CHAPTER IV

Foucault’s Views and Possible Alternatives

Section I

Foucault and Madness

In chapter I, while introducing Michelle Foucault and his ideas of madness, we mentioned that he was never an integral member of the antipsychiatry movement but his ideas were used, albeit with some little distortion, to support the antipsychiatric claims. These claims basically were that psychiatry’s approach to madness was (scientifically) invalid and that psychiatry’s interventions in mad persons were brutal and violent in humanitarian terms. It is important to understand exactly what Foucault was talking about and whether the above claims can be truly derived from his stance. Next is the question whether Foucault’s theses can be accepted on its own logical merit or whether there is scope of disagreement and showing of lacunae in his arguments and views.

The answer to the question whether the above mentioned antipsychiatric claims can be derived from Foucault’s theses seems to be both yes and no. This is because Foucault’s work is much more fluid, oblique, complex and rhetorical to be squeezed into such uniform categories. As his later work shows, *Madness and Civilisation* was actually the starting point of his lifelong struggle to delve into what he termed the archeology and then genealogy of knowledge. Foucault attempted to show that the basic ideas which people normally take to be permanent truths about human nature and society change in the course of history. The premise of the archaeological method is that systems of thought and knowledge (epistemes or discursive formations, in
Foucault's terminology) are governed by rules, beyond those of grammar and logic, that operate beneath the consciousness of individual subjects and define a system of conceptual possibilities that determines the boundaries of thought in a given domain and period. (Gutting, 2011) For example, the History of Madness should, Foucault maintained, be read as an intellectual excavation of the radically different discursive formations that governed talk and thought about madness from the 17th through the 19th centuries. The totality of his studies challenged the influence of Marxist theory of historical progress and Freudian psychoanalysis. Foucault offered new concepts that challenged people's assumptions about prisons, the police, insurance, care of the mentally ill, gay rights, and welfare. Basically Foucault’s attempt is to understand how changing social systems and practices and method of social knowledge production and categorization interact with and influence each other. Instead of a smoothly progressing history, as is commonly assumed, Foucault sees breaks and discontinuities. Foucault’s archaeology here is basically a comparison of the different discursive formations of different historical periods. Such comparisons suggest the contingency of a given way of thinking by showing that previous ages had thought very differently (and, apparently, with as much social effectiveness). Thus when Foucault shows how social perception of a phenomenon, say madness, changes with changing social modes of thought and value systems his text often implies, mostly indirectly that the previous perception was a better one and the new one as invalid and somehow harmful. But whether this reading of Foucault is the correct one or not remains unclear and ambiguous as Foucault’s own comment from an interview given at a much later date than writing of Madness and Civilisation shows:

“All of this beauty of old times is an effect of and not a reason for nostalgia. I know very well that it is our own invention. But it is quite good to have this kind of nostalgia, just as it is good to have a good relationship with your childhood if you have children. It’s good thing to have nostalgia towards some periods on the condition that it’s a way to have a thoughtful and positive relation to your own present. But if nostalgia is a reason to be aggressive and uncomprehending towards the present, it has to be excluded.” (Foucault, 1988. Technologies of Self: A Seminar with Michel Foucault. Quoted in Raghuramaraju, 2006. p. 26-7)
Let us try to trace Foucault’s ideas of madness and psychiatry. *Maladie mentale et personnalité* was his first publication. Sheridan described the work as composed of two parts: the first being an account of psychiatric theories of that time (late 1940 and early 1950). Definitions of such terms as hysteria, paranoia, neurosis, psychosis were given and the usual names --- Hughlings Jackson, Janet, Kraepelin, Freud were mentioned. The second part was an attempt to situate the theme of mental illness in a social and historical perspective. Though by the time of writing, Foucault had broken with the communists, about 1951, but the analysis of the second part according to Sheridan, is a straight Marxist one that culminates in a long account of Pavlovian and the then Soviet psychological theory. Mental illness was traced back to the individual’s conditions of early development and to the problems existing in his environment, but, Foucault warned, it is not to be confused with these factors . (Sheridan, 1980) Mental illness apparently is the immediate result of a disturbance of balance in brain function of excitatory and inhibitory elements. In the second edition Foucault changed the title ----- to *Maladie mentale et psychologie* and replaced the entire second part with new material. As a result, the whole thesis of the book was turned on its head. Foucault now claimed that mental pathology cannot be modeled on organic pathology, psychology cannot have the same scientific status as physiology, ‘mental illness’ is not analogous to physical illness., but a changing, historically conditioned notion.

“Madness, which had so long been overt and unrestricted, which had so long been present on the horizon, disappeared. It entered a phase of silence from which it was not to emerge for a long time; it was deprived of its language; and although one continued to speak of it, it became impossible for it to speak of itself…… This experience of Unreason in which, up to the eighteenth century, Western man encountered the night of his truth and his absolute challenge was to become, and still remains for us, the mode of access of natural truth of man”. (Foucault, 1976. p. 68-9)

These passage is very similar to the tune of *Histoire de la folie*, which was almost contemporary. In *History of Madness* Foucault did not repeat his argument against medicalisation of madness in
same overt form but it has always been read between the lines\textsuperscript{18}. Rather he stressed more on the genealogy (Foucault’s term) of meaning and understanding of madness in past few centuries. *Madness and Civilisation* is a blend of history, philosophy, social comment and indignation at the plight of madmen. Foucault traced the history of madness through four distinct phases, from the mediaeval notion of madness as a kind of chaotic natural force exiting outside man and derived from Biblical concepts such as God’s will, Satan and miracle and magic. During the second phase, the Renaissance, madness began to be depicted through literature and visual art as something that naturally existed in men but carried a symbolic significance of realms beyond ordinary existence and conception. Madness had a symbolic public role, epitomized by the figure of the Fool, who could subvert reason with folly - demonstrating the limit of reason itself. The classical age (roughly 1650 - 1800) effectively silenced the madness that had been given imaginary freedom in the Renaissance, as the confinement of lunatics became a common practice. Foucault speaks of a ‘peculiar moment’ when madness and reason were first separated from one another but were seen to have a common birth. What Foucault seems to mean is that Reason and Madness (as Unreason) are alter-egos, each defining the other --- thus the metaphor of common birth and separation from the moment of birth. Foucault seems to suggest that the common origin of madness and reason is always concealed by historical narrative. The usual history of madness is a discourse of reason on madness, a discourse in which reason has already established itself as the measure, and the arena within which madness will appear; it is therefore a history in which madness is relegated to silence.

