What *Sujet de la folie*? Gladys Swain and Marcel Gauchet's Search for an Alternative History of Madness

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Doch lassen wir den überhistorischen Menschen ihren Ekel und ihre Weisheit: heute wollen wir vielmehr einmal unserer Unweisheit von Herzen froh werden und uns als den Thätigen und Fortschreitenden, als den Verehrern des Prozesses, einen guten Tag machen. Mag unsere Schätzung des Historischen nur ein occidentalisches Vorurtheil; wenn wir nur wenigstens innerhalb dieser Vorurtheile fortschreiten und nicht stillestehen!
Nietzsche, 1874¹

Introductory Remarks: History for the Present

When Foucault addressed criticisms of his historical method, arguing that he was writing with a view to fostering effects in the present rather than attempting to teach us “how things really were,” he had, simply and briefly, reopened the question of the ends of history—in an ethical-political as opposed to an epistemological sense.² These two respective “ends” of history are not opposed. The very idea of their opposition would be absurd. Nevertheless, by virtue of their proximity, certain “epistemological” questions have to be revisited. One such question is that of “truth” understood as a metaphoric, stable aggregate, established and preserved within the homogeneous flow of time, to which properly carried-out historical research can return. I cite this somewhat romantic passage from the young Nietzsche because the “*überhistorischen Menschen*” he derides is a spirit even after it has lost its methodological pretensions. Indeed, I would contend that the wisdom or *Weisheit* of the *überhistorischen Menschen* is frequently unconscious, today as earlier. But questions of the good use of critique and the deconstructing of

categories very much concern “us” as “*Fortschreitenden*”—except that our attempts at forward movement may no longer have a sense of ends. The present article presents an ambiguous moment of historical *Weisheit* at the beginning of the eighteenth century, doubled by debate over structural and sociological approaches to the “democratic age.”³ At the same time, it evaluates the history of madness in light of the explicit intentions and confusions of the revolutionary founders of French psychiatry. It finds these intentions in the little-examined first editions of works like Philippe Pinel’s *Traité médico-philosophique sur l’aliénation mentale ou la manie* (1801). This micro-history of stated intentions⁴ comes from the extensive, if under-discussed work of psychiatrist Gladys Swain and philosopher Marcel Gauchet, who together proposed a counter-history to that of Foucault on the birth of the asylum. Their multi-volume project has a complex relationship to Foucault’s work: on the one hand, it declares that it is inspired by Foucault’s genealogy; on the other hand, it opposes what it conceives to be the externalism of Foucault’s approach to the history of psychiatry. What would a counter-project to Foucault look like? And is a genuine counter-project conceivable? It is, in part, provided we revisit the founding texts and provided we approach the post-Revolutionary period in light of the expansion of the concept of political universalism. Gauchet responds in the following way in his 2007 “Preface” to *La pratique de l’esprit humain*:

A new representation of madness, a new perspective in social practice: such are the two ingredients of this crucial turn. But their conjunction is not accidental. Behind the change in the image of madness is hidden, in fact, another figure of the individual subject, a figure that has close relations with the idea of the collective force [*puissance collective*] mobilised in a flagrant manner by the representation of the resources of the institution. Beyond the exemplary case of the madman, it is the conception of subjective force [*la puissance subjective en générale*] that is set anew into motion, connected with a renewal of the horizons of social power. The idea of power over self [*pouvoir sur soi*] is not separated, in these circumstances, from that of power over another [*pouvoir sur autrui*]. This is what makes the emergence of psychiatry around 1800 an incomparable litmus test for the democratic universe that is in the process of emerging. (Gauchet, PEH xiv-xv)

The new representation of madness, and with it the novel perspective on social practice, would be Foucault's decisive contribution—both the early and the middle Foucault, in fact—which Swain and Gauchet embrace. There was, thus, an inaugural “rupture” in the sequestration of the mad, and it was underway well before the codification of French psychiatry, from the time of the Royal Edict of 1656.⁵ Moreover, as Gauchet puts it

the moment we propose a slightly divergent reading of the advent of the psychiatric mechanism [*l'avènement du dispositif aliéniste*], a reading that accords it the broad scope of an authentic point of departure, how shall we understand, upstream, the historical basis that the *Hôpital général* clearly provided, even if we do not accord the same importance to this [historical] ground? (PEH xv)

Gauchet's response will be clear: to understand the historical break and the reframing of the concept of madness, it is essential to understand the *dialectical* nature of the “*grand enfermement*.” Based on a new understanding of the possibility of dialogue with the mad, the creation of the asylum entailed a search for therapies and, by extension, for a functional classification of types of madness, which passed initially through the concept of *manies*. Here, then, is where Swain and Gauchet propose to argue with Foucault—at least with the Foucault of *The History of Madness in the Classical Age* (1972). The sequestration of the mad and the indigent represents an over-determined event for them; it is not a reactive exclusion or a mere silencing.⁶

It is necessary to acknowledge Foucault's [argument] that the modern perception of madness is sketched out with the segregation of the mad [*insensés*], alongside the poor and other “bad subjects.” Except that we should interpret this act of separation altogether differently [*tout autrement*] than he has done. There was, undeniably, a rupture. But a rupture with what? With a familiar and complicit presence of madness in a landscape as social as it was spiritual, and which supposedly prevailed hitherto? With an integration of the mad into the community and the culture, which would have been the lot of ancient societies and which the reason of the Moderns, in its *coup de force*, would have brutally deprived us? This is the fundamental unsaid that commands all of Foucault's demonstrations. It presupposes an initial state of co-belonging between reason and

madness, whose presence he simply evokes, taking care not to set forth its expressions in detail. Had he attempted to do this, he would have promptly become aware of his perspective error. For this apparent proximity [of madness and reason prior to the time of the great confinement] hid a real distance. What we [today] take for a *de facto* integration [in earlier times] covered a radical separation *de jure*.... Yes, reason ceases to need unreason to define itself in contrast or by reversal. This is the result of the de-symbolisation of the world, one of the strongest expressions of its disenchantment, a disenchantment that is translated by the rise of the mechanical explanation of the phenomena of nature. Madness ceases to count within culture. It is not “excluded”: it loses its place and its function therein as a symbolic cog. (Gauchet, PEH xvii)

With this alternate social history, the project of Swain and Gauchet works polemically even more than genealogically; it situates itself firstly at an “immanent” level, returning to the archive and allowing those who created the disciplines of psychiatry and psychotherapy to explain their intentions. In this sense and in regard to Foucault, Swain and Gauchet’s aims are derivative, often more supplementary than contestatory. And yet it is also clear that the two *structuralist* readings—Foucault’s and that of Swain and Gauchet—of the institution of civil, political, and discursive formations whose effects reapportioned social practices as they shaped identities and lives available to subjects, are *not* complementary. The structuralist readings rely on divergent conceptions of the pre-history of the age of confinement. Moreover, Gauchet’s 2007 “Preface” to the second edition of *La pratique de l’esprit humain* situates the age of psychiatry, starting from 1800, within a conceptual framework vaster than the close textual studies that Gladys Swain had done. By 2007, however, Gauchet would explicitly contest the spirit of the age of “biopower,” as Foucault discussed it; Swain, on the other hand, continued to study the revolutionary psychiatrists always consulting the first editions of the psychiatrists’ monographs. Thus the question of supplementarity *versus* contestation of Foucault should remain an open one. Both are true. That is, Swain’s work tends to contest Foucault, whilst Gauchet

contests *and* supplements Foucault's arguments. Given that, before setting Foucault and Gauchet up as antitheses, let me first begin by discussing their common epistemological inspiration.

