

Michel Foucault and Antipsychiatry: *Psychiatric Power in Perspective*

Emmanuel Chamorro, José Luís Ferraro*

ABSTRACT: This paper examines the connection between Michel Foucault and antipsychiatry, taking his 1973–1974 lectures *Psychiatric Power* as a starting point. Our analysis begins by observing how the problem of madness reemerges in Foucault’s work both because of its affinity to the currents critical of psychiatry and the transformations of the French intellectual field at the time. From this situated perspective, *Psychiatric Power* becomes particularly relevant because it allows us to connect the three fundamental problems of all Foucauldian work—knowledge, power, subjectivity—around the critical analysis of the modern political technologies.

KEYWORDS: Foucault; Psychiatry; Antipsychiatry; Psychiatric Power; Discipline

SUMMARY: 1. Introduction – 2. The return of madness – 3. *Histoire de la folie* and its afterlives – 4. Discipline and psychiatry – 5. A genealogy of psychiatric power – 6. Between power and resistance: Foucault and antipsychiatry.

1. Introduction

It is well known that Michel Foucault was interested in psychology and psychiatry from his youth. Both his early works—the French edition of *Traum und Existenz*, which includes a longer introduction than Ludwig Binswanger’s own text, and *Maladie mentale et personnalité*—and the unpublished courses and manuscripts of the early 1950s bear witness to this.¹ In the context of his studies in psychology, Foucault collaborated in some psychiatric institutions such as the *Saint-Anne Hospital* or the *Centre National d’Orientation*, a center that operated as the general psychiatric hospital for French prisons. Such experiences constitute a fundamental milestone for understanding his later theoretical work and especially his first major work, *Histoire de la folie à l’âge classique*, published in 1961. More than a decade later, Foucault would return to the questions raised there from a new perspective. Thus, in the 1973–1974 and 1974–1975 courses—*Le pouvoir psychiatrique* and *Les anormaux*—he addressed the problem of madness, by his own admission, where he had left off, but starting from a new framework of analysis defined by the study of disciplinary power that he had been constructing since the end of the 1960s.

* Emmanuel Chamorro, postdoctoral researcher, Universidad Complutense de Madrid and Universidad de Sevilla, Spain. Mail: emmchamo@ucm.es. José Luís Ferraro, researcher, Pontificia Universidade Católica do Rio Grande do Sul and National Council for Scientific and Technological Development, Brazil. Mail: jose.luis@pucrs.br. The article was subject to a double-blind peer review process.

¹ In this regard, it is worth mentioning the publication of some short texts of the time—such as “Un manuscrit de Michel Foucault sur la psychanalyse” translated by Elisabetta Basso—and the appearance in 2021 of *Binswanger et l’analyse existentielle* and *Phénoménologie et Psychologie*.

Three lines of research that Foucault had been developing since he joined the Collège de France were thus brought to fruition. On the one hand, that of the seminar parallel to the courses, which had dealt from different perspectives with the relations between the judicial apparatus and the will to know,² and which resulted in the publication of *Moi, Pierre Rivière, ayant égorgé ma mère, ma soeur et mon frère...* in 1973, *Herculine Barbin dite Alexina B.* in 1978 and *Le désordre des familles* in 1982. And, on the other hand, those of the two projects announced in *L'ordre du discours*.³ The first of these, which unfolds in the twelve lessons of *Le pouvoir psychiatrique*, consists of analyzing the effects of power associated with medical, psychiatric, and sociological discourses within the penal system. The second project, which will be developed in *Les Anormaux*, aims to analyze the way in which the discourse of sexuality has been linked since the 16th century to the Christian technique of confession and is rearticulated, in the 19th century, around the knowledge and practices of medicine and psychiatry. This perspective allows Foucault to identify certain facets of modern power that the bellicose-disciplinary model developed in previous years seems unable to grasp satisfactorily and, in particular, the relevance of the therapeutic logic that covers the set of disciplinary apparatuses he had analyzed in previous courses. Thus, the diptych formed by *Le pouvoir psychiatrique* and *Les Anormaux* constitutes a bridge between the analysis of disciplinary power and that of biopolitics, and we can even find in them certain references that point to the development of the notions of governmentality and security.