Foucault’s main concern seem to be the ‘great confinement’ by which society banished madmen to asylums --- a space outside the social arena---- and the ‘great banishing’ of madness from reason-dominated social discourse and how these two were interconnected. “He argued that the alleged scientific neutrality of modern medical treatments of insanity are in fact covers for controlling challenges to a conventional bourgeois morality. In short, Foucault argued that what was presented as an objective, incontrovertible scientific discovery (that madness is mental illness) was in fact the product of eminently questionable social and ethical commitments”. (Gutting, 2011) Foucault's work is often written against a prevailing narrative of linear scientific progress, as a kind of counter-memory: it is usually said, he tells us, that the liberation of the

\textsuperscript{18} Thus we see that *Maladie mentale et psychologie* was closer to antipsychiatry than *Madness and Civilisation*.
insane from their condition of imprisonment constitutes an improvement, a sort of scientific advance—a greater understanding of the insane, and a progressive reform of the barbaric practices which previously grouped the insane together with the criminal and the poor. But, according to Foucault, this story is not the true one and is a myth created only to serve the interests of the present dominant social discourse. In fact the organization of this supposedly liberal and scientific discipline of psychiatric knowledge only served to produce greater and more diversified forms of subjugation, a greater and more subtle surveillance of the minutiae of interior mental life. “This evolutionist, teleological view of knowledge, which sees us standing at the threshold of a new scientific future, with the past stretching behind us as a twilight zone of pre-history, is one that Foucault combats throughout his work”. (Sheridan, 1980 p.25)

From the totality of Foucault’s work on madness what is of importance and interest to us here is the thesis that during the classical period madness came to be equated with unreason and, sometime later, to be viewed as mental illness and these two are connected. “Confinement is the practice, which corresponds most exactly to madness experienced as unreason, that is, as the empty negativity of reason. By confinement, madness is acknowledged to be nothing”. (Foucault, 1967 p. 109). Being equated with unreason allegedly caused madness to be banished from the social arena and being construed as mental illness continued this act of banishment by depriving madness of its social meaning. From this vantage point it is easy to see how Foucault’s thesis came to be of support to the antipsychiatric view disclaiming the medicalisation of madness. It is doubtful whether any specific and circumscribed thesis, apart from the above account, against the medicalisation of madness can be deduced from Foucault’s work as his fundamental approach was against such deductions and his writings essentially remain fluid and amorphous.19

To develop counter-arguments against Foucault’s thesis on madness and medical theorization about madness it is necessary to build up arguments and evidences in two different ways:

19 Foucault’s writings are more rhetoric than dialectic in the original meanings of the terms. Even as early as in 1968, critics had already foreseen the danger that would be posed by "foucauldians" ‘if ever there are any’ and a little later in 1974, George Huppert noted the risk of some of Foucault's theses 'more or less vaguely understood becoming articles of faith among intellectuals'. Indeed, in their enthusiasm, the new school of 'foucauldians' erected what they saw as Foucault's lack of theory into a full-blown theory. (O'Farrell, C., 1989).
(a) As Foucault developed his ideas from a historical and historiographic analysis it is necessary to examine whether we should accept his reading of the history was the only possible and complete one or there is scope for looking at different histories and different interpretations.

(b) And of course, and more importantly, we have to critically evaluate Foucault’s basic arguments against medicalisation of madness and try to build up counter-arguments against them.

Also, we need to delve briefly into how antipsychiatry made use of Foucault’s work to advance its claims against psychiatric theories. This will again involve two lines of examination:

© To evaluate whether antipsychiatry’s readings of and claims about Foucault were acceptable or not.

(d) To evaluate whether antipsychiatry’s arguments and claims, derived from the above, were acceptable or not.

We shall, now, undertake the above four tasks one by one.

Section II

Looking at the History

The most glaring limitation of Foucault’s thesis on madness is its extreme Eurocentrism. The civilization of Madness and Civilisation is purely the European civilization. Throughout the book or in its fuller version History of Madness there is almost no reference from the non-Europe part of the world. Foucault took little notice of what happened and what was happening regarding madness anywhere in the rest of the world. Foucault’s world comprised of Europe only
and Western Europe more specifically\textsuperscript{20}. The very choice of the title of the English translation of his book, \textit{Madness and Civilisation}, is strange. Foucault wrote: “Civilization, in a general way, constitutes a milieu favorable to the development of madness.” (Foucault, 1967. p.206) Which civilization is he talking about? Apparently, that of Western Europe of last seven or eight centuries. Does that represent the whole of human civilizations? Or does the ideas and insights of this rather small geographical and historical part of the world bind over the whole of human civilizations in different parts of the world over last six thousand years or more? The dominant narrative of history that places the Europe-modern technology-colonization triad as the true and only available narrative of development and progress of civilization is not beyond questions and critiques. To accept this dominant narrative unquestioningly will be a foolhardy act against which Foucault himself has warned us repeatedly. Besides, the above statement by Foucault may be taken as his personal view or as his critique against (modern European) civilization but there is no evidence or logical necessity to accept as a fact that civilization necessarily fosters development of madness.

Having this restricted viewpoint Foucault fails to take cognizance of two things: (a) historical continuity between European medical practices and that of other parts of the world, especially the Islamic traditions, and (b) ancient and earlier medical ideas and practices of other parts of the world. This definitely puts into question Foucault’s two ideas, that (i) the sole purpose of asylums was to make confinement and social banishing possible (and that asylums came into being to keep empty leper colonies functional), and (ii) viewing of madness as illness (medicalisation of madness) is a practice developed only in last two centuries. This of course does not take away from Foucault’s analysis of what happened in Europe during last 7-8 centuries but definitely reduces the universal claim of his thesis. This, as we shall show later, also questions Foucault’s view that medicalisation of madness as a relatively new phenomenon (and the subsequent derivation that this is an invalid view). We shall concentrate on two examples of this historical incompleteness of Foucault’s thesis.