To glimpse this shared inspiration, I propose to start from a somewhat different beginning, which is the intellectual ancestor that Foucault shares with Gauchet and Swain: Georges Canguilhem. Following a discussion of Canguilhem's own, controversial presentation of the roots of scientific pathology, I will turn to Philippe Pinel's elaboration of the condition he called "*manies*," paying special attention to "*la manie intermittente*," whose most striking characteristic was that it could be reasoned with. This is to say that the *aliéné* or the *maniaque* had significant moments of lucidity; sufficient, indeed, to reach what was believed to be an indestructible kernel of rationality at the core of his/her disorder. To illustrate how considerable Pinel's "discovery" was on Western Europe, I will turn to the "Mind Subjective: Anthropology" section of Hegel's late lectures in the *Philosophy of Mind*, published one year before his death in 1831. These lectures begin from what we would today consider the psychology of persons and cultures. They are followed by a quite different "phenomenology," which provides the mediation between "mind subjective" and "mind objective," something Hegel calls "Psychology" proper. This ascending dialectic belongs to the philosophical *Encyclopedia* and, given the fact that he never finished the Berlin version of his *Phenomenology of Spirit* (1825 till his death), it gives us a clear sense of Hegel's mature approach to the articulations of "*Geist*" [spirit]. It is here, too, that we find his great fondness for Philippe Pinel. In Hegel's eyes, Pinel *demonstrated* the universality of Reason—its all-pervasive "presence" in humans and cultures—such that Hegel's conception of "spirit" could be empirically borne out by the experiences (and experiments) of the French pioneer. Here, we clearly find an echo of Gauchet's earlier remarks about the "desymbolisation of madness": in a social universe that was becoming "disenchanted" or

demythified, the possibility of demonstrating philosophically that the ground of both the human and the “natural” was rational proved indispensable to their dialectical configuration. Thus, Hegel argued:

But the main point in derangement is the contradiction which a feeling with a fixed corporeal embodiment sets up against the whole mass of adjustments forming the concrete consciousness. The mind which is in a condition of mere *being*, and where such being is not rendered fluid in its consciousness, is diseased. The contents which are set free in this reversion to mere nature are the self-seeking affections of the heart, such as vanity, pride, and the rest of the passions... It is the evil genius [sic] of man which gains the upper hand in insanity, but in distinction from and contrast to the better and more intelligent part, which is there also... The right psychical treatment therefore keeps in view the truth that insanity is not an abstract *loss* of reason...but only derangement, only a contradiction in a still subsisting reason—just as physical disease is not an abstract ... loss of health ... but a contradiction in it. *This humane treatment, no less benevolent than reasonable* (the services of Pinel towards which deserve the highest acknowledgement), *presupposes the patient’s rationality*. (Hegel 124, emphasis added)

Incorporating Pinel’s practice and theories directly into his own discussions, Hegel took Pinel’s *manies* as full warrant to insist that reason, i.e. “mind subjective,” persists *as ground* within even raving lunatics:⁷ “It is the merit of Pinel in particular,” he argued, “to have grasped this residue of rationality in lunatics and maniacs as the foundation of treatment” (Hegel 124).

There is not space enough here to discuss Gauchet’s well known thesis concerning the disenchantment of the world,⁸ much less its evolution and possible recoil today. What I have attempted to show summarily is that Pinel’s work spread throughout many intellectual *milieus* of Europe and, significantly, confirmed one of the central convictions of German Idealism: even in the presence of opposed fundamental “forces” in, or characterizing, the mind, there endures a core and potential balance characterized by rationality and with this, the possibility of a restoration of health. That logic is as clear in Hegel as it is in the mystical Schelling, for example.⁹ With that said, let me turn to Canguilhem’s critical history of pathology, which unfolds similarly but more existentially. His thesis is as follows: as the offspring of the historic

synthesis of anatomy and physiology, pathology can and did develop as a scientific endeavour. However, given its other, medical, roots in the physician's response to the patient's complaint, pathology necessarily carries a subjective, non-formalisable quality tied to the unique way we each experience our bodies. Pathology can never be a single domain, a pure science; there must be many pathologies rather than one, as there are many averages for height, strength, and health according to climates, cultures, etc (Canguilhem, NP).¹⁰

Georges Canguilhem and the Influence of *The Normal and the Pathological*

At certain points, the critical projects of Foucault and Swain-Gauchet are like two sides of the “normal *versus* pathological” theme first studied by Canguilhem. Published during World War II, *Le Normal et le pathologique* (1943) traced the difficult history of the consolidation of pathology as autonomous science. Called to become the sister science of physiology, it was also—perhaps primarily—in service to medicine. The consolidation effort largely took place around the time of the emergence of psychiatry; viz., at the end of the eighteenth and into the nineteenth centuries. One of the prime movers in the consolidation of pathology was Claude Bernard, whose *Leçons sur les phénomènes de la vie* (1878), argued for two fundamental claims. First, disciplinary unity—the abnormal *ought* to be reducible to the normal in matters of physico-chemistry. This is because the chemistry of the laboratory and the chemistry of life “are subject to the same laws. There are not two chemistries” (NP 38). The second argument was more radical, but it flowed from the previous “physico-chemical” claim, namely that “phenomena of the organic world are *not* different from phenomena of the mineral realm; thus, death and life themselves belong to a common dynamism reducible to a single chemistry [and physics]” (NP 38).

It was precisely for these reasons that the fledgling science of pathology was to be reducible to the chemistry of a life-death continuum, and associated with the emerging anatomico-physiology. Pathology (like psychiatry) was one of the sciences of the abnormal, having for its objects the possibility and meaning of the “exaggeration, disproportion, [or] disharmony of normal phenomena as [its] global definition” (NP 40). The great difficulty, of course, concerned the norm or just proportion of which the manifold pathological imbalances would be the ground and working material—the norm that would therefore allow one to define and systematically order the deviations—just as Pinel would attempt to do with *les manies*. However, as Canguilhem points out, the very idea of a norm permitting a definition of proper health was either an ideal type, or a kind of analogy (NP 41). Anticipating the subsequent developments of his important work, Canguilhem will go so far as to argue that, “strictly speaking, a norm does not exist, it plays its role which is [perhaps unconsciously] to devalue existence [notably among those judged ill] to permit its correction” (NP 41). Because this argument is both important and complex, I will cite Canguilhem at length:

[T]o say that perfect health does not exist is simply to say that the concept of health is not that of some *existence*, but rather that of a norm whose function and value are to be set in relation to existence, in order to give rise precisely to its modification. That does not mean that health should be an empty concept [for all that]. (NP 41, emphasis added)

The complicated destiny of pathology as separate science—complicated because its primary effort consisted in reducing the qualitative to a host of quantitative models (NP 66)—represents the end of a process underway from the beginning of the eighteenth century. Ultimately, this destiny was tied less to the efforts of the reductionists than to the dualism intrinsic to pathology itself: the classification of cellular and tissular deviations consisting in inflammation or necrosis stood opposed to the clinical, therapeutic work that was inseparable

from the lived “subjective” experience of suffering. The experience of physicians, not to mention the revelations of autopsies, showed that what is “pathological” for one is “normal” for another—normal in an existential sense, meaning that we *live* consciously and unconsciously with a host of disorders. Canguilhem’s conclusion was thus that clinic, or practical pathology, would never become a truly comprehensive science, because what gave rise to the medical reflex to diagnose or to treat arose from—and could define itself only in relation to—the *subject* who calls on the physician for treatment. Now this was clearly the case for psychiatry as well. As Canguilhem argued:

In matters of pathology, the first word, historically speaking, and the last word, logically speaking, comes down to the clinic. But the clinic is not a science and will never be a science, even if it uses means whose efficacy is increasingly scientifically assured. The clinic is not separate from therapeutics, and therapeutics is a technique of instituting or restoring the normal, whose end, that is, the subjective satisfaction that a norm has been instituted, *escapes the jurisdiction of objective knowledge. One does not scientifically dictate norms to life.* Yet life is that focused activity of struggle with the milieu that feels normal or not, according as it feels itself in a normative position or not. The physician has taken the side of life. Science serves him in the fulfillment of duties born of this choice. The appeal to the physician comes from the patient. It is the echo of that suffering appeal that qualifies, as pathological, all those sciences that medical technique uses in service to life. This is why there is a pathological anatomy, a pathological physiology, a pathological histology, a pathological embryology. But their quality as pathological is an *import*, whose *origin is technical and, thereby, subjective* [i.e., not objective in a universalising sense],” (NP 153, emphasis added)

Arising as they do from two distinct sets of appeals—the scientific and the applied (i.e., physiology versus medicine, theoretical psychiatry versus clinical practice)—the parallels between pathology and psychiatry are thus clear. Both disciplines exist in symbiotic relationships with other disciplines, where their discourse as autonomous sciences simultaneously fosters a critical—even a contestatory—discourse. One result of this is an ongoing search for an overarching logic of “the norm,” as well as an enduring confusion between what is normal and what, average within given populations. A comparable difficulty arose in psychiatry, to the

considerable awareness of some of its nineteenth century founders (NP 99). Let me return to this passage, and note three things.

First, the connection between clinical practice and therapy means that the clinic should not be separated from the work of therapy, whose ends are “the subjective satisfaction that a norm is instituted [for the individual in question]” (NP 99). This is as true for clinical practice as it is for its more technical extensions in therapy. Canguilhem’s argument implies that pathology—any pathology that would be scientific—is necessarily a discourse that is parasitic on subjective appeals, and will invariably *overflow* “the jurisdiction of objective knowledge” (NP 99).

The second point concerns life as a focused activity of struggle and negotiation with one’s environment. This argument takes the subjective slant already set forth in the first one and multiplies it. Each subject is differentially engaged in a host of polarized negotiations. Each person thus determines important aspects of the normative position from which his/her “functional life” takes shape as meaningful to himself/herself.