2. The return of madness

As Francisco Vázquez García has pointed out, Foucault's reflections on madness constantly refer to the question "how does the existence of mental illness in a given society serve as a critique of that same society?"⁴ Thus, in *Maladie mentale et personnalité*—published in 1954—, Foucault starts from a humanist perspective influenced by Marxism that points to the possibility of a psychology "at once scientific and liberating".⁵ In 1961, when he published *Histoire de la folie à l'âge classique*, he would, on the other hand, underline the link between the birth of psychology and the Cartesian "Cogito", i.e. the division between reason and madness.⁶ Finally, despite the continuities, when in the mid-1970s he

² In the summary of his first course at the Collège de France, Foucault notes the following: "The general framework for this year's seminar was the study of penalty in nineteenth century France. It focused this year on the first developments of penal psychiatry in the Restoration period. The material used was to a large extent the text of medico-legal expert opinions given by Esquirol's contemporaries and disciples" (M. FOUCAULT, *Lectures on the Will to Know: Lectures at the Collège de France 1970-1971 and Oedipal Knowledge*, New York, 2013, 228). For its part, the 1972-1973 seminar had been entirely devoted to analysis of the case of Pierre Rivière (cf. M. FOUCAULT, *The Punitive Society: Lectures at the Collège de France 1972-1973*, New York, 2015, 263). The 1973-1974 seminar revolved around two questions: "The history of the hospital institution and of hospital architecture in the eighteenth century; and the study of medico-legal expertise in psychiatric questions since 1820" (M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, New York, 2006, 346).

³ M. FOUCAULT, *The order of discourse*, in R. YOUNG (ed.), *Untying the Text: A Post-Structuralist Reader*, Boston, 1981, 70-71.

⁴ F. VÁZQUEZ GARCÍA, *Foucault y los historiadores: análisis de una coexistencia intelectual*, Cádiz, 1987, 15. [All texts not quoted in English have been translated by the authors]

⁵ F. VÁZQUEZ GARCÍA, cit., 15.

⁶ F. VÁZQUEZ GARCÍA, cit., 15.

explored the birth of psychiatry once again, his concern would turn to the way in which psychiatry is articulated with a certain technology of power characterized as disciplinary.

This shift responds to the difficulties faced by the analysis itself, but also to the experiences that have emerged since the 1960s and which seek to problematize and politicize the psychiatric question. In this sense, antipsychiatry, psychosociology and other critical proposals constitute a fundamental pillar for understanding Foucauldian (re)elaboration of the problem of madness. And alongside them, a whole series of movements that destabilize traditional frameworks, enabling the politicization of previously forbidden spaces such as mental health, must be included. Thus, as Foucault himself explained in an interview published in 1975, it was only after 1968 that antipsychiatric studies and experiences could be linked to an analysis of power such as the one he was forging at the time:

We are trying to analyze power in a more subtle way than it has been done in the past. In general terms, I would say that the antipsychiatry of Laing and Cooper, between 1955 and 1960, represents the beginning of this critical and political analysis of the phenomena of power. I think that, up until 1970-1975, analyses of power, critical analyses, at the same time theoretical and practical, focused essentially on the notion of repression. Denouncing repressive power, making it visible, fighting against it. But, after the changes brought about by 1968, it's necessary to approach it from a different perspective; we wouldn't make any progress if we continued to pose the problem in these terms: we must pursue this theoretical and political analysis of power, but in a different way.⁷

In fact, even if Michel Foucault was not aware of the antipsychiatry movement at the time, it is not difficult to discover the affinity that connects *Histoire de la folie à l'âge classique* and the works of David Cooper, Ronald Laing, Franco Basaglia or Thomas Szasz.⁸ In Nikolas Rose's opinion, this is due to the convergence of two factors: on the one hand, the reconfiguration of psychiatry at the time, and on the other, the shared gesture of reconstructing the dialogue that the emergence of mental illness had broken off between psychiatry and its subjects.⁹

⁷ M. FOUCAULT, *Asiles. Sexualité. Prisons*, in *Dits et écrits: II 1970-1975*, Paris, 1994, 773-774.