\textsuperscript{20} Camille Paglia made a very acerbic comment on Foucault’s alleged limitations “The truth is that Foucault knew very little about anything before the seventeenth century and, in the modern world, outside France. His familiarity with the literature and art of any period was negligible. His hostility to psychology made him incompetent to deal with sexuality, his own or anybody else’s. The elevation of Foucault to guru status by American and British academics is a tale that belongs to the history of cults” (Paglia, 1992 p. 174)
Charak$^{21}$-Samhita

Charak-Samhita is an ancient Indian (Hindu) medical treatise. The available current version probably originated sometime in second century AD though the composition may have gone on for two-three centuries prior to that. Though the vaidya$^{22}$-sage Charak is supposed to be the author, scholars tend to take it as a product by more than one author. (Chattopadhyay, 1988) According to the Charaka tradition, there existed six schools of medicine, founded by the disciples of the sage Punarvasu Ātreya. Each of his disciples, Agnivesha, Bhela, Jatūkarna, Parāshara, Hārīta, and Kshārapāni, composed a Samhitā and founded a medical school$^{23}$. Of these, the one of Agnivesha was considered the best. Agnivesha’s medical thought was the only one to survive over time. The Agnivesha Samhitā was later revised by Charaka and it came to be known as Charaka Samhitā. The Charaka Samhitā, as revised by Dridhbala is considered to be the central and fundamental text of Ayurvedic system of medicine. (Gupta, 1998)

The Charaka-Samhitā contains 120 adhyayas (chapters), divided into eight parts. These eight parts are: Sutra Sthana, Nidan Sthana, Vimana Sthana, Sharir Sthana, Indriya Sthana, Chikitsa Sthana, Kalpa Sthana and Siddhi Sthana. These parts deal with different aspects of medical theory and practice. They describe the then ideas of anatomy, physiology, diagnostics and classification of diseases, pharmacology, required skills and characters of physicians etc. The sixth part Chikitsa Sthan deals with symptoms and signs of some diseases and their treatments. The ninth adhyaya of Chikitsa Sthan part deals exclusively with the illness of madness. This chapter starts with:

(i) অধ্যাত উন্মাদচিকিংসিত্বং বাখ্যাসাম

[trns: Now we shall discuss about treatment of madness]$^{24}$

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$^{21}$ Also spelt as Caraka and Charaka

$^{22}$ Physician in Sanskrit.

$^{23}$ These six samhitas and schools may actually be a myth created to find sameness with the six schools of Indian Philosophy.

$^{24}$ All English translations are author’s, based on B.K..Nag’s Bengali translation of Charak-samhita.
The next few slokas (couplets) are:

(ii) बिरूङ्कदुःखितं तद्भजननी प्रधर्षां देवदुर्विज्ञानम्।
उन्मादवेदुःखितार्हर्ष्यीया मनोहितियते बिषमान्च चेष्टा॥

[trns: Eating of disagreeing, bad and impure food, insulting God, teacher and Brahmins, mental trauma through fear and ecstasy and efforts at very difficult and dangerous tasks ---- these are the causes of madness.]

(iii) धीविह्रमः सत्तपरिप्रवच परवासुला दृष्टिरवीरता च।
अवज्जवांशं हृदयं शून्यं सामान्यनुमाणददा लिङ्गम॥

[trns: Disturbance of intelligence, lack of concentration, unfocussed eyes, restlessness, irrelevant talk and emptiness of heart ---- these are the general signs of madness.]

(iv) स मुद्दता न सुखं न दुःखं नातारस्त्रो तु एव शांतिः।
विन्दृतापात्मानुष्टिसत्तिसंक्षेपः अमत्यां चेत इतितत्त्वं॥

[trns: When mind becomes thus affected, the individual can feel neither happiness nor sadness, can follow neither religion nor rituals, does not get peace anywhere. Rather, as memory, intelligence and identity get destroyed in this state, the individual moves around here and there haphazardly.]
For Charak, madness is characterized by the *derangement* of mind, intellect, consciousness, knowledge, memory, desire, manners, behaviour and conduct. Due to derangement of mind, the patient does not think of such things which are worth thinking; on the other hand, he thinks of such things as ought not to be thought of. Due to derangement of intellect, he understands eternal things as ephemeral and useful things as harmful, due to derangement (loss) of consciousness; the patient is unable to have perception of burns caused by fire, etc... Due to the derangement of memory, the patient either does not remember anything or remembers things incorrectly. Due to derangement of desire, disinclination develops for things desired previously. Due to derangement of manners, the patient, who is otherwise normal, gets enraged. Due to derangement of behaviour, the patient indulges in undesirable activities. Due to the derangement of conduct, the patient resorts to such activities as are against the rules prescribed by religious works. Madness is an imbalance of fluids or a “bad wind”, a spirit that is swallowed or inhaled, a weakness of nerves. According to Charak, ordinary madness (unmada) occurs when the humours (doshas) are made impure or weakened and their flow is obstructed, especially in the cardiac region. Such impurity can result from food, situation, persons, or the actions of ancestors or ghosts in exogenous insanity. Madness is basically an obstruction or blockage of proper flowing in the body.

The above given quotations from Charak-Samhita will be sufficient to demonstrate at least two points. First, attempts to understand madness as illness did not arise only in last two centuries. Rather, ‘medicalisation of madness’ can be traced to at least two thousand years back. Actually, taking up from our discussion in the previous chapter on how society develops the concept of madness, we can argue that the conceptualisation of madness in itself is inextricably related to the view of madness as illness. Concept of madness and concept of illness both have relative
phenomenological constancy and pattern, both are negatively valued (unwanted) and both occur out of natural causes. [Nobody voluntarily produces madness in oneself. Concept of madness cannot incorporate volitional production.] Thus it is natural that from the beginning madness will be viewed as an illness, at least partially. Second, by defining madness as disturbance of intelligence, talk and identity Charak-Samhita comes very close to juxtaposing madness opposite to reason. It can reasonably be concluded that viewing madness as unreason, at least in this sense, is again a much older practice and not a product of European classical age. And this conceptual construction occurred when ‘reason’, as defined in Cartesian and post-Cartesian western philosophy came nowhere near occupying the central position in social and conceptual order of things.

Further information on this can be gained from the Sanskrit language. The Sanskrit word for disease/illness is byadhi [बाधि], the etymological origin of which is बि + आधि meaning extreme pain or distress of mind. आधि originally means anxious reflection, mental disturbance or agony. Clearly, the original Indian/Sanskrit conception of illness or disease was not primarily of a physical entity at all. No sharp difference was made between physical and mental entities, but mental entity was given priority in understanding of disease and illness. Any condition of body or mind that produced mental agony was a candidate to be considered as a disease.

We need to note two more very important points here: (a) Charak identifies cause of madness as influences coming from the natural ‘world outside’ (bad food) along with other internal psychological factors. Charak clearly states that cause of madness can arise within oneself or can come from outside influences; and (b) Charak recognizes madness as an inability or incapacity in basic mental processes [sloka (iv)]. These are the two basic themes being developed throughout this current work and elaborated in chapters II and IV. Charak’s ideas and insights about madness support our claims to a large extent.