Finally, in addition to originating and ending with a “subjective” demand—which is above all an existential *fact*—pathology itself divides into a multiplicity of studies, at times complimentary and at times in tension. There is therefore no structural-logical gain to be had in establishing a single “objective” pathology. Now, it is starting from these arguments that the young Foucault defined, from the perspective of the suffering and the internees, the question of madness as one largely entrusted to pathology. This meant that psychiatry carried a history and an evolution as problematical as that besetting physiology and pathology. Foucault extended the arguments set forth in 1943 by his teacher, Canguilhem, into what Swain and Gauchet call the “practice of the human spirit.” Hence his early interest in existential psychology and therapies.¹¹

The Therapeutic Experiment of *le docteur Philippe Pinel* (1745-1826)

While Foucault clearly shared Canguilhem's perspective that life is a focused activity of struggle that was best evaluated by the suffering, he nevertheless unfolded an archaeology of a different sort. Here I will focus less on Foucault's analyses of the changes in practices and institutions responsible for sequestering the mad. I propose to assess a less known argument—Swain and Gauchet's—which did not so much attack the probity of Foucault's work as it reframed it by urging that an externalist position with regard to the emerging psychiatric profession missed what was both creative and tentative in the work of the early physicians of the soul. What Foucault failed to do, according to Swain and Gauchet, was to examine the first editions of the “psychiatrists’” works—precisely those editions in which the logic and the psychiatric categories were still taking form. In this respect, Foucault neglected as irrelevant to his undertaking what the psychiatrists perceived as the *best yet the least certain* of their own endeavours. Of course, what we might call Foucault's “externalism” in no way diminishes the value of his approach, though defining it this way does give us a better sense of what was left out of his genealogy. For now, however, my point is simply that a different side of Georges Canguilhem was taken up by Swain and Gauchet. This different side entailed the historical analysis of what might be called the *intentional* procedures of the physicians and early psychiatrists as they came to terms with the condition Pinel called “*manie intermittente*.”¹² Let us look at the pioneer of this condition, the much mythologized Philippe Pinel.

Firstly a physician, Pinel (1745-1826) assumed direction of the *Hospice de Bicêtre* in year II of the Republican calendar (1794-'95). The following year, he accomplished the feat for which he was duly, if romantically, mythologized. As he wrote, “It was in year III of the Republic that I had the use of chains abolished in the *loges* of the Bicêtre” (SF, 187). Between

year III and the 1801 publication of his *Traité médico-philosophique sur l'aliénation mentale ou la manie*, Pinel was moving out of the work of a physician to a less symbolically invested profession as healer of souls. Such transformations were not uncommon in revolutionary times and this is clearly shown in his publications. In 1798 he published a work entitled “Philosophical Nosography” (*Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine*). When he penned the *Traité médico-philosophique*, however, he had largely left traditional medicine for an ill-defined practice that was directing its attention to recalcitrant populations shipped out of various Parisian hospitals like the *Hôtel-Dieu* to the *Bicêtre*. As Pinel put it, “Germany, England, France have seen men arise who, foreign to the principles of medicine and guided only by a healthy judgment or *some obscure tradition*”—by which he may have meant “Mesmerism”¹³—“dedicated themselves to treating [the] alienated and...thereby brought about the cure of a large number of them” (Pinel, *Traité médico-philosophique* 78).¹⁴ While the notion of a *cure* for madness was new, and while the cures were brought about through a gallimaufry of techniques from patient observation to regular labour, to taking “the paths of gentleness or an energetic repression” (TMP 78). Pinel was proud to extend his practice as a physician. He was intent on demonstrating his cures and determined to refine the techniques of those predecessors whose principal strength had been, simply, sound judgement. As he wrote:

The practice of medicine, over almost two years in the *Bicêtre* Hospice, has allowed me to experience acutely the need for realizing these [new] views, to bring about some progress in the doctrine of mental alienation ... The dogmatic tone of the doctor has henceforth been abandoned. Frequent visits, sometimes over several hours per day, have helped me familiarize myself with the deviations, vociferations, and extravagances of the most violent *maniaques*; from then on, I have had repeated conversations with the man [M. Pussin] who best knew their prior state and delirious ideas: an extreme attention [has been devoted] to approach gently all the demands of their self-esteem; varied questions [have been posed] often related to the same object when their responses were obscure; no opposition [has been made] on my part to anything he proposed that [I judged] doubtful or improbable, but always a tacit referral to a later examination, to clarify or rectify

these... I followed [this method] for nearly two years to enrich the medical doctrine on alienation with all the lights acquired *through a sort of empiricism...*" (TMP 80).

We should note two things immediately from Pinel's recollection here, written some six to seven years after he assumed the direction of the Bicêtre clinic. First, note the synthesis of paternalistic sobriety, humanity, and flexibility in his emerging method. This required what he conceived to be an "empiricism" consisting of intense attention to select interneers. Sometimes this method—at least as elaborated by Pussin and Pinel—could slide towards participation and even mimeticism, with Pinel stepping into the scenarios of his interneers' respective *délires*. (The dual theatrical frameworks by which Pinel first recapitulated his therapeutic epic, and then extended and participated in the interpretations of patients' *manies*, should not be lost on us; it belonged as much to the mythology of the Revolution as it did to a morality of preserving the rationality and the freedom of the mad—a theme proper both to Revolutionary social engineering as to subsequent, liberal social engineering.)¹⁵ Nevertheless, Pinel appears to have watched his patients as few had done before, in large part because his observation sought to be dialogical. Through repeated conversations—whose staged or artificial character is as recalcitrant to contemporary analysis as it must have been for him—Pinel grew convinced that the *maniaque* could teach us about his spectrum of mental states, through delirium into normalcy and back.

Indeed, the notion of *manie* requires consideration. In his passage from medicine to "psychiatry," Pinel presented three *mémoires* between 1797 and 1799 to the *Société médicale d'émulation de Paris*. Their themes evince his efforts at a new taxonomy; they ranged from "*manie périodique*," "*le traitement moral*," to the distribution of "*aliénation mentale* into distinct species" (SF 105). These youthful *mémoires* ultimately made up his 1801 *Traité médico-philosophique*, in which the taxonomic basis is the ambiguous "*manie périodique ou*

intermittente” (SF 105). For the French proto-psychiatrist, “mania” was close to, but not identical with, mental “alienation,” and he presented the poles of the disorder somewhat crudely as “*manie avec délire*” and “*manie sans délire*” (SF 105), the latter regrouping disorders characterized by an “*idée fixe*” or obsession.

Now, it bears repeating that none of the vocabulary later found in Charcot, Janet, and much less Freud, had any meaning to the Revolutionary psychiatrists. What we find in Pinel is an early attempt to define and classify madness as an organic *whole*, whose species differences all lay within one fundamental condition, i.e., *manies*. As Swain and Gauchet point out:

At one time, in effect, and in a peculiar sense, *la manie* must have been *all* of mental alienation ... The uncertainty [nevertheless] reflected in the title of the *Traité* [the subtitle of the first, 1801, edition was “*Manie ou aliénation mentale*”] is the uncertainty of an author still suspended between the instant and conditions of his discovery, and the moment of its rigorous completion. (SF 109)

As the privileged object of treatable madness, *manies* denoted the exaggeration and predominance of one or two passions and, with this, the presence or absence of delirium, or the *idée fixe*, each of which polarized reason differently. Before the emergence of a “science” of the soul, there was a question whose Lockean and Kantian roots are clear:¹⁶ the degree of diminution of the *faculté d’entendement* and the conjunction of passion with an *idée fixe*. Pinel in turn was working his way towards a “moral” therapeutics, which relied on the availability of some understanding. The older concept of the *fou* was simultaneously eroded in content and discredited “scientifically,” but the spectre of the *fou furieux* persisted. Like the pathology that was unfolding, a norm was sought to structure the gamut of *manies* and that norm was the understanding as faculty and master over the passions—a distinction whose variations were as great as the concept of “health” in pathology. *La manie* meant the diminution of the understanding through the action and “predominance of an exclusive idea,” but also the “most

volatile mobility,” leading to “the obliteration of judgment” itself (SF 109). Thus, Pinel’s early “empiricism,” and French materialist concern with “the ‘various lesions in the functions of the understanding during a crisis’” (SF 109) were guided by a kind of *petitio principii* (i.e., there exists a faculty of reason here, it is eclipsed by a passion and a lesion, we must find and reactivate that understanding). Determining how much understanding was lost, for how long, and around what axis of deviancy proved an unstable task, inviting a mimetic observation not unlike later forms of pastoral “care,” in Foucault’s sense of the term.¹⁷ In proceeding this way and depriving madness of the essence that the *Âge classique* had ascribed it, the constitution of the new disease, whether as *manie* or *aliénation mentale*, motivated observation and moral cures better than it actually framed a unified field of disorders. One could not only assemble and compare accounts given by patients of their *crises*, one had to do so to fill in and expand the new semantics. However, as Swain and Gauchet observe, it proved

impossible...to make the forms under which alienation manifested itself, correspond strictly to precise alterations in the faculties [*sic*] of the understanding. Impossible, in other words, to establish some kind of classification on a [merely] *functional basis*, with each species being thus related either to the simple lesion in one function, or to the conjunction of several distinct lesions. Yet by the same token, through the operation of the negative, it [was] *the irreducibility* of the alienation to some trouble in mental functioning that [was] clearly indicated. *La folie* in fact was reveale[d] as identical to itself in manifestations different in every respect, from the strict point of view of “lesions in the functions of the understanding.” (SF 110)

