psychoanalysis. This leads Bissonnette to ask whether "it would be possible to conceive the psychic dimension of subjectivation processes" such as those produced by the rationality of power apparatuses. He argues that the question of a psychic dimension invites us, here, to "step outside Foucauldian orthodoxy" and venture a new concept, "affective apparatuses" [dispositifs affectives], through which the working of power and knowledge is glimpsed, beyond its effects on behavior, at the level of the (re-)structuring of humans' affective experiences themselves. Using Freudian psychoanalysis in a way Foucault did not, Bissonnette shows how the articulation of subjectivity, power, and truth carries an unforeseen heuristic promise in light of non-conscious affective structures in the "psyche" itself.

In "Anxiety and the Voice of Unreason: Reading Freud with Foucault," **Adrian A. Switzer** recalls Foucault's assessment of the separation of soul from body, largely begun by 18th-century psychology (cf. "La transcendance du délire" in *Histoire de la folie à l'âge classique*). Nevertheless, it is in Voltaire's uncanny entry on the *âme*, the soul, that Foucault first detects a

novel and hybrid discourse consisting of a mix of irony and seriousness, and anticipating later definitions of mind and madness. With an unstable conception of the soul, the question of something like the essence of madness gravitated toward the attack or the *crise*: “at the heart [*creux*] of the classical experience of madness is the image, situated within a whole discourse on madness,” which amounts to the “essential moment of delirium” itself. At the juncture between the Classical and the Modern Age, Foucault finds in Voltaire’s definition, the anticipation of characteristics by which 19th-century psychiatry would readily characterize madness, as well as a continuing movement between images of, and the passions proper to, *unreason*. The discursive structuring of madness as *idées délirantes* and fury, unfolds a century before its ultimately consolidation. Indeed, it will be precisely “by...rational means that irrational characteristics begin to accumulate around the image” of the mad. Thus, the middle Foucault could argue that, inasmuch as madness admits explication, it is language that stands as its ultimate structure and force, for it is language that is characterized by expressive excess—including, over itself. This, then, is the “*transcendance du délire*” of which Foucault writes in *Histoire de la folie*. Of itself, this discursive transcendence is a “nothing,” a non-thing or “unreasoned voice” that has little to do with the *folie* that 19th-century psychiatry would define.

Having sketched Foucault’s approach to madness in the Classical Age, Switzer pursues a historical reading of Foucault’s own project. He reads backwards to Foucault’s earliest studies of madness in *Maladie mentale et personnalité* (1954) and in its revised version, *Maladie mentale et psychologie* (1962). Between the initial publication of that work and its reissue eight years later, Foucault’s own evolution is clear: moving from a Marxian sociological approach inspired by Georges Canguilhem, to the historical-discursive method he later employed in *Histoire de la folie*, Foucault confronted the enigma of madness possessed of a voice *and* madness deprived of its

voice. Under what circumstances does madness ‘express’ itself discursively? As we know, it was only in the 1962 *Histoire* that Freud’s psychoanalysis would receive a significance beyond positivism and regulative practices, as it alone opened points of communication between reason and unreason. Despite this intuition, there is considerable consensus that the project of the *Histoire* failed to thematize probatively the “voice of unreason” and this failure was closely related to hermeneutic tensions already present in *Maladie mentale*. However, the intellectual experiments of the young Foucault clearly gave rise to the more complex method that would integrate discursive analysis of institutional formations and practices *with* a critical approach to texts understood in their historical quality. Switzer thus pursues the emergence of Foucault’s work on psychiatry in light of the persistence—and inevitability—of a deep hermeneutics of madness. But beyond the *crise* and the fury, how does Foucault’s approach to discursive practices accommodate other physical epiphenomena of madness, such as *anguish*? Is *l’angoisse* not the excess of discursivity within the image of the *fou*? Does it call for a supplement, say, some heuristic addition, in order to be understood? Is anguish the little-noted ‘motor’ that drove Foucault’s research from hermeneutics, to archeology, and finally to genealogy and ethics?