**Medieval Islamic Medical Practices about Madness**

Modern European medical theory and practice can be traced historically from early Greek (Hippocratic) and Galenic roots. This tracing occurs through two paths ---- one directly from
Greece to Western Europe through renaissance Italy and the other indirectly through medieval Islamic medical thoughts and practices prevalent in Middle East, North Africa and Moorish Spain. During the medieval ages (750 – 1500 AD) Islamic medical ideas and practices reached unprecedented heights. This medical system is called Unani by the Hindi and Urdu speaking people, its remnants being alive only in Pakistan and India today. The name indicates the origin of this medical system. Unani is the English spelling of Yūnānī, which is derived from the Arabic language and means “Greek” (Ionian). (Bürgel, 1998). What is of importance to us here is that this medical tradition developed a refined concept of mental illness and founded specialized hospitals (asylums) for madmen.

The approach of Islam to mental illness can be traced most importantly to the Holy Quran. The most common word used to refer to the mad person, i.e. insane or psychotic, in the Quran is majnoon. The word is originally derived from the word jinn (the word jinn in Arabic has a common origin with words with different connotations and can refer to a shelter, screen, shield, paradise, embryo and madness). The Islamic concept that the insane is a person possessed by jinn is not the same as the concept of possession in the Middle Ages. In Islam, a jinn is not necessarily a demon, i.e. an evil spirit. It is a supernatural spirit, lower than the angels in the mythical hierarchy, which can be either good or bad. This idea altered the concept and management of the mentally ill; although a person may be perceived as being possessed, the possession may be by a good or a bad spirit. Consequently one cannot generalize punishment or condemn unconditionally. (Bürgel, 1998)

The concepts of mental health and "mental hygiene" were introduced by the Muslim physician Ahmed ibn Sahl al-Balkhi (850-934). In his Masalih al-Abdan wa al-Anfus (Sustenance for Body and Soul), he was the first to successfully discuss diseases related to both the body and the mind, and argued that "if the nafs [psyche] gets sick, the body may also find no joy in life and may eventually develop a physical illness." (Bürgel, 1998) The teaching of the great clinician Rhazes had a profound influence on Arab medical thought and practice. The two most important books of Rhazes are El-mansuri and Al-hawi. The first included the definition and nature of temperaments and physiognomy. Al-hawi was probably the greatest medical encyclopedia produced by a physician till that time. It was a clinical treatise presenting the complaints, signs, differential diagnosis and treatments of diseases. One hundred years later, Avicenna (Ibn Sina,
c.980 – 1037) wrote *Al qanun fi al-tibb*, which was a monumental, educational and scientific book on medical theory and practice and other related subjects. It had a better classificatory system of diseases. All these texts included descriptions of various madness conceptualized as diseases. Avicenna first described numerous neuropsychiatric conditions, including hallucination, insomnia, mania, nightmare, melancholia, dementia, epilepsy, paralysis, stroke, vertigo and tremor. (Nurdeen and Talib, 2005)

Psychiatric hospitals and asylums were built in the Arab world as early as the 8th century. The first psychiatric hospitals were built by Arab Muslims in Baghdad in 705, in Fes in the early 8th century, and in Cairo in 800. Other psychiatric hospitals were built in Damascus and Aleppo in 1270. Perhaps the most famous one was the 14th century Kalaoon Hospital established in Cairo by the Sultan al-Mansour Kalaoon in 683 AH/1284 AD. It had sections for surgery, ophthalmology, and medical and mental illnesses. Contributions by the wealthy of Cairo allowed a high standard of medical care and provided for patients during convalescence until they were gainfully occupied. Two features were striking: the care of mental patients in a general hospital and the involvement of the community in the welfare of the patients. (Baasher, 1975)

Undoubtedly, these hospitals were few in number and did not represent a widespread practice. Roy Porter states: "They were a drop in the ocean for the vast population that they had to serve, and their true function lay in highlighting ideals of compassion and bringing together the activities of the medical profession". (Porter, 1997, p.105) What concerns us here is that development of these mental hospitals during the Islamic era makes a different reading of the historical trajectory ----- different from the Foucauldian/European one ---- possible. These hospitals/asylums were built definitely not as spaces for confinement and social isolation and were not associated with a totally negative view of madness. In fact, a positive social evaluation of madness often coexisted with a medical view of madness. We can represent the two different trajectories as:
I. Foucault’s version of European trajectory:

Madness viewed \(\rightarrow\) Confinement \(\rightarrow\) Medical Gaze \(\rightarrow\) View as mental illness

as unreason

II. Arabian/ Islamic trajectory:

View as mental illness \(\rightarrow\) Need for care and treatment \(\rightarrow\) Hospitals/ Asylums

This shows, at the minimum, that the historical source Foucault uses to build his theory was not the whole of the available information and his source was at best partial and local. What is really surprising is that Foucault did actually take note of some of these mental hospitals/asylums of Arabic world (Foucault, 2006. p.116) but he, somehow, did not reach the logical conclusion from this available information. The inevitable conclusion seems to be that conceptualizing madness as medical illness pre-dates European developments by quite a few centuries and this does not always run parallel to European Enlightenment and ideas of reason and rationality, and medicalisation of madness is not coterminous with confinement and isolation.

The imprisonment of the insane was no doubt terrible and oppressive but when we look back with our enlightened eyes--it is not only our censure of this barbarism that Foucault wishes to ensure. What is really important for us today is not just the deficiency of the past, but the narrative that may fool us in reassuring about our own grasp on the truth, our possession of more humane and rational methods. Foucauldian skepticism about a simple linear history of social progress and a linear meta-narrative of scientific development is acceptable but Richard Rory has criticized Foucault’s reading of history “As far as I can see, all he has to offer are brilliant redescriptions of the past, supplemented by helpful hints on how to avoid being trapped by old historiographical assumptions. These hints consist largely of saying: "do not look for progress or meaning in history; do not see the history of a given activity, of any segment of culture, as the development of rationality or of freedom; do not use any philosophical vocabulary to characterize the essence of such activity or the goal it serves; do not assume that the way this
activity is presently conducted gives any clue to the goals it served in the past." (Rorty, 1986 p.47). Even keeping Rorty’s critique of Foucault’s work with history in mind, that discussion is only of passing interest for the current work. The thrust of our argument is to show that different readings of history of different times and places are also possible and equally valid.