Madness gradually consolidated alienation *and* mania, and not without a loss of meaning. Harnessed to sound understanding as its norm and despite its variety of symptoms, a tentative taxonomy unfolded through which privations—or “the negative,” to which Hegel also refers in his analysis of manias—receive some order. But precisely in so proceeding, Pinel gravitated from “science” to “medicine,” in which no single norm consistently predominates, as Canguilhem argued with regard to pathology. In spite of the tension between science and

medicine, it was “the faculties of the understanding” that worked heuristically as the norm for health, in relation to which a complex “operation of the negative” became conceivable at all. It would be hard to suppose that anything other than understanding could play this role in psychiatry. Still, it had the unanticipated outcome of allowing the most diverse *manifestations* to be regrouped under a single conception: “*La folie se révèle en effet identique à elle-même*,” as Gauchet and Swain point out. However, having set forth from the ground of the understanding, and because he hesitated between the concepts of alienation *versus* mania,¹⁸ Pinel moved toward a new possibility: “The *specificity* of alienation relative to a [simple] derangement of mental activity” (SF 110). He energetically proceeded to define madness as the pathologists would define illness a few decades later, i.e., relative to an over-determined norm. This brought to light the dilemma noted by Canguilhem and discussed by sociologist Maurice Halbwachs in relation to norms developed for “racial science”;¹⁹ viz., should one devise and rely upon a single norm, applicable to *all* human populations, *or* is it a given population, in continuous “negotiation with its environment,” that generates an average from which a *limited local* rule may be deduced (NP 100)? The answer seems clear enough today, yet it was anything but obvious to the Belgian founder of statistics, Adolphe Quetelet (1786-1874), whom Halbwachs (*and* Canguilhem) criticized (NP 99-111).²⁰

Pinel himself could not escape this dilemma of a local “average” *versus* a general “norm.” Facing the proliferation of irreducible symptoms, he took his distance from functional classifications and embraced mental alienation as *manies*, wherein “disturbances of mental activity” coexist with degrees of understanding somehow corresponding to lesions (SF 111). The “essential autonomy of madness,” as Swain and Gauchet put it, emerges as a disorder of reason and the understanding. The essential supposition about madness is thus that it is the “alienation

of a *subject* within the order of *meaning*” (SF 111, emphasis added). As the pivotal criterion, understanding—as prey to unruly passions—carried alienation into a realm of *sense* at the same time as it imposed an average—or an average conception—of mental efficiency on “disturbances of mental activity” (SF 111). This was also how Quetelet’s “average” had generated a universal norm for human height, weight, and body sizes, imported from Europe and applied to Africans, who were thereby shown to be deficient in a host of ways. Still, this “normalisation” explains why a single practice like the “moral cure” could be envisioned at all, and why Pinel’s therapeutic measures could run the gamut from “*les voies de la douceur*” all the way to an “energetic repression” (TMP 78). For the first time, and despite related discussions in philosophy (Kant, Schelling, Schopenhauer), *la folie* affected a *subject* who was neither a child nor a sort of prophet. This, then, is what distinguished Pinel’s schema from earlier conceptions in which dualism held sway (passions and sensibility *versus* reason) to the exclusion of a finished holism, like Schelling’s two principles in the *Philosophical Investigations into the Essence of Human Freedom* (1809).

Whatever we make of Pinel’s innovation, we can appreciate its organicism, as this is no longer to be found in psychiatric and psychoanalytic taxonomies, divided as they are between neuroses and psychoses. And it is clearly a part of a worldview that Gauchet deemed the “revolutionary phantasmagoria of the Bourgeois state” (Gauchet and Swain, *Madness and Democracy* 79). Why “phantasmagoria”? Because Gauchet argues that the *bourgeois* era was characterized by a drive to assimilate its margins and include ever larger segments of the population in socio-political life. This tendency is incontestable. However, it is also the tip of an historical iceberg whose hidden mass includes the projects of the re-organisation of space, the displacement and normalisation of populations, and the specialisation of sciences and techniques

in health, reproduction, and sexuality. That said, for a moment at least, Swain and Gauchet do seem to echo the thinker they most vociferously opposed prior to his *Collège de France* lectures on psychiatry, pastoral power, biopower.

The phenomenon of the insane asylum can best be understood historically ... in light of the perspective we have just outlined. Whether we are looking at its origin, the project in terms of which it was organized, or the dismal end in which its earliest ambitions finally collapsed, the insane asylum is intelligible only as a ... fragment of the immense and futile attempt to embody, by way of good government, our power to create ourselves and to act on others. How are we to understand the alienists' early and almost exclusive faith in the resources and powers of the institution as such, unless we relate it to the emerging general confidence at the dawn of the democratic age, in the full power of the spirit of a well-conceived collectivity over individual minds? (Gauchet and Swain, *Madness and Democracy* 68)

This is remarkably close to Foucault's analyses of biopower and the liberal state, although it nevertheless differs in spirit, evincing the same sort of optimism about self-transformation that we find throughout Swain and Gauchet's investigations. Taking an immanentist position, Swain traced the psychiatry of Pinel as he organized it as a discipline. She and Gauchet repeatedly point out the promise that psychiatric holism represented

the profound originality of the classification Pinel elaborated [is that] it [did] not *juxtapose* determinate entities according to external criteria (like aetiology or localisation—on the side of the faculties, in the present case); instead, it *articulate[d]* species among themselves within a totality that is itself significant *qua* totality, in function of criteria exclusively internal to that totality. (SF 112, emphasis added)

In the absence of an opposition like that separating neuroses from psychoses, the ultimate parameters of the cure remained freer, more the “art” of the psychiatrist himself; this persisted, in fact, into the diagnostic work of Jean-Martin Charcot (1825-1893), who virtually invented the condition of “Epileptoid hysteria.” Such indeterminacy of parameters seems to motivate entering into the theatre of alienation—whether as actor or as portraitist.²¹

Nevertheless, while Pinel's "*aliénation mentale*" was holistic, Pinel himself was profoundly Cartesian and the heritage of Descartes is clear in his hesitation over an aetiology strictly tied to physical "lesions" in the "faculties of the understanding," as against an aetiology tied to the sole exaggeration of certain passions. Perhaps, as Charcot would argue for hysteria and other disorders later on, the aetiology should be chiasmatic, with lesions *and* passions impacting the rational faculties.²² For both innovators, this solution proved a chimerical if recurrent hope in their (and other French) discourses on the soul.²³ Perhaps most remarkable in this is the optimism that characterised French psychiatry long after the death of Pinel. We need only recall other influential, but not even necessarily scientific works of the revolutionary period. Thus, in his *Lycée ou cours de littérature ancienne et moderne* (1799), J. F. de La Harpe recoiled before the passions, as well as the fury of the Revolution. But he concluded simply enough: "[A]ny strong passion can give to the mind an aspect of dementia: we have frequent proofs of this, and madness in itself is scarcely else than the extreme preoccupation of a single idea that confuses all the others" (Rigoli 160 ff).²⁴ Others, like A.-J.-F. Brierre de Boismont, author of *Du suicide et de la folie suicide* (1856), argued that "mania deprives passion precisely of that which in it inspires interest [its reflective aspects]" (LD 159 n. 255). But he hastened to add: "The passionate man interests us because he ... resembles us, because it is thus that we were yesterday and will be tomorrow. The maniac is no more than an invalid whom we send promptly to the hospital after an initial glance of surprise and curiosity" (LD 159 n. 255). This humane optimism echoes the arguments already made by Swain and Gauchet against Pinel.