⁸ In the aforementioned 1975 interview, Foucault explains this mutual ignorance: "When I wrote *Histoire de la folie à l'âge classique*, I didn't know the work of Laing and Cooper. And they didn't know my work. My book was published in France in 1960. Laing's and Cooper's first books must have appeared in 1958-1959, and it was Cooper who translated my book into English. These are contemporary works, but we didn't know each other." M. FOUCAULT, *Asiles. Sexualité. Prisons*, cit., 774.

⁹ cf. N. ROSE, *Foucault, Laing et le pouvoir psychiatrique*, in *Sociologie Et Sociétés*, 38(2), 2006. We can trace this Rose's thesis as early as the preface to the first French edition of *Histoire de la folie à l'âge Classique*—removed from further editions—in which Foucault states: "In the midst of the serene world of mental illness, modern man no longer communicates with the madman: on the one hand, there is the man of reason who delegates the physician in the direction of madness, thereby only authorizing a relationship through the abstract universality of illness; on the other, the man of madness who communicates with the other only by the intermediary of an equally abstract reason embodied in order, physical and moral constraint, the anonymous pressure of the group, and the requirements of conformity. As for a common language, there is none; or rather, there is no longer; the constitution of madness as mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already acquired, and thrusts into oblivion all those imperfect words, without a fixed syntax, and a little stammered, through which the exchange of madness and reason took place. The language of psychiatry, which is a monologue of reason on madness, was able to establish itself only on the basis of such a silence" (M. FOUCAULT, *First preface to Histoire de la folie à l'âge classique (1961)*, in *Pli: The Warwick Journal of Philosophy*, 13, 2002, 2).

If we consider this characterization, the analyses in *Histoire de la folie à l'âge classique* and the anti-psychiatrists would have emerged at a time when the medical field was undergoing a profound reorganization that implied a definitive break with asylum psychiatry and the emergence of another one focused on intervention, prevention and the extension of mental health, articulated around psychotherapies.¹⁰ This shift, which breaks with the logic of the asylum, was not intuited in his work of the 1960s, but it is directly reflected in Foucault's analyses of psychiatric power in the 1970s.

Finally, although Rose does not emphasize this, a third affinity between *Histoire de la folie à l'âge classique* and antipsychiatry could be noted in the proximity of both to the intellectual framework of "existential analysis" and "phenomenological psychiatry"¹¹—from which they would later move away. In any case, as we can see, the link between *Histoire de la folie à l'âge classique* and the antipsychiatry movement remains circumstantial—since it refers more to a shared context than to a mutual influence. A situation that would change ten years later when Foucault himself acknowledged his debt to antipsychiatry and identified it as a vector of "the insurrection of subjugated knowledges".¹² Thus, despite the methodological and conceptual distance that separates them, the genealogy of pathologization that we find in *Le pouvoir psychiatrique* and *Les Anormaux* shares a central feature with the antipsychiatric critique: the questioning of the relations of knowledge and power that confer on the psychiatrist the authority "to decide on the mental state of an individual".¹³

Laing and Cooper introduced a new way of relating to madness, which is no longer a psychiatric and medical one. The idea that madness is a disease is historically recent. The madman did not have the status of a patient until around the 18th century. And, when he did become a patient about this time, there was an appropriation of medical power over madness, and a series of phenomena were associated with it: essentially, behavioral abnormalities, sexual abnormalities, etc. What Laing, Cooper and Bettelheim did, what Szasz did, in his own way, was to cease approaching these phenomena of behavioral irregularities from a medical perspective. Being mad, for Laing and Cooper, is not a way of being ill. For psychiatry, this represented a very important break.¹⁴

In fact, the affinity between the two proposals is such that in *Le pouvoir psychiatrique* Foucault will use the term "antipsychiatry" to designate not only the current that arises around Laing, Cooper or Basaglia, but "everything that calls into question the role of the psychiatrist previously given responsibility

¹⁰ N. ROSE, cit., 115-116.