Section III

Foucault and Medicalisation of Madness

(a) What Foucault has really shown is that concepts about madness have changed over time and different historical periods had different theories about and approaches to madness. Fundamentally, this is nothing new\(^{25}\). The idea that our conceptual frameworks vary in different contexts --- in different cultures and at different time frames is a well accepted notion. Foucault does not clearly state whether he intends to take a cultural relativistic stance but if we assume so, we can see that a hard relativistic stance will claim that these different conceptual frameworks cannot be compared with one another --- in the sense of trying to judge which one is more correct or more valid. No comparison of correctness or validity can be meaningfully done between any two of such frameworks. Neither is a logical analysis of correctness or validity meaningful. Their usefulness in a particular local and historical context, to a particular community of people is the only marker of their validity. Viewed thus, even scientific concepts too become merely a product of specific socio-historical contexts. One may of course argue against such a view but if one takes such a relativist stance one cannot, at the same time argue about the incorrectness of a particular framework. Foucault seems to do just that. On the one hand, he shows how different conceptual frameworks about madness existed at different historical periods in Europe and, on the other hand, he claims that one of these frameworks, medicalisation of madness, is wrong and invalid. This is a contradiction within Foucault’s work on madness.

\(^{25}\) Canguilhem quotes Sigerist as saying, “Medicine is the most closely linked to the whole of culture, every transformation in medical conceptions being conditioned by transformations in the ideas of the epoch”. (Canguilhem, 1978. p.103)
(b) Foucault claims that the act of confining madmen within the walls of the asylums and the act of conceiving of madness as mental illness were intricately related to one another. This may very well be, but a moral/ethical stricture against a particular practice does not in any way lend support to a logical argument against the validity of the related conceptual framework. Whether confinement of madmen was an unmitigated evil or not, that issue has nothing to do with the logical acceptability of conceptualizing madness as an illness. The question whether madness can be viewed as mental illness or not needs to be judged through a logical analysis and any judgment of possible use/misuse of such a viewpoint is separate and secondary. Foucault does not really offer any such logical argument against medicalisation of madness in his *Madness and Civilisation*.

© A subjectivist claim will be that moral/ethical evaluations are fundamentally expressions of individual taste and opinions. They are not subject to logical arguments; at the same time, they always leave scope for different and opposite evaluations by others. Foucault seems to miss this point in claiming a universality of his historiography and his moral indignation against confinement and related practices.

(d) Foucault’s historiography and archeology shows that there are unconscious factors operating at the level of social practices and social awareness, which determines emergence of new ideas and conceptions in the social arena. His genealogy and archeology of knowledge were methods of exploring how changing power structures of the society change social perceptions and knowledge. But here he seems to claim that there was a ‘conspiracy’ (presumably by the bourgeois) against the madmen to confine them within the asylum walls. Foucault seems to be intentionally oblivious that a conspiracy cannot be an unconscious act.

(e) Foucault himself has written: “The incontestable evidence of ‘that man is mad’ was not grounded in any theoretical mastery concerning the nature of madness”. (Foucault, 2006. p.185). Just a few pages earlier to this he wrote, “The madman has an immediately precise, obvious, concrete character, while madness has a confused, distant, almost imperceptible outline”. (Foucault, 2006. p.180) Foucault is concerned over madness--- its construction, its symbolic value, its relation to art and literature ---- but he is strangely reticent about the concrete madman in front of us, about his individual experiences and agonies and alienation and suffering. Surely,
not all the hardships and difficulties that a madman goes through are just a result of being ‘different’, being may be ‘a one-eyed man in a blind men’s country’. Surely, Foucault cannot claim it was ever a nice experience to be a madman in any society at any time. Foucault’s monumental and voluminous work on madness does not contain a single sentence about the plight of an individual afflicted with madness (except about the confinement as a general social practice). Our current work is not with Foucault’s ideas about madness but with the concrete madman in front and how to conceive of him within the social space. Canguilhem quoted Leriche as, “Health is life lived in the silence of the organs [and] disease is what irritates men in the normal course of their lives and work, and above all, what makes them suffer.” (Canguilhem, 1978. p. 91) It is this suffering of the mad individual that primarily makes madness a disease.

(f) Foucault has written: “one simple truth about madness should never be overlooked. The consciousness of madness, in European culture at least, has never formed an obvious and monolithic fact, undergoing metamorphosis as a homogeneous ensemble. For the Western consciousness, madness has always welled up simultaneously at multiple points, forming a constellation that slowly shifts from one form to another, its face perhaps hiding an enigmatic truth. Meaning here is always fractured.”(Foucault, 2006. p.163). We fully accept this fundamental insight and have dealt with this issue in the previous chapter where we discuss the different meanings of the word mad, discuss the metaphorical use of the word mad, try to find the prototypical picture of madness, and discuss the Wittgenstenian theory of family resemblance to understand different forms of madness. Foucault goes on to enumerate four different forms of this awareness: (i) A critical consciousness of madness, which identifies madness and designates it against a backdrop of all that is reasonable, ordered and morally wise. (b) A practical consciousness of madness, where the process of disengagement is neither virtual nor a result of some virtuoso dialectics. It emerges as a concrete reality in the existence and norms of a group. (iii) An enunciatory consciousness of madness, which allows for immediate pronouncements, without any detours through the world of knowledge: ‘this man is mad’.and (iv) An analytic consciousness of madness, unfolding all its forms, all its phenomena and modes of appearing. (Foucault, 2006. p.164-5)

These forms are, according to Foucault, “self-sufficient, and supportive of all the others”. We fully agree with Foucault’s analysis here and understand the connection between ‘analytic
consciousness of madness’ and scientific approach to madness. However, Foucault goes on to say, “there can be no knowledge of madness, however objective its pretensions, however much it claims to rest exclusively on scientific knowledge, that does not, despite everything, suppose the prior movement of a critical debate, where reason confronted madness.” (Foucault, 2006 p.165) What Foucault seems to claim here is that the judgment of madness is being made through a critical debate between reason and unreason and this somehow takes away or lessens the claims of a scientific study of madness. This argument is similar to that of Szasz where Szasz claims that madness is a value judgment and thus cannot be an illness in scientific sense and thus scientific study of madness is invalid. We totally disagree with this argument and shall develop our counter-arguments in the next chapter.