Pinel's Holism, This Time as a Social "Anxiolytic"

Beyond damage to the "faculties of the understanding," it will be the irreducibility of the passions and the broad generality of the concept of mania that reflect *and* propagate anxiety about revolutionary passions. It is into that environment—alternating anxiously between inspiration and horror—that Pinel's work entered. Its impact was such that the humanism of the time, unfolding in many areas and propitious to the reorganization of bodies and identities undertaken by institutions affiliated with the state in reconstruction²⁵ (cf. Foucault), also functioned as an anxiolytic, whose efficacy came from the humanity of the passions and universality of faculties of the understanding (an emphasis found in Diderot, 1713-1784, and, after him, in the *Idéologues*). Pinel's ideas spread across disciplines and before reaching Hegel in Germany, the *Treatise* had become a reference for philosopher Destutt de Tracy's *Éléments d'idéologie* (1804, 1817), for physician-philosopher Cabanis's *Rapport du physique et du moral de l'homme* (1802, 1815), and for Stendhal's *Journal*, 4 March 1806 (LD, 160-61).²⁶

Hegel, "Student" of Pinel and the French Enlightenment

As I suggested, it was arguably the Hegel of the *Encyclopaedia* who raised Pinel to a virtual spiritualism (*geistigkeit*) of Reason, by integrating madness into the dialectics of Mind Subjective. Hegel's own threefold classification in the "Anthropology" section of the 1830 *Philosophy of Mind* appeals almost exclusively to Pinel, and owes its structure to the French psychiatrist. From "idiocy," which is incurable (PM 131), to the "fixed idea," and ultimately to "mania or frenzy" (PM 133-36), Hegel cites Pinel four times as his sole authority. It is the ongoing cohabitation of reason and *idée fixe*, reason and mania, that allows Hegel to insist that in humanity "soul" or *Geist* remains human (therefore, rational) throughout—albeit differentiated

within itself. Pinel's justification of the clinic joins, in Hegel, a striving for the universal against an immanent psychic parochialism (Hegel, *Philosophy of Mind*):²⁷

In maniacs, the feeling of their inner disruption can equally well be *tranquil* as it can also develop into a rage of reason against unreason and vice versa, and thus become a *frenzy*. For this unhappy feeling of the maniac very easily joins itself not only to a hypochondriacal mood which torments him with whims and fancies, but also to a suspicious, false, jealous, mischievous disposition, to a furious resentment against the restraints imposed on him by his actual environment ... [A] headstrong nature easily turns to mania when the rational will which desires the *universal* opposes a dam to their caprice. (PM 135, final emphasis added)

For Hegel, madness arises through the diremption of the soul that wants to be "an abstract universal being," and the psyche that is caught up in a fixed idea or some passion. Following Pinel, Hegel proclaims unequivocally that "the most effective treatment is always *psychological* ... because in these psychical states consciousness [or reason] is still spontaneously active, and along with an insanity connected with a *particular* idea, there also exists a consciousness which in its other ideas is *rational*" (PM 136-37).

From Pinel to Esquirol; From "Moral Cure" to the "Moralising Cure"

Swain and Gauchet contend that between 1801 and 1806 Pinel reworked significant parts of his *Traité médico-philosophique* with a view to ensconcing his initial vacillation before the meaning of madness as "aliénation mentale" versus "manie." One remaining stumbling block was the place and role of "*manie intermittente*." It was this, along with his "*manie sans délire*," that allowed Pinel to insist that, with the exception of various forms of idiocy, virtually all madness could be cured or, at least, educated. But what is a "*manie sans délire*" and what makes it "mad"? Does it correspond to what later psychology would call "manic depression," some "bipolar disorder," or "obsessive compulsion"? Is it a paranoia or "dissociative identity

disorder”? We have become convinced of the distinctiveness of these conditions, though nothing of the kind was clear to Pinel. Certainly, *manie sans délire* carried its weight in cultural prejudice, just as Charcot and even Freud had no difficulty associating genetic debility, or *dégénérescence*, to the aetiology of hysteria. In the eighteenth century, vulnerability to *folie* was diversely attached to physical types (muscular bodies and black hair were Hegel’s examples)²⁸ and forms of civilization. Thus, the more civilized a people, the more their passions risked breaking forth as “vehement, impetuous, varied” (Esquirol, *Des Passions*, in LD, 154). That also suggested that lower cultures and civilizations tended to produce idiots and adult infants, given the genetic “qualities” of their members, from thickness of nerves, to prognathism, to neoteny.²⁹ Nevertheless, the Revolution had so extensively reworked conceptions of the passions that an *emportement barbare* could be observed almost as readily in a Frenchman as in a “savage.” Yet, thanks to Pussin and Pinel, even barbarous fits could be undone (Gauchet and Swain, PEH 75-77).³⁰

Such was the true event for which the fantastic [statistical] calculations transpose the impact, in the form of illusory yet significant hopes for cure: not the public production of an artificially optimistic assessment from which a euphoria without future would be born, but a profound, global, and precisely localizable mutation in the *approach* to madness which had revealed it to be accessible in its personal depths and in this sense eminently curable. (PEH, 76)

We may wonder whether the “precisely localizable mutation” Swain and Gauchet speak of was not itself overly optimistic from the perspective of the cures realized by this approach. For, even as *la manie intermittente* served as the point of departure of Pinel’s *Mémoires*, it fixed, from the outset, a tension in his enterprise by virtue of its curious *banality*. This is what Pinel sought to attenuate in the 1806 edition of the *Treatise*: his own hesitations about the sense and distribution of such *manies*. While he preserved “*intermittence*,” perhaps to protect his “system of

designations” along with his innovative connections between states, according to Swain and Gauchet the internally differentiated whole “was to carry with it the outlines of a transformed problematic of the nature of madness, obliging [the reader] to suppose that there is a specificity of madness [that] ... is attained only through a multiplicity of forms of madness”. (SF 114) Yet, despite its internal differentiation and its care to define a “notion of chronicity” (SF 115), the new system seemed artificially conjoined to reason by virtue of the indeterminacy of *manie sans délire*. This “classificatory stabilization,” which is in no way without a certain reactive dimension, given Pinel’s obstination in holding his nosological universe and curative art together, persisted until the 1850s (SF 115). Indeed, perhaps the laughter his examples now elicit best shows how structurally bewildering the classification system was. Hegel, for reasons of his own, was fond of citing some of these:

[A lunatic] who held himself to be dead, did not move and would not eat, came to his senses again when someone pretended to share his delusion. The lunatic was put in a coffin and laid in a vault in which another coffin occupied by a man who at first pretended to be dead but who, soon after he was left alone with the lunatic, sat up, told the latter how pleased he was to have company in death, and finally got up, ate the food that was by him and told the astonished lunatic that he had already been dead a long time and therefore knew how the dead go about things. The lunatic was pacified by the assurance, likewise ate and drank and was cured. (PM 139)

Another, briefer, crisis was overcome when “a lunatic who believed that he was the Holy Ghost recovered when another lunatic said to him: “How can you be the Holy Ghost? *I* am it” (PM 139). These now bathotic examples of the changing cohabitation of understanding and mania implied that along with repression and sequestration, the moral cure would evolve from the dialogical-mimetic to the punitive. Indeed, arguments that read the treatment as optimistic and humane, some of which Swain and Gauchet use against the early Foucault, actually come close to Foucault’s later analyses of the techniques of power that were developed by

“governmentality” as it operated across many institutions, some of them marginal to the state itself. Above all, the sketches today have a circumstantial quality whose therapeutic plausibility we no longer trust.

On Swain and Gauchet’s account, Pinel’s enterprise ultimately failed given the great difficulties he had in persuading the Ministry of the Interior to establish a hospice *specifically* destined to treating the alienated:

[Pinel] did not simply fail as the others [had before him]. He will succeed despite everything [in creating a therapeutic center for the alienated, and] in a certain measure, he will manage, if not to detach from the vast, confused body of the old general *Hôpital* a special establishment for the alienated, then at least in transforming from within the universe of confinement, specifying there and without any possible return, a domain for madness and an institutional practice. (PEH 77)

Justifiably respectful towards Pinel, Swain and Gauchet nevertheless simplify the narrative of his asylum. The question of Pinel’s success or failure also depends on whether or not one sees in his legacy—and in the practice of his students—the *bona fide* transmission of his science. But Swain and Gauchet’s prose grows shrill when they approach the modified psychology of Esquirol, Pinel’s most illustrious student. For the sake of brevity, let us recall the central hypothesis of *Pratique de l’esprit humain*: Pinel began the process of recognition of a *subject* of madness, where *subject* can be understood both in a grammatical and in a near-political sense. However, the destiny of the psychiatric subject under Esquirol rejoined that of the naughty child or the delinquent in need of re-education. “Very often what we call an automatic determination, an irresistible impulse to do wrong, is the effect of a quite thoroughly pondered determination [*determination bien réfléchie*], and often quite methodically reasoned out” (Esquirol, *Des passions* 79).³¹