The History of Madness provided a sensitive account of the myth of Philippe Pinel, the physician renowned for having “cut the chains” of the internees at the Hôpital Bicêtre outside of Paris. Aware that Pinel sought to institute “humane” therapies, from diet to dialogue, Foucault nevertheless adopted an essentially trans-historic and structuralist approach to Pinel and successors like Étienne Esquirol. In response to *Histoire de la folie*, political philosopher Marcel Gauchet (of the groupe “Socialisme ou barbarie”) and psychiatrist Gladys Swain returned to the first edition of Pinel’s *Traité médico-philosophique sur l’aliénation mentale ou la manie* (1801), seeking to provide an immanent history of the nascent French psychiatry.

Gauchet and Swain observed that, starting from Foucault's historical investigations, it was important to recognize the many moments of hesitation and failure in the unfolding "science of the soul." This meant that a structuralist approach might prove to be a rather blunt analytic instrument for revolutionary psychiatry. On the argument of Swain and Gauchet, Pinel—whom G.W. F. Hegel praised for showing that "Reason" remained present and active in the midst of all madness—vacillated over the meaning of the *folies* he confronted at the Bicêtre Hospital. How to conceptualize it? Was it alienation (loss of reason, short- or longterm), or was it mania (an excessive sway of the passions)—or both? While he used both terms—at times, almost indistinguishably—the difference appears to concern the time or temporalities of madness. By extension, the conceptual difference also concerns the essentialisation of madness—as comprehensive (enduring) mental *alienation*, or as a spectrum of types of mania, generally with the possibility of restoring rationality.

With the publication of the second edition of his study (the edition that Foucault consulted, according to Swain and Gauchet), Pinel would opt for the diagnostic category of "manies" (*Le sujet de la folie*, 109). This was not without consequences for psychiatric diagnosis and treatment, as "mania" concerned above all the passions. However, unlike the *Naturphilosophe* in Germany and Scandinavia, there would be no real connection with self-defilement through sin. The logic of "manias" was a monist approach to madness utterly different from the problematic "neurosis-psychosis" dualism, still current in contemporary psychiatry. For this reason, Swain and Gauchet argue, in a series of studies, that the innovations in the representation of madness in France forged a different noseological "subject," say, from that which characterized the "*fous*," sequestered in the *Hôpital général* in the 17th century (by the Royal Edict of 1656). Indeed, they take a further step and ask whether the comparatively humane

system of diagnoses and treatments Pinel sought to institute did not stand in a dialectical relationship to what they call the ‘Democratic age’, with its powerfully inclusive *élan*.

The Gauchet-Swain reading of Pinel and Esquirol presents a history of diagnosis and internment that runs almost diametrically against the Danish case. The question that concerns **Bettina Bergo** is that of perspective. From what basic presuppositions about 18th and 19th-century psychiatry do Swain and Gauchet begin? Are we justified in speaking of a democratic age as they do? Supposing this conception is admissible, do inclusion and popular equalisation stand opposed to Foucault’s analyses of biopower? If not, then how to understand the drift that began toward the end of Pinel’s career, with the Restoration, toward the increasingly moralizing, even forensic psychiatry that Esquirol would champion?

In his 1975 Collège de France lecture course, titled *Abnormal*, Foucault considered the figure of the “moral monster” as instrumental to the rise of criminal psychiatry. Exploring several examples of nineteenth-century individuals who killed for no reason and with no warning—whose first symptom of insanity was the act of murder itself—Foucault argues that the threat to society posed by such “monsters” functioned to justify the cultivation of a science of the human soul: to protect society, experts were required to predict the apparently unpredictable. As **Dianna Taylor** observes in her contribution to this issue, Foucault curiously neglects to note in this discussion that two of his three examples of “moral monsters” are women. Taylor corrects this oversight, drawing on Foucault’s 1975 course in order to argue that gendered power relations in Western societies can be characterized as “normalizing,” and providing a sketch of the “monstrous woman.” Monstrous women, Taylor argues, are violators of both moral and gender norms. Such women mark the limits of acceptable behaviour through their putative violations, consequently providing particular insight into the workings of gendered power