(g) The ‘Great Confinement’ did not restrict itself to madmen only but included beggars, vagrants, prostitutes, criminals and others who did not fit into the motif of social productivity. Given that psychiatry was born in these asylums, it remains to be explained why only madness was medicalised while the other categories like begging, prostitution, vagrancy etc did not have the same fate. Foucault commented that if one is not like everybody else, then one is abnormal, if one is abnormal, then one is sick. He said that these three categories, that is, not being like everybody else, not being normal and being sick are in fact very different from each other but they have been reduced to the same thing. But he never raised or addressed the question why only madness attracted the medical gaze while other categories of not being like everyone else escaped medical attention when need to segregate and confine those who were perceived as challenging the reason based social order and work-ethic was equally strong for these other categories. Jean Khalfa asks: “Why did they [madmen] become the object of the medical gaze while prostitutes, vagrants, etc. became the object of other disciplines in the making, for instance sociology or criminology?” (Khalfa, 2006. p.xvii) Obviously there is something more about the discipline of medical psychiatry that defines its subject and it is not just an arbitrary inclusion of any entity under its purview and control in order to enhance the ‘conspiracy’ to isolate and confine a disturbing social minority.
Section IV

Foucault and Claims of Antipsychiatry

Some leaders of antipsychiatry movement and some antipsychiatric literature made a few false unsubstantiated claims on Foucault. It will suffice our purpose here to mention one such claim and give our argument against that.

In his forward to *Madness and Civilisation* David Cooper wrote: “Recent psychiatric ---- or perhaps anti-psychiatric ---- research into the origins of the major form of madness in our age, schizophrenia, has moved round to the position that people do not in fact go mad, but are driven mad by others who are driven into the position of driving them mad by a peculiar convergence of social pressures. These social pressures, hinted at by Foucault, are mediated to certain selected individuals by their families ---- themselves selected by processes that are intelligible ---- through various mystifying and confusing maneuvers.” (Cooper, 1967. p.viii) Obviously what Cooper is talking about is social/familial causation of schizophrenia we have already discussed in relation to R. D. Laing. Cooper and Laing often worked together. Cooper made similar claims in his later book *Psychiatry and Antipsychiatry* (Cooper, 1970)

Points we need to note here are:

(i) Foucault has nowhere talked about social causes of madness or schizophrenia. In fact Foucault has never talked about any putative causes of madness at all and he never made any comment on whether madmen were being driven mad by others in the society. Foucault’s work on changing concepts of madness has nothing to do with social causes of madness. To place such a claim on Foucault is to deliberately misread him.

(ii) Leaving this misreading aside, Cooper’s (and antipsychiatry’s) basic argument against medicalisation of madness here is patently false. Whether madness is caused by social pressures or being induced by others in the society or not is not really an argument against psychiatry’s claim that madness can be viewed as mental illness. Causation does not determine categorization here. For example, if someone assaults me and breaks my arm does not mean my broken arm is
not a medical condition and cannot be mended medically. To take another example, my community and my family may fail to provide me with safe drinking water but the resultant state of stomach upset and abdominal distress will remain medical conditions. ‘Cause’ can be conceptualized at various levels and there is a conceptual muddle in Cooper’s argument.

(iii) Just in passing, let us mention that all these research claims made by Cooper here, some 45 years back, have been proved wrong by subsequent developments. Not only that evidence is lacking but these were not research at all but mere armchair speculations. But this, of course, has no relevance to our discussions about Foucault.

Section V

Unreason and Madness

Foucault’s famous thesis connecting madness with unreason and the related famous Foucault – Derrida dialogue regarding different readings of Descartes’ ‘cogito’ in his Discourse on Method and Meditations on First Philosophy are not central to our present work and we need not go into details about that but few comments seem necessary. Madness for Foucault is a term with many meanings. It has a complex relationship to unreason; it is both part of unreason and separate from it. It is essentially constructed and controlled by the intellectual and cultural forces that operate within society. Unreason, like madness, is a term that shifts in meaning. Essentially, it refers to those people, literary works and experiences that are beyond reason. In the classical period, reason sought to confine unreason in the shape of social deviance; at this point unreason included the mad, the bad and the lazy. Madness and unreason have a complex and changing

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26 Foucault takes Descartes’ serial doubts and rejection of some answers as ‘madness’ as an assertion of rationality at the cost of the irrational. It is, he implies, as if both Descartes’ thinking and Enlightenment – or what is sometimes called post-Cartesian – thought generally wanted to exclude madness and by implication valorize rationality. Thus reason defines and excludes madness. After Descartes, according to Foucault, it will be difficult if not impossible to write about madness other than from within rationality. Derrida effectively claims that Foucault himself is guilty of the strategy that he accuses Descartes of: that despite himself he writes from within the mode of reason. Derrida’s paper Cogito et Histoire de la folie (Cogito and the history of madness) is included in his Writing and Difference and Foucault’s two rebuttals (‘Michel Foucault Derrida e no kaino’ and ‘My body, this paper, this fire’) are given in the appendix of the 2006 English edition of history of Madness.
relationship; sometimes madness forms part of unreason, but sometimes they are clearly separated.

Foucault uses two French words, foliè and delire to denote madness. Foliè translates into English as folly or foolishness while delire translates as delirium. But French delire and English delirium, in current usage means two different things. Delirium in English, as well as in English psychiatric terminology, means an acute state of confusion, disorientation and related features while French delire means delusions. Delirium or delire come from the Latin word deliro, meaning ‘to move out of the proper path’. In this sense it essentially means to move away from the path of reason. As we see, for Foucault, both madness and unreason are complex, fluid and pluralistic entities but, at the same time, unreason is viewed as a binary concept with reason which appears to be a relatively monolithic entity in Foucault’s view. This, in itself, seems to be a contradiction within Foucault’s theses. For our purpose, assuming two descriptions (not definitions) of reason may help us to understand how the equation between madness and unreason may arise. First, if we take reason to be a basic capacity/ability of human mind to form a correct picture of the environment (correct in the sense of corresponding to the ‘world out there’) and to react appropriately to the environment (appropriate in the sense that it enhances survival or reduces chances of early demise) then madness, in the sense that it represents a failure of this basic ability/capacity, becomes ‘lack of reason’, ‘non-reason’ or ‘unreason’. We have discussed this ‘impaired ability’ view of madness in the previous chapter. Second, reason is often conceptualized as the binary opposite of emotion both in our daily practice and within the tradition of western philosophy. We have also seen, in the previous chapter while analyzing uses of the word ‘mad’ in Tagore songs, how one meaning of ‘mad’ turns out to be ‘intensely emotional’. The case will become clearer if we substitute the word ‘emotion’ with ‘passion’. Passion implies intense emotion and is more close to sexual/libidinous emotions and desires. Thus, madness again becomes ‘unreason’ in

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27 Descartes uses passion to refer not only to powerful emotion but also, and more importantly, to that which is received or undergone; passion is from the same root as passive.