The dual protest of Swain and Gauchet against Foucault was that he ignored Pinel's hesitation over the meaning of madness, whereas it was precisely that hesitation that brought forth acknowledgement of a *sujet de la folie* open to persuasion and humanitarian treatments. Secondly, Foucault would have proceeded too quickly, theorizing an anonymous historical agent, when he argued that the Revolutionary liberalization was promptly followed by a "revolutionary" crackdown, leading to the re-imprisonment of the mad. To be sure, *The Practice of the Human Spirit* amply shows the *political* negotiations of Pinel, creating an asylum specifically destined to the cure of *manies*. And indeed, when the *Conseil général des hospices civils* reported, on 19 Germinal of year IX, that "more than 9/10" of the alienated could be brought back to reason "when favourable conditions were made possible" (PEH 75), the work of Pinel could be clearly sensed in the background.³²

Yet, at the heart of the wager concerning a subject of madness lays another tendency that was not long in coming to light: where there is a subject, there is the tendency to hypostatize and to moralize. This side of the "subject" debate is actually quite close to the Foucault of the *Collège de France* seminars. Jean-Étienne Esquirol was convinced he was carrying his teacher's theories to their logical conclusion (SF 180ff). However, the outcome of his research was such that Pinel no longer found so much as an echo of his ideas in it. For Esquirol, Pinel's certainty that a fragile subject remained in madness was extended to apply to the deepest attacks of madness. The conviction about the best way to proceed in the cure of these "subjects" thus *altered* with Esquirol, and the outlines of the "talking cure" set in place by Pinel gave way to isolation and reprobation (SF 90-91n.1). Superficially, Esquirol introduced into Pinel's classification two *minor* modifications: monomania and hallucination. But the effect of these proved to be a forced rationalisation of madness because hallucination invariably coexisted with

a belief on the part of the alienated in its contents. This disastrous belief was to be weakened through sequestration. Moreover, Esquirol believed that the alienated chose, to a large degree, the time of onset of her/his attack such that the patient became *morally* responsible for her/his behaviour. With Esquirol, Pinel's humanitarian corrective repression moved in a decisively punitive direction.

When the Restoration began to "purify" the *Facultés de Médecine* of their old Republican guard between 1822 and 1823, the elderly Pinel was one of the excluded. The royalist Esquirol was promoted to the influential rank of *Inspecteur général des Facultés* (SF 187). A new epoch was unfolding between the 1820s and the publication of Esquirol's 1838 work, *Des maladies mentales*. As a process more gradual than Foucault had argued (in 1972 at least),³³ Esquirol's countermeasures thrust the invisibility and occasionalism of *les manies*—indispensable counterparts of the subjectivation of madness—into an increasingly paranoid domain. Annotating the French translation of Hoffbauer's *Médecine légale relative aux aliénés et aux sourds-muets* (1827), Esquirol argued that the maniac acts "like other men, following a determination or decision" (SF 116 n.5). Yet the narrative grows confused here, as Esquirol speculated on the role of conation *over* lesions in the understanding: "their conviction is sometimes stronger than their judgement" (Swain and Gauchet, *Dialogue avec l'insensé* 99).³⁴ Are we still in the realm of the passions described by Pinel and Hegel? In attempting to find a univocal meaning in Esquirol's accession to Pinel's Chair, Swain and Gauchet find themselves reading in two directions at once. The first direction simply finds discontinuities, given the slippage that occurred from Pinel and Esquirol, which was accompanied by the return of moralisation. On the other hand, a later work presents the same history as more coherent and progressivist (Swain and Gauchet, *Dialogue avec l'insensé*).³⁵ There, Swain and Gauchet argue:

At its deepest level, the logic of the moral treatment is intelligible only as the *inversion* [*retournement*] of another logic: that of practice flowing out of a moral conception of madness. It is from a simultaneous refusal of both terms of this classical alternative, between the call to order and blows against the body ... that what Pinel or Esquirol called the moral treatment flows. (DI 98)

The vacillation in Swain and Gauchet's accounts should not be underestimated. In the case of *Le Sujet de la folie*, the history of psychiatry moves between inspiration, improvisation, error and regression. In the collection of essays, *Dialogue avec l'insensé*, the same narrative is reconceived to engage a sharper polemic with Foucault. The work's subtitle is explicit in this regard: "*À la recherche d'une autre histoire de la folie*." Predictably—given the target of their debate—it is the theme of the humanistic inclusion of the alienated that is most important in the second work. What is strikingly absent from both texts is the consistent articulation—proposed by Foucault in 1973-1974 in his *Collège de France* seminar, *Le pouvoir psychiatrique*—of the constitution of medical knowledge, the penetration of medicine into asylums, and the disciplinary *order*, which had served Pinel both "as condition for precise observation," as well as for a "permanent cure" (Foucault, PP 4).³⁶ Given these considerations about the unfolding order of discipline, the "debate" in Swain and Gauchet's *Dialogue* misses Foucault's mark; noticeably so in his exploration of biopower and his decentralized focus on the institutions of liberal and neoliberal states³⁷, certainly as regards France under the Restoration.

Concluding Remarks

Beyond Swain and Gauchet, it was the later Foucault who clearly showed the initially arbitrary confluence of therapeutics, the clinic, and the larger "*ordre disciplinaire*." For him, this confluence arose out of operations of power itself. As he put it:

this instance, inaccessible and without symmetry, without reciprocity, which thereby functions as a source of power ... [and] which results in this being an order always derivative from a non-reciprocal relation of power, this is evidently the medical instance, which, as you will see, functions as power long before it functions as knowledge. (PP 5)

But Foucault *also* examined micro-practices and constructions. Perhaps Swain and Gauchet's greatest objection thus concerns Foucault's demonstration of the expansion of a disciplinary order despite what they emphasized as the participatory character of the democratic age. Strongly disagreeing with Foucault over the macro-sense of nineteenth century social history, Swain and Gauchet work *from* the perspective of self-construction and autonomy, even as they emphasize the *élan* of inclusion and restitution of the *maniaque* to society. For Foucault, such a perspective was essentially the *effect* of a certain evolution, both symbolic and political. In the case of the practices of Esquirol, Swain and Gauchet argue, fairly, that not only were the passions and the understanding intertwined, they entered into play with *every* act of the *maniac*. But the increase of cruelty in therapy and the delinquentisation or even criminalisation of *la manie* also turns on the increased importance of realising, discursively, the idea of freedom and the free *conative* subject. "The principal idea from which Esquirol starts is that it is the passions that constitute the primordial fact of mental alienation, [but] this [was] the idea at which Pinel ended, following a complex trajectory which resulted in the first edition of his *Treatise*" (PEH 78).³⁸ Indeed, the "principal idea" from which Esquirol starts is not the idea at which he ends; that idea would be closer to a Cartesian will or desire, whose scope is unlimited. If we accredit Swain and Gauchet's inclusionist thesis, while keeping in mind this interpretation of Esquirol—and with him, Foucault's analyses of biopower—then the rise of psychiatric moralization demands an expanded, and more complex framework: one connected, in fact, to political economy and the

mutations in the “apparatuses of security”³⁹ and subjectivation, following the spirit of Foucault’s later investigations.

Notes

¹ Nietzsche, “Unzeitgemässe Betrachtungen II: Vom Nutzen und Nachtheil der Historie für das Leben,” 256. Translated: “Let us then leave the super-historical men their disgust and their wisdom: today we would much rather, for once, rejoice in our un-wisdom and a great day make for us as the doers and the forward-movers, the admirers of the process. Though our cherishing of the historical be only a western prejudice, if we at least could move forward and not stand still within these prejudices!”

² One such response to the critics came in an interview: “I am not merely a historian. I am not a novelist. What I do is a kind of historical fiction. In a sense, I know very well that what I say is not true. A historian could say of what I’ve said, ‘That’s not true.’...What I am trying to do is provoke interference between our reality and the knowledge of our past history. If I succeed, this will have real effects in our present history. My hope is that my books become true after they have been written—not before...” in “Foucault Live: Interviews 1966-1984,” p 20. Quoted in Edward McGushin, xxvii. For discussion and contextualization of this remark see David Bertet, “Conclusion” in “The Logic of the Psychiatric Gaze: Foucault and Swain on Approaches to the Otherness of Madness” in this issue.

³ A term adapted from Marcel Gauchet and Gladys Swain, *Madness and Democracy*; the work updates and condenses their 1980 *La pratique de l’esprit humain: L’institution asilaire et la révolution démocratique* (see note 5).

⁴ That is to say, a history examining the first editions of documents in which the intentions of the founders of French psychiatry, Philippe Pinel and his erstwhile student, Jean-Étienne Esquirol, are set forth in their ambivalence and uncertainties.

⁵ As Foucault points out in *Histoire de la folie à l’âge classique*, concerning the Royal Edict of 1656, which created the Hôpital général: “The task of the institution was ‘to prevent begging and idleness, the source of all disorder’. In fact this was the last of the great measures taken since the Renaissance to put an end to unemployment, or at least to begging ... The 1656 Edict addressed this whole rather indistinct mass: a population without resources, without social ties, a class that found itself abandoned or which had been rendered mobile for a certain time by the new economic development” (75,77), In English, *The History of Madness in the Classical Age* (62-4 trans. mod).