relations within contemporary Western societies. Taylor first takes up Foucault's own example of Henriette Cornier, who killed a neighbour's child with no apparent motive, and then the more contemporary case of Aileen Wuornos, a serial killer executed in Florida in 2002 for killing seven men. Taylor argues that although they reject norms and are resistant to normalization, monstrous women, like the anorexic women influentially discussed by Susan Bordo, do not escape being defined by and may even collude with normalizing systems of power. Nevertheless, such figures challenge limits—including prevailing norms governing the feminine and the human—in ways that render them explicit such that they are denaturalized and ultimately opened up to critical interrogation. The actions of monstrous women, Taylor demonstrates, “illustrate and thereby support Bordo's argument that psychopathology cannot be understood merely as a manifestation of inherent traits in an individual (as articulated in the discourse of criminal psychiatry, described by Foucault), but rather must be viewed as a reflection on the condition of a particular society and its culture.” What makes the monstrous woman pathological, Taylor shows, is not so much her violation of the law, but her violation of gender norms, and her pathologization functions to bolster the gendered power relations of society that her violations challenge.

The next article, by **Catherine Clune-Taylor**, provides a Foucauldian response to the controversial 2003 announcement by the Intersex Society of North America concerning the creation of the Disorders of Sex Development Consortium. This Consortium, a medical advisory board populated by experts in pediatric endocrinology, urology, general pediatrics, nursing, psychiatry, psychology and social work, was headed by philosopher and historian of science Dr. Alice Dreger as project coordinator and editor in chief (Karkazis 258). It has been described as a collective of “three stakeholder groups – intersex people, parents of intersex people and

clinicians.” Funded by grants issued to the Intersex Society of North America to develop a new model of treatment for intersex conditions, the Consortium electronically published two documents representing the fruits of their labour in early 2006: *The Clinical Guidelines for Management of Disorders of Sex Development in Childhood* for clinicians and *The Handbook for Parents* for parents/families of affected children (Dreger and Herndon, “Progress and Politics” 206). Later that same year, the journal *Paediatrics* published an article on behalf of the American Lawson Pediatric Endocrine Society and the European Society for Pediatric Endocrinology entitled “Consensus Statement of Intersex Management,” announcing both a new nomenclature and a new treatment model for those diagnosed as having intersex conditions (Lee et al. 488). Specifically, the *Consensus Statement* announced that the diagnostic labels “intersex” and “hermaphrodite” (or any of the latter’s variations such as “female pseudohermaphrodite”) would no longer be used to identify those with variations in congenital sex anatomy and would be replaced by the term “disorder of sex development” or DSD (Lee et al. 488). Further, this special article went on to identify what it now envisioned as “optimal clinical management of individuals with DSD,” outlining a new (if brief at 15 pages including appendices and references) North American and European standard of care for individuals with intersex conditions.

According to Clune-Taylor, the publications of *The Handbook for Parents*, *The Clinical Guidelines* and in particular *The Consensus Statement*, constitute a watershed moment in the histories of both the medical treatment of individuals with intersex conditions and intersex activism. Nonetheless, these documents and the processes out of which they arose remain hotly contested, particularly among intersex activists and the conspicuously high number of feminist scholars involved in the field of intersex activism. Perhaps unsurprisingly, the greatest debate has