¹¹ In an interview in 1978, Foucault himself will give an account of this affinity: "My reading of what was called 'existential analysis' or 'phenomenological psychiatry' was important for me during the time I was working in psychiatric hospitals and while I was looking for something different from the traditional schemas of psychiatric observation, a counterweight to them. There's no doubt that those superb descriptions of madness as unique and incomparable fundamental experiences were important. And I believe that Roland Laing was impressed by all that as well; for a long time, he also took existential analysis as a reference (he in a more Sartrean and I in a more Heideggerian way). But we moved on to other things. Laing developed a colossal project connected with his work as a doctor; together with David Cooper, he was the real founder of antipsychiatry, whereas I only did a critical historical analysis. But existential analysis helped us to delimit and get a better grasp on what was heavy and oppressive in the gaze and the knowledge apparatus of academic psychiatry" (M. FOUCAULT, *Interview with Michel Foucault*, in J. FAUBION (ed.), *Essential Works of Foucault (1954-1984), Volume 3: Power*, New York, 2000, 257-258).

¹² M. FOUCAULT, "Society Must Be Defended": *Lectures at the Collège De France 1975-1976*, New York, 2003, 7.

¹³ M. FOUCAULT, *Le monde est un grand asile, Dits et écrits: II 1970-1975*, Paris, 1994, 433.

¹⁴ M. FOUCAULT, *Asiles. Sexualité. Prisons*, cit., 774.

for producing the truth of illness within the hospital space”.¹⁵ Thus, as we shall see, Charcot’s hysterics will be defined as “the true militants of antipsychiatry”.¹⁶ because their gesture questions the knowledge that legitimizes psychiatric power.

In this sense, our author sets as his critical objective the breaking of the circular ties that link subject, madness and power and, embracing the strongest—and, as we shall see, problematic—theses of the antipsychiatrists, he goes so far as to claim the possibility of “giving the individual the task and right of taking his madness to the limit, of taking it right to the end, in an experience to which others may contribute, but never in the name of a power conferred on them by their reason or normality”.¹⁷

3. *Histoire de la folie* and its afterlives

In an interview published in March 1972, Foucault had asserted that continuing *Histoire de la folie à l’âge classique* up to the present¹⁸ was pointless because he preferred that his research could be useful for concrete struggles—as he was doing with his genealogy of punitive mechanisms in relation to prison riots.¹⁹ Somehow, however, the displacements just mentioned and the analysis of disciplinary power itself seem to drag him into it, immediately revealing its political utility. The study of disciplines developed especially in *La société punitive* had shown that, although this power pervades economic relations and is essential to the development of the capitalist mode of production, economics cannot explain the complexity of its functioning. Thus, as a complement to this power which aims to maximize the utility of individuals in their coupling to industrial production, there appears another logic which refers rather to domestication, and which is based on the—non-economic—partition between the normal and the abnormal. It is precisely this vector that makes Foucault look again at the birth of psychiatry. In this sense, the experiences of the *Groupe d’information sur les asiles (GIA)* and antipsychiatry constitute two fundamental milestones for understanding the new perspective of analysis presented by Foucault in both *Le pouvoir psychiatrique* and *Les Anormaux*. The 1973-1974 course thus picks up where *Histoire de la folie à l’âge classique* had left off, with the latter, and especially its archival work, functioning as a background to the new genealogy of psychiatric power.²⁰ This return to the problems of *Histoire de la folie à l’âge classique* also has to do with what Robert Castel has identified as a second reading of the 1961 work—this time a political one—made possible by the events of May ‘68 and the transformation of the French intellectual field.²¹ In such circumstances, the politicization of mental suffering means that madness is represented in certain circles as the quintessence of capitalist domination, the concentrated form of a capture of desire that cuts across all social relations. It is, however,

¹⁵ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège De France 1973-1974*, cit., 342.

¹⁶ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 254.

¹⁷ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 346.

¹⁸ As he confirmed in another interview with Colin Gordon and Paul Patton in 1978, however, in its original design, *Histoire de la folie à l’âge classique* had been conceived as the first chapter of a work that was to reach up to the present (cf. M. FOUCAULT, *Considerations on Marxism, Phenomenology and Power. Interview with Michel Foucault*, in *Foucault Studies*, 14, 113).

¹⁹ Cf. M. FOUCAULT, *The great confinement*, in K. THOMPSON and P. ZURN (eds.), *Intolerable: Writings from Michel Foucault and the Prisons Information Group (1970-1980)*, Minneapolis, 2021, 271-272.