⁶ Clearly, this hypothesis of Foucault will be superseded in his later work. Swain and Gauchet tend to focus criticism on his *Histoire de la folie*; but their argument extends to his interpretation of the political history of the state and notably, the rise of political economy in liberal states, as a

series of mechanisms by which bodies, populations, and identities are organized and defined—outside the framework of the state’s government. I am speaking of the phenomenon he deems “governmentality.” See Foucault, *The Birth of Biopolitics*, and note 16.

⁷ In a somewhat turgid *Zusatz* (appended comment), drawn from students’ notes, Hegel would have said of “mind subjective”—and in surprisingly Schellingian, romantic terms—that: “when the soul becomes *consciousness*, following on the separation of what in the natural soul exists in an immediate unity, there arises for it the opposition of a subjective thinking and an outer world; two worlds which, indeed, are *in truth* identical with one another ... but which, however, to the merely *reflective* consciousness, to *finite* thinking, appear as *essentially distinct* and *independent* of one another. The soul, as consciousness, thus enters the sphere of finitude and contingency, of self-externality, hence of the isolated particular.” It is here that, divided against itself, it unfolds a series of dialectics that could be deemed dialectics of alienation. But these are insufficient to prevent the soul from finding, through therapies like those developed by Pinel, a path back to a finite unification. Indeed, this path back to reason *parallels* the path of reason itself towards non-captive, non-relative knowledge: “we must distinguish this negative of the soul characteristic of insanity from the other kind of negative. To illustrate: when we suffer, for example, aches and pains we are also communing with ourselves in a negative, but we need not therefore be mad ... The negative endured in insanity is, therefore, one in which only the *feeling*, not the *intellectual* and *rational*, consciousness finds itself again” (PM 126-127, author’s emphasis)

⁸ Cf. Marcel Gauchet’s *Le désenchantement du monde*.

⁹ Compare the trajectory of the two fundamental principles in coexistence in God, through the world, and humanity and back, ultimately, to divinity, if speculatively, as we read in *Philosophical Investigations into the Essence of Human Freedom*.

¹⁰ The principal part of this work first appeared as “Essai sur quelques problèmes concernant le normal et le pathologique” in 1943. Hereafter NP.

¹¹ See Foucault, *Mental Illness and Psychology* and Foucault’s, “Dream, Imagination, and Existence,” an introduction to Ludwig Binswanger, *Dream and Existence*. Also see Adrian Switzer’s essay “Anxiety and the Voice of Unreason: Reading Foucault with Freud” in this issue.

¹² See Swain, *Le sujet de la folie, naissance de la psychiatrie* 106 n. 1. Hereafter SF.

¹³ Mesmerism or magnetic treatment was created in the mid-eighteenth century, lived a complex evolution first through its Austrian “founder,” Franz Anton Mesmer (1734-1815). The treatment passed through magnets, electro-therapies, into hypnosis. Remarkable in the story was that even after the abandonment of Mesmer’s theory of magnetic fluid in bodies and nature, versions of this technique could be found into the later nineteenth century, in use by Charcot at the Salpêtrière and elsewhere. See Ellenberger, *The Discovery of the Unconscious* 57-69.

¹⁴ Pinel, *Traité medico-philosophique sur l'aliénation mentale* (taken from the considerably altered second edition, published in 1809). Hereafter TMP.

¹⁵ For a discussion of the novel ways in which the (weak) state was reordering pastoral power, generating and diffusing new forms of knowledge (including psychiatry), directing bodies and souls, physiologies and identities, see Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979* and, among other places, “‘*Omnes et Singulatim*’: Toward a Critique of Political Reason” in *Essential Works of Michel Foucault*, 298-325 (the rest of the Tanner Lectures delivered at Stanford University in 1979). In the latter, we have Foucault’s (indirect) answer to Swain and Gauchet, as he argues: “The relationship between rationalization and the excesses of political power is evident. And we should not need to wait for bureaucracy...to recognize this existence of such relations ... I would suggest another way of investigating the links between rationalization and power: (1) It may be wise not to take as a whole the rationalization of society or of culture, to analyse this process in several fields, each of them grounded in a fundamental experience: madness, illness, death, crime ... (3) Even if the Enlightenment has been a very important phase in our history, and in the development of political technology, I think we have to *refer to much more remote processes if we want to understand how we have been trapped in our own history*” (299-300, emphasis added). This remark addresses Gauchet’s late (2007) “Preface” to *La pratique de l’esprit humain* in which he argued that the democratic spirit was characterized by a gesture of ever-expanding inclusion—of “others”—into the sphere of rationality and dialogue. Foucault would not dispute that, but he has shown a different dimension of the “spirit” in the emergence of liberal and neo-liberal economic science, which limits the *raison d’état* and inflects the democratic spirit by “guiding” and “shaping” bodies and practices. Thus, to Gauchet’s Marxist-Hegelian concept of *désenchantement*, Foucault would oppose the evolution of pastoral power. See “‘*Omnes et Singulatim*’: “The reason for my insisting on these ancient texts [*Psalms, The Republic, The Laws, The Statesman, Beowulf*] is that they show us how early this problem [of pastoral practice] ... arose ... They deal with the relations between political power at work within the state as a legal framework of unity, and a power we can call ‘pastoral’, whose role is to constantly ensure, sustain, and improve the lives of each and every one” (307). The question of the “freedom” of the mad—released first from their chains, then “reasoned with” is crucial to the “spirit” of the emerging “governmentality.” This is not to say that one can easily distinguish, under the circumstances, between a *de facto* freedom and a staged one; what counts is that the subjects (and their families) of Pinel’s techniques *experienced themselves* as being cared for *and* being recognized as (potentially) autonomous. Cf. *Birth of Biopolitics*, (296).

¹⁶ Compare Kant’s remarks on the passions, which are much less sanguine than Hegel’s, in the *Anthropology from a Pragmatic Point of View* (§80). Here, Kant points out that “one also calls passion *mania*...except in the case of love, when the passion does not reside in the fact of being enamored ... Passion always presupposes in the subject the maxim of acting according to a goal predetermined by inclination. *It is therefore always associated with reason*” (from Foucault’s translation of the same *Anthropologie du point de vue pragmatique* 120, my trans.). Kant’s manuscript, long in gestation, was written in the first half of 1797, no doubt around the time that Pinel was working on his initial *memoires* for the *Traité*. The homogeneousness of the

vocabulary is clear; Kant, like Pinel, drew other distinctions, such as melancholia. The question of how the other distinctions related to *folie* appears to be more complex in Kant than in Pinel, thanks to the latter's spectrum of *manies*.

¹⁷ See note 14.

¹⁸ According to the dictionary, *Trésor de la langue française*, “aliénation” denotes a passing absence—of consciousness, of sense. Balzac speaks of an “*aliénation de sens, une maladie surnaturelle*” in his work *Socrate chrétien*, Discours 3 (1652), but this absence could also denote something circumstantial, due to drunkenness, etc. “Manie” is closer to the strong passions of the *fou furieux*, Montaigne speaks of *manie* as a cultural phenomenon, involving a complete loss of rationality (*Essais I*, 369). In neither case, and indeed not until the creation of a “scientific psychiatry,” did the terms refer exclusively to a mental disease *per se*; the ultimate choice of *manie*, with its emphasis on the *crise* of delirium, held the conceptualisation of madness close to passions overwhelming the understanding. In this sense it was a curious choice, requiring intermediary concepts like *manie sans délire*.

¹⁹ Maurice Halbwachs studied the social parameters of memory and the evolution of collective memory; he published a strong critique of statistical studies in service to trans-cultural, and at the time neocolonial, norms. See Halbwachs and Alfred Sauvy, “L’espèce humaine du point de vue du nombre” and his own monograph, *Morphologie sociale*.

²⁰ At the end of a discussion of Adolphe Quetelet, writing on size and height norms, and following stupefying debates around levels of glycemia in Africans versus Europeans, Canguilhem concludes, faithful to his lucid, materialist-humanist thesis: “we believe that it is necessary to consider the concepts of norm and average as two different concepts, whose reduction to a single unity by way of the elimination of the originality of the norm, appears to us a vain undertaking. It seems to us that [if] physiology has more important things to do than to seek to define objectively the normal, [then] it is to recognize the original normativity of life [itself]. The veritable role of physiology [and thus, pathology as a subdivision thereof], sufficiently important and difficult, would thus consist in determining precisely the content of norms in which life has managed to stabilize itself, *without deciding in advance the possibility or impossibility of an eventual correction of these norms* ... Man has managed to live in all climates, he is the sole animal—with the exception, perhaps, of spiders—whose area of expansion conforms to the dimensions of the Earth itself. But above all, he is that animal who, through technology, succeeds in varying, where he finds himself, the ambiance of his activity... Is it absurd to suppose that the natural organs of man might, in the long run, translate the influence of artificial organism through which he has multiplied ... the power of the former? ... But we repeat that biological functions are unintelligible, in the form in which observations uncovers them for us, if they translate merely the states of a passive matter before the changes in the milieu” (NP, 116-117). In a word, no local average, however widespread, however many parameters it integrated, could dictate a norm—physical or psychological—for human beings.