28 In Plato’s Republic (Book I), Cephalus, while talking to Socrates about old age and sexual passions of old age, remembers Sophocles: “How well I remember the aged poet Sophocles, when in answer to the question, How does love suit with age, Sophocles, --are you still the man you were? Peace, he replied; most gladly have I escaped the thing of which you speak; I feel as if I had escaped from a mad and furious master”. Cephalus continues, “When the passions relax their hold, then, we are freed from the grasp not of one mad master only, but of many”.


this sense. These may or may not be what Foucault actually meant but these support the unreason-madness equation within our understanding of madness also. Foucault’s idea of madness-unreason equation seems to have changed over time as Ian Hacking has shown in his forward to *History of Madness* but that is not central to our discussion here.

We have thus far argued that Foucault’s thesis that the late classical period gave birth to the mental illness view of madness is not historically correct, at the same time accepting another part of Foucault’s thesis that at that point of history some change in social perception of madness made the ‘great confinement’ possible. Part of this change was, as Foucault implies, ‘Reason’ becoming the dominant discourse and discovering and defining ‘Unreason’ as the lack, as the negative and silencing it within the dominant discourse. We would like to propose here that the other but related part of the change was the development of a new discipline within the social body ---- the discipline of science. Science of course was a part of and product of reason and rationality and science brought in two specific changes in social perceptions. To clarify this let us think of social perception of (and not the scientific use of) what we call illness. The basic meaning of illness is an unwanted and distressing condition occurring within an individual ‘caused’ by natural laws. In the so called pre-scientific era the realm of natural law could include super-natural entities, divine and demonic influences and such others. Sciences redefined the realm of natural law and marked the boundaries of possibility. Thus, while previous historical times could conceive of illness (physical or mental) being caused by super-natural influences, science rendered this impossible. The change was brought in not through a redefining of illness but through a changed conception of nature (‘world out there’). The other change was due to a specific characteristic of science ----- as a theoretical endeavor science is essentially non-pluralistic. While science never lays claim of having the ultimate truth of a phenomenon (notwithstanding the popular lay belief of ‘scientific truth’) science lays claim to being the ‘best available theory’ and cannot accept two or more different and contradictory theories to be of equal merit at the same time. Thus, a ‘pre’-scientific approach can accommodate an illness caused by natural laws at the same time signifying, say, divine wrath but ‘scientific’ approach will strip it of special significance keeping only the natural causal explanation acceptable. As science, as

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29 We shall discuss this in further details in the next chapter.
30 Karl Popper’s theory of falsifiability. Albert Einstein is believed to have said that no amount of experiment can prove a theory to be right but a single experiment can prove it to be false.
part of the Reason dominated agenda of social discourse, became powerful and all-encompassing it reduced madness to mental illness and deprived madness of other possible meaning and signification banishing them to the realm of superstition. This gives new perspective on Foucault’s lament about lost meanings of madness. We shall try to develop this idea little more in Chapter V but before that, at the end of the current chapter, we must discuss about Foucault’s notion of the connection between madness and creativity.

Section VI

Madness and Creativity

*If a scientist were to cut his ear off, no one would take it as evidence of a heightened sensibility.* – Peter Medawar

This topic is only of peripheral interest to us in our present endeavor to understand medicalisation of madness. Nonetheless, we need to take note of this issue owing to two circumstances. First, Michel Foucault bases a large part of his argument on the alleged madness or mental illness in some creative authors and artists. Second, lay perception of madness often similarly finds a connection with creativity. In fact, Foucault’s argument seems to be an extension of this lay perception. Anyway, a brief but critical look into the madness-creativity connection may prove to be fruitful in our current effort too.

Lay perception of madness-creativity connection encompasses two related but distinct ideas. One, that pursuit of a creative activity is in itself akin to madness. Second, that a personal experience of madness somehow facilitates creative work. Remembering our understanding of different social meanings of madness (derived from Tagore songs, given in chapter II) we can try to understand and elaborate the above two perceptions further. Creative activity naturally differs
fundamentally from our usual daily activities and commonly socially approved career options. Interest in creative activity in young people is often viewed negatively by family and guardians because these activities usually do not ensure automatic success in terms of material gain and social position. All creative activities are tentative trial-and-error acts in this sense. Thus creative pursuits are often dubbed as madness in the sense of being impractical or foolish. Next, creative pursuits usually produce a kind of eager involvement on the part of the creative person often at the cost of neglect of usual daily activities and this brings in the perception of creativity as madness in the sense of being over-involved. Also, creative work always involves high level of emotionality ---- often primarily representing complex emotions. We have seen before how one perception of madness is heightened emotionality and it is easy to see how creative work is often connected to madness in this sense. Lastly, creative work necessarily implies novel and out-of-the-box thinking and looking at the creator’s own self and life. Here, the ‘non-normative’ perception of madness connects it to creative work. Thus, it is not difficult to see why and how lay perception often connects creativity with madness. Besides, a personal experience of madness, being an unusual and highly emotionally stirring experience, can produce new and unusual perceptions and different thought processes and these experiences can become a nidus for new creative work.

Nevertheless, besides these lay perceptions connecting creativity with madness, is there any rationale and evidence to assume this connection? This speculation has long been rife even in psychiatric research but as yet there is hardly any evidence to support such a connection. Scholars like Nancy Andreasen, K. S. Pavitra and many others have investigated the putative connection between creativity and mental illness, especially bipolar disorder and though they recorded anecdotal accounts and speculated on possible theoretical continuities, they could not establish any strong statistical evidence of such overlap between madness and creativity. (Andreasen, 2005; Dietrich, 2004; Pavitra, 2007; Santosa, 2007). Foucault wrote, “The frequency in the modern world of art that explode out of madness no doubt proves nothing of about the reason of that world,.......... and yet this frequency must be taken seriously, ......from the time of Hölderlin and Nerval, the number of writers, painters, and musicians who have “succumbed” to madness has increased” (Foucault, 1967, p. 272) Surprisingly, Foucault has not deigned to give any reason to give for such a surprising assumption. This appears to be
Foucault’s personal opinion as no such evidence exists to support this claim that occurrence of madness or mental illness in creative people has increased (or decreased, for that matter) in recent past. Nor do we have any means of judging if a particular piece of art ‘explodes out of madness’. The madness-creativity connection could be taken as valid if evidence showing higher prevalence of madness in creative people or higher degree of creativity in mentally ill population were available. Till date, there is no convincing statistical evidence of this nature. Madness in famous persons has long been speculated and commented upon, from Nebuchadnezzar to Nietzsche, from Homer to Hemingway and such others. Of course some of them may have suffered from some mental illness but what is less often recognized is that it is notoriously difficult to diagnose psychiatric illness from anecdotally available information. Besides, no mention is ever made of the vast number of equally creative persons who never suffered from any mental health problem or madness. Thus, a causal connection between madness and creativity or a simple correlation between the two entities seems hardly tenable.