²⁰ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 12.

²¹ R. CASTEL, *Les aventures de la pratique. Le Débat*, vol. 41, n° 4, 1986, 44.

an attribution that extends to many of the figures considered “marginal” at the time—immigrants, prisoners, prostitutes, homosexuals, the insane...—and which in Foucault’s milieu will be translated around the problem of prison, considered by him as the concentrated expression of disciplinary power.²² Even if it declined in different ways, this vocation to shed light on the “black boxes”²³ of our societies and to place the margins at the center of reflection and political action meant that the link between the *Groupe d’information sur les prisons (GIP)* and the *GIA* arose almost spontaneously.

However, Castel—who shared much of Foucault’s political trajectory—also points to a crucial difference between the struggle against prisons and against asylums, which in his opinion was a determining factor in Foucault’s not participating in the latter with the intensity with which he militated in the *GIP*, despite his affinity with its proposals and his concern for the issue. Castel’s explanation, beyond psychological or biographical considerations, points to a radically political question: the differences between the way in which the demands of the prisoners’ movement and those of the field of psychiatry are articulated. Foucault is involved in the *GIP*, Castel argues, because even at times when prisoners cannot be given a direct voice, the demands that have been collected from them are minimally mediated by the discursive and refer to the everyday life of those who experience the situations denounced. On the contrary, in Castel’s view, the demands of the struggles against psychiatry, perhaps due to the very complexity of the field in which they developed, were much less concrete and involved very different perspectives that were not always reconcilable: “Defense of patients’ interests, romantic exaltation of madness, denunciation of the class character of psychiatric practice, theoretical criticism of coercive institutions, search for a practice of alternative care, etc.”²⁴

All these circumstances meant that Michel Foucault’s return to *Histoire de la folie   l’ ge classique* in 1973 took place from a different perspective, which obliged him to underline certain shifts in the first lecture of the course. The most important of these, as the author himself points out, will consist in the fact that the object of analysis will not be the representation of madness—which had confined his work to the margins of the history of thought—but the dispositifs of power that traverse it. The aim, then, is to make visible the relations, the fields of power and knowledge that are implicated in the emergence and development of psychiatry in the 18th and 19th centuries, and which have made it function since then as a police science in which psychiatrists appear as “functionaries of social order”.²⁵ From this perspective, converging as we shall see with the antipsychiatric critique, what appears at the heart of psychiatry is no longer a discourse, but a power relation. Thus, as the course editor points out, it is no longer a question of denouncing the operation through which psychiatry would conceal the conditions of mental illness—reference to *Maladie mentale et personnalit *—, nor of analyzing why the madness/reason partition implied the confinement of the mad—reference to *Histoire de la folie   l’ ge Classique*—, but “history is used to bring to light obscure relations of continuity which connect

²² M. FOUCAULT, *Discipline and Punish: The Birth of the Prison*, New York, 1995, 255.

²³ M. FOUCAULT, *GIP Manifesto*, in K. THOMPSON and P. ZURN (eds.), *Intolerable: Writings from Michel Foucault and the Prisons Information Group (1970-1980)*, Minneapolis, 2021, 64.

²⁴ R. CASTEL, *Les aventures de la pratique*, cit., 47.

²⁵ M. FOUCAULT, *Confinement, Psychiatry, Prison*, in *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984*, New York, 1990, 180.

our present apparatuses to old bases linked to a given system of power, with the aim of isolating objectives of struggle”.²⁶

On the other hand, in addition to rejecting the perspective of representation, Foucault identifies several problems with his previous approaches to the question of madness. Firstly, he will contest the use of the notion of “violence” as a descriptor of psychiatric power relations. He points out that it was a mistake to place this concept at the center of his analysis, not because psychiatry responds to a humanist model, but because it cannot grasp the concreteness of the power it exercises. The term “violence”, in this model, would have made it possible to understand psychiatric practice in its bodily dimension, but it also introduced a dynamic of irregularity and chance that Foucault believes is not present in this form of exercising power. In this sense, he will now argue that psychiatry sets in motion a calculated and rational action on the subject that institutes a “microphysics of bodies”.²⁷

Secondly, Foucault also rejects the notion of “institution”—taken from Erving Goffman’s *Asylums*—because he understands that the analysis must go beyond what happens inside the asylums, since the relations of subjugation that psychiatry sets in motion go beyond such frameworks. Psychiatric power, and not the hospital, will be the focus of this approach because it is against this background of power relations that the institution emerges.