²¹ Cf. Swain and Gauchet, *Le vrai Charcot*; also see the remarkable study by Christopher G. Goetz, Michel Bonduelle, Toby Gelfand, *Charcot: Constructing Neurology* (173-216). The iconography of hysteria, massively recorded by photographers visiting the Salpêtrière Hospital, was designed to prove that the additional, “histrionic” phase of epileptoid hysteria distinguished it from ordinary epileptic attacks (again, a matter of taxonomy and diagnostic work). What the authors of *Charcot* argue for the great neurologist could also be said, curiously, of Philippe Pinel: “Through his works with hysteria, Charcot gained much of his celebrated fame and also his notoriety. The errors he made by insisting that hysteric signs rigidly followed the same patters as organic lesions were seriously flawed. *Insensitive to issues of suggestion* [what I am calling mimetics], *he faltered scientifically, and consequently much of Charcot’s work in this domain was superseded by Janet and Freud or dismissed by Babinski*” (329). Also see Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Iconography of the Salpêtrière*.

²² It is essential to note that neurology in Pinel’s time had not discovered the famous two-cell relay system from cerebral cortex to the muscles; therefore nothing like a “motor neuron disease” type was known. The anatomo-physiologists, Pierre Magendie and Charles Bell would localize the motor and sensory ganglia, promoting an understanding of reflex physiology, only around 1820-1822. A vast advance was made by Charcot, working on the neurology of amyotrophic lateral sclerosis (1870-1874), using carefully selected patients from the same hospital from which he would draw his hysterics, the *Salpêtrière*, and showing direct relationships between lesions in the central nervous system and clinical disorders, including “mental and dementing features.” See *Charcot: Constructing Neurology* (99-134), hereafter CCN.

²³ In Charcot’s case, the chimerical hope had to do, above all, with hysteria. Charcot was the first to take the work of J. Russell Reynolds assimilating hysteria to epilepsy and “other disorders of motion and sensation dependent on Idea,” to break hysterical attacks into four phases (where the third phase, that of *attitudes passionnelles*, was hysteria’s sole distinguishing feature relative to epileptic attacks), and treat it with magnets, solenoids, electricity and hypnotism (starting from mid-1878). This multipronged therapy, combining “psychic” and “physical” measures, was “obtaining glory for us and for the French school,” Charcot boasted in 1880. The therapeutic chimera was doubled by the universalist illusion. Charcot declared, in a letter to his student and chronicler, Paul Richer (1849-1933), that hysteria is governed by rules and norms. These “are common to cases seen in both hospital and private practice. These apply to all countries and all races; even the variations in these rules *do not lessen their universality*.” See CCN (197-98). The resemblance between Pinel’s taxonomy with periodicity and his therapeutic experimentalism, combining psychological and physical measures, is striking.

²⁴ Juan Rigoli, *Lire le délire. Aliénisme, rhétorique et littérature en France au XIXe siècle*, 160. Hereafter LD. In his first *Meditation*, Descartes explains both madness and dreams by a dys-equilibrium between body and mind, in which bodily humours gain ascendancy over the normal functioning of reason. The passage, upon which Foucault will comment, *in extenso*, reads as follows. “How could I deny that these hands and this body are mine, unless I compare myself to certain madmen [*insensés*], in whom the brain [*cerveau*] is so troubled and offended by the black vapors of the bile that they continually assure us that they are kings when they are very poor, that

they are dressed in gold and purple when they are naked, or that they imagine themselves to be pitchers or to have bodies of glass.” See http://stl.recherche.univ-lille3.fr/seminaires/philosophie/macherey/Macherey20022003/Macherey_13112002.html, p. 2 (consulted 10 March 2009).

²⁵ See for example Foucault, “The Birth of Social Medicine” (134-156).

²⁶ As J. Rigoli argues, following Swain: “The impact of the *Traité medico-philosophique* de Pinel se mesure d’ailleurs aisément, Gladys Swain l’a signalé, au nombre et à l’importance des œuvres dans lesquelles il se trouve aussitôt mentionné et commenté, au-delà du champ de la médecine mentale... Stendhal will not hesitate to include Pinel’s work in the list of readings that he has planned: ‘Here are several useful works that I will have read this year ... *The Logic* of Tracy; *Manie* of Pinel; *Theory of Moral Sentiments* by Cabanis; *On Habit*, by [Maine de] Biran ... Next winter, dissect them” (Rigoli 160-61nn 259-60).

²⁷ Hereafter PM.

²⁸ An example that is strikingly free of the concept of degeneracy and biological feebleness.

²⁹ See for example Gustav Jahoda’s discussion in *Images of Savages: Ancient Roots of Modern Prejudice in Western Culture* (164-77); for a summary of the bodily features of ‘other’ civilizations (African, notably), see chapter 5 “The ‘Negro’ and the Ape” (esp. 56-60).

³⁰ Hereafter PEH.

³¹ Discussed in SF (33ff).

³² It was Pinel, after all, who had decried, in hospitals like the *Hôtel-Dieu*, the “copious bloodlettings, purgations, showers, the sole means of treatment used by the twelve physicians who are changed every two months, weakening the diseased to such a degree that a passing madness ordinarily changes into imbecility and idiotism, both reputedly incurable” (PEH 75 n. 14).

³³ See Foucault, Part III, Chapt 1 “La grande peur” in *Histoire de la folie à l’âge classique*.

³⁴ Hereafter DI.

³⁵ This is a collection of essays rather than a monograph.

³⁶ Hereafter PP.

³⁷ See Foucault, *The Birth of Biopolitics* (241). Perhaps the re-moralization implicit in Esquirol’s approach to mania is tied to the will *conceived as somehow still free*; free enough, at least, to chose to remain in a state of delirium. This flows into the discourse of freedom that is important

to neoliberal governmentality. Exemplary of a debate gone awry, compare Gauchet's summary dismissal of Foucault as drawing connections that prove simply "mythical," in the "Preface" to *La Pratique de l'esprit humain*: "A modern myth insofar as, being *a critique*, it does not relate, to thereby celebrate, a foundation-donation to which we should have to remain unfailingly faithful; it indicates, through its telling, a curse of birth [*malediction de naissance*] from which we owe it to ourselves to tear ourselves, to the degree that this were possible—it is the poetic ambiguity of the myth to leave the uncertainty open [here]. Its force is to name what is for us the unacceptable, giving a dramatic fullness, moreover, to this unacceptable thing, since it would have become constitutive for us, since we would be taken up in it, enveloped by it to the point of no longer being able...to trace a path for ourselves outside of it ... The myth identifies us by designating our foil [*repoussoir*]: *exclusion*, concerning which it remains to be understood why the exclusion of madness constitutes the absolute contrary of all that we would want to be." See PEH (II).

³⁸ This is the most profoundly "discontinuist" work of Swain and Gauchet. Here, the point of departure is the obfuscation of the discipline of psychiatry in its incunabula. Both Pinel and Esquirol would have contributed to this by rewriting its history. For Pinel, the obfuscation passes through the 1809 revisions of his *Traité médico-philosophique*, the core of which remained largely untouched while the context was vastly reworked to diminish the uncertainties about *manies intermittentes*. In Esquirol, the revisions are the result of the massive change in perspective to be found between his rather "Pinelian" thesis of 1805 *Des Passions, considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale* and his later collection of essays *Des maladies mentales* (1838), proposing a vast reworking of psychiatric taxonomy. For Swain and Gauchet, the key to grasping the history of the emergent practices of the human spirit was the detailed presentation of "veritable submersion [*véritable enfouissement*] of the origins [and] an occultation of the commencement, which had durably weighed down the representation of the beginnings of psychiatry. For one obviously takes these authors at their word. If the one judges it necessary to redo his book, while the other finds it preferable not to lay too much claim to his youthful works, then would it not be wisest to trust their opinions and reasonings?" (PEH 29). The response will be negative; and the possibility of taking the nascent sciences as monolithic, and tied to formations of power and discipline—Foucault's myth, according to Gauchet ("ce que Foucault a produit, avec le brio qu'on lui connaît, c'est un *mythe*, ni plus ni moins, un *mythe moderne*")—will itself depend on the misunderstanding of the history of the (French) origins of psychiatry and its therapeutics. See PEH, "Préface," p. Ifff.

³⁶ See Foucault, *Security, Territory, Population*.

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