focused on the adoption of the undeniably pathologizing label “disorder of sex development.” While this new terminology has apparently pleased many physicians and parents, many affected individuals and their advocates are angered by the adoption of the language of disorder, leading some to argue for alternative diagnoses that carry a “non-stigmatizing, non-correction demanding” tone, such as “variations of sex development” or “divergence of sex development” (Karkazis 259; Reis 541; Diamond and Beh). Further, for those sympathetic to the critiques of the medicalization of intersexuality and gender non-conformity in general that characterized the early work of the Intersex Society of North America, its collaboration with clinicians and its hand in the adoption of DSD has come “as a betrayal and an abandonment of what they regarded as the larger goal” (Karkazis 258-59). Proponents of the new terminology, however, have argued specifically for the need to “remedicalize” intersex bodies, so as to draw focus away from the rhetoric of “gender and genitals” and place it on the concrete medical needs of those with intersex conditions (Dreger and Herndon; Feder, “Imperatives of Normality”). In a 2009 issue of *GLQ* dedicated specifically to discussion of the new terminology and treatment model, Alice D. Dreger, April M. Herndon and Ellen K. Feder, perhaps the three most prominent scholarly proponents of the new nomenclature, all draw both implicitly and explicitly on the work of Michel Foucault to argue in favour of the term “disorder of sex development” and further still, for the effacement of “intersex” as an identity that they see its adoption entailing.

Like Dreger, Herndon and Feder, Clune-Taylor offers a Foucauldian analysis of the new diagnostic label and treatment model, however with very different conclusions. Unlike much of current literature, which begins from the nominal transition to conclusions (positive or negative) about identity, Clune-Taylor is concerned first and foremost with the *practices* of identification, acknowledging them as basic to the constitution of social/political identities. Via Foucauldian

analysis of those practices deemed ideal by the new model of treatment, Clune-Taylor argues—contra Dreger, Herndon and Feder—that this practical and nominal transition works to intensify, expand and legitimate medicine’s power to discipline not only individuals with intersex conditions, but sexed bodies and their desires more generally. Specifically, Clune-Taylor argues that the establishment of the new treatment model expands both the number of disciplines and the number of physical elements recognized as involved in (im)proper sex development and further, that the temporalization of these elements works to establish sex development as a *discipline*. Sex development thus emerges as a field of power/knowledge that allows for the distribution, not just of individuals with intersex conditions, but indeed of all individuals, in relation to a norm. Further, while many see this model of treatment as finally acknowledging the calls of intersex activists for patient involvement in decision making, for the delaying of unnecessary surgical and hormonal treatment, and for urging honesty among physicians, patients and parents, Clune-Taylor counters that for some these may be hollow victories, requiring that both the patient and his or her family be disciplined into the right attitudes, behaviours and responses to treatment—and that they themselves discipline others accordingly—in order to enjoy these gains.

This issue also includes a dialogue between two Foucault scholars and colleagues, **Cressida Heyes** and **Chloë Taylor**. Heyes and Taylor have both drawn on the writings of Michel Foucault in their works in order to explore topics relating to psy- practices and discourses, particularly as these intersect with practices and discourses that gender. For instance they have written respectively on the psychiatric diagnoses of Body Dysmorphic Disorder and Female Sexual Dysfunction. Their dialogue touches upon these diagnoses, as well as other topics

relating to the theme of the issue, notably Foucault's critique of confessional practices and the greatly expanded use of pharmacology by psy- practioners since the time Foucault was writing.

The issue concludes with three book encounters, one of them related to the issue's theme. This first is a review essay by **Rachel Loewen-Walker** of Lynne Huffer's recent book, *Mad for Foucault : Rethinking the Foundations of Queer Theory*. This work, as also the 2006 publication of the unabridged *History of Madness*, is, Loewen-Walker shows, an important event in scholarship on Foucault and the psychological sciences as well as in the realm of Foucault-inspired queer theory. The remaining two book encounters diverge from the theme of the issue. **Frédéric Bruneault** provides an encounter with Pierre Bertrand's 2007 work, *L'intime et le prochain. Essai sur le rapport à l'autre*, an impressive and expansive study of the role of the other in our lives through fourteen chapters with themes such as the family, conflict, love, desire, compassion, vulnerability, the body, nature and the animal. **John Duncan**'s encounter is with Matthew King's 2009 volume, *Heidegger and Happiness: Dwelling on Fitting and Being*, a philosophical exploration of the experience of the happening and the deep happiness of being.