Finally, Foucault also breaks with the analysis centered on the family model—one of the conclusions of *Histoire de la folie à l’âge classique*—and the state apparatus. The family constitutes a fundamental element in the development of disciplinary power, but precisely because it embeds within it a dispositif of absolute, sovereign power, which allows the new controls to be extended capillary. However, throughout the two courses of 1974 and 1975, Foucault will not only renounce the idea that psychiatry reproduces the variegated family structure of modernity, but he will invert it by proposing that it actually appears as a consequence of the controls that psychiatry institutes around infantile sexuality. With respect to the notion of “state apparatus”—of a clearly Althusserian ascendancy and which constitutes one of the critical objectives of the analytic of power—Foucault will argue that it does not allow us to grasp the functioning of psychiatric power because “it is much too broad, much too abstract to designate these immediate, tiny, capillary powers that are exerted on the body, behavior, actions, and time of individuals”.²⁸

4. Discipline and psychiatry

Therefore, in 1973, with a knowledge of antipsychiatry and other critical currents and experiences, Foucault reintegrated, as already announced, the history of psychiatry within the framework of the study of disciplinary power. *Psychiatric Power* thus proposes an approach to the disciplines that continues the work of *La société punitive*, but from a new perspective no longer concerned with analyzing the way in which the punitive apparatus contributes to fixing subjects to production, but rather how psychiatry throughout the 19th century contributed to the development of a technology of domination

²⁶ J. LAGRANGE, *Course context*, in M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 350.

²⁷ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 14.

²⁸ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 16 [*].

based on the normal/abnormal distinction. This asylum power will intertwine with the different disciplinary institutions, fixing dysfunctional subjects within them and extending beyond their walls the sanctioning power of the partition it establishes. Thus, if the study of the connection between confinement and the productive apparatus revealed the way in which disciplines forged useful individuals, the genealogy of psychiatry allows us to understand how they also produce docile individuals—the two crucial dimensions of modern political technology according to the analysis deployed in *Surveiller et punir*.

Consequently, it is not so much a rupture as a new approach to a polyhedral reality, i.e. the deciphering of a dimension that disciplinary-punitive analysis could not account for. In this sense, even if it is true that the reference is displaced and neither the birth of the working class nor the new mode of production guides the research, psychiatric power does not appear as a reality independent of this process: “It seems to me that all these constraints that take man from the nursery and school and to the old folks home, by way of the barracks, all the while threatening him with prison or the psychiatric hospital — “Either you are going to the factory, or you will end up in prison, or in the lunatic asylum!” — these constraints point to the same system of power”.²⁹

On the other hand, the Foucauldian reconstruction focuses on the connection between madness and criminality, showing how the question “is this a madman or a criminal?” is introduced at a specific moment in the development of the modern penal system. This issue will work as a trigger for the colonization of the punitive apparatus by psychiatry. The starting point, then, of this shift in his research from the merely disciplinary is related to the fact that, for Foucault, psychiatrists imposed themselves on criminal practice around 1830 by introducing madness into every crime and criminal suspicion into every imbalance.³⁰ Consequently, at the heart of the disciplinary apparatus will appear a circular relationship between knowledge and domination in which psychiatric and disciplinary power feedback into each other permanently.

Once again, starting from its opposition to the dynamics of sovereign power, Foucault describes disciplinary technology as exhaustive, preventive, microphysical and isotopic. Around it is articulated a new logic of individuation that inverts the sovereign pyramid, as power is exercised in an anonymous and decentralized way. What is important, therefore, is the function and not the individual who performs

²⁹ M. FOUCAULT, *Prisons and Revolts in Prisons*, in K. THOMPSON and P. ZURN (eds.), *Intolerable: Writings from Michel Foucault and the Prisons Information Group (1970-1980)*, Minneapolis, 2021, 314