The madness-creativity connection faces some theoretical and conceptual problem as well. Creativity is a very amorphous concept. How do we define creativity? Is creativity related only to literature, music and fine arts? Are scientists creative persons? Are essayists in different disciplines creative persons? The Oxford English Dictionary gives two definitions of ‘creative’: (a) “involving the use of skill and imagination to produce something new or a work of art” and (b) “having the skill and ability to produce something new, especially a work of art”. While reviewing the research on creativity in last few decades, Mumford wrote, “over the course of the last decade……we seem to have reached a general agreement that creativity involves the production of novel, useful products.” (Mumford, 2003, p.110) Thus, creativity is the ability to produce new things --- new relative to the person and her community and useful for the community. Creativity is commonly associated with works of art but this apparently is more of convention and less of a clear understanding of the process of creativity. We have, as yet, little idea whether the process of producing novel things in different walks of life is basically the same or different in different contexts. We simply don’t know whether the imaginations involved in producing novel works of art, novel scientific theories or novel ideas in other fields are of the same kind or not, whereas, the skills involved in art, science etc are obviously different. The field of art is also large and loosely defined. We have little idea whether the creative processes
involved in music, painting, literature, acting etc are same or not. Our, as yet, imprecise conception of creativity rises some more questions. Can the degree of creativity be compared between two persons across disciplines? Can we compare creativity of, say, Beethoven with that of, say, Goethe or Einstein? These are difficult, probably unanswerable questions. If our conception of creativity remains so amorphous, the proposed madness-creativity connection must necessarily remain speculative only.

An interesting point needs to be considered here. When we talk about the madness-creativity connection we almost always consider creativity of writers, musicians and artists and almost never of scientists. Madness is moreover somehow taken to be antithetical to serious scientific activity. When we consider an artist who had a personal experience of madness, we tend to assume “creativity from/due to madness” but when we consider a scientist who had a personal experience of madness, we tend to assume “creativity despite madness”. Compare the cases of Van Gogh and John Nash. While everyone eulogizes John Nash for being a Nobel laureate mathematician despite his psychotic illness, in case of Van Gogh, the imputation is that his eccentric behavior or (alleged) mental illness had something positive to do to make him the epoch making artist that he was. This difference in our assumptions is highly significant in view of our partial understanding of creativity but the difference is not very difficult to understand. Creative work in the field of literature, music, fine art etc. deal directly with emotions, represent emotional states and move us through our emotions while scientific breakthroughs are non-emotional activities dealing with rationality and mathematics. Madness, one common perception of it being an intense emotional state and opposite of rationality, thus appears to be connected to literary and artistic creativity in a positive way but antithetical to scientific creativity. The Nobel laureate biologist and immunologist Sir Peter Medawar commented (also given as sub-heading of this chapter): “If a scientist were to cut his ear off, no one would take it as evidence of a heightened sensibility.” (Medawar, 1984. p. 263)

In Madness and Civilization, Foucault makes a case for madness (opposing the mental illness view of madness) through discussing the lives and works of Artaud, Nerval, Hölderlin etc. Antonin Artaud (1896–1948) was a French actor, writer and drama theorist. Artaud was known to be a drug dependant person, allegedly had some mental illness and spent a large part of his life
in asylums. His most influential work, *The Theater and its Double*, is a collection of essays and articles about theater and drama theory. For Foucault, he represented a particular relationship between art and madness as if he was part of a tradition of artists and writers who succumb to madness. For Foucault, Artaud’s life was a struggle between creativity and insanity. Artaud's name is a kind of token for Foucault; he refers to him without going into analysis Artaud’s work in any detail or depth. Don Quixote, in Miguel Cervantes’ (1547–1616) novel of the same name, travelled around Spain acting out imaginary deeds of chivalry. Quixote, for Foucault, is a symbol of the integration of madness into Renaissance life. (Foucault, 1967, p.25) Gerard de Nerval (1808–55) was a French poet and writer. Foucault views him, along with others as representative of the link between madness and art. Foucault also mentions the artist Francisco Goya (1726–1848), the philosopher Friedrich Nietzsche (1844–1900) among others to establish his argument which can best be captured by quoting Foucault himself: “By the madness which interrupts it, a work of art opens a void, a moment of silence, a question without answer, provokes a breach without reconciliation where the world is forced to question itself.”(Foucault, 1967)

Like his prose, which is fluid and free flowing, Foucault’s arguments are very amorphous and difficult to pin down. It is difficult to understand what Foucault tries to derive from the relation between personal history of madness or mental illness of an author or an artist and her/his creative output. To suggest that creative outputs of only those persons who had a personal experience of madness carries a special significance seems to be absurd for works of many authors and artists may be shown to carry equal scope of opening “a void, a moment of silence, a question without answer, provokes a breach without reconciliation where the world is forced to question itself.” What will be the criteria to differentiate among different creative output? Won’t it be a question of reader’s or viewer’s personal taste and choice and individual interpretation? Suppose I come across a piece of text; can I, without knowing the identity and personal history of the author, decide whether the author had a personal experience of madness or not? This argument seems more surprising coming from Foucault who was a champion of ‘texts without author’s name’ and who partly walked the same path as Rolland Barthes who wrote *Death of the Author*. In his 1969 lecture titled “What Is An Author?” Foucault partly agreed with Barthes in maintaining that personal history of the author (Barthes preferred the term ‘scriptor’ and Foucault preferred ‘narrator’ in place of ‘author’) had little to do with reading of a text. Foucault
Foucault disagreed with our habit of thinking about authors as individuals, heroic figures who somehow transcend or step outside history. Note that the "author function" is not a person and is not to be confused with either the "author" or the "writer." The "author function" is more like a set of beliefs or assumptions governing the production, circulation, classification and consumption of texts. The term "author" doesn't refer purely and simply to a real individual. The "author" is much like the "narrator," Foucault suggests, in that he or she can be an "alter ego" for the actual flesh-and-blood "writer."

Foucault’s use of the personal histories of Artaud, Nerval and others to bring out a particular interpretation of their writings and to build up a theory against medicalisation of madness thus seems contradictory to Foucault’s own view of role of authors in reading of a text.
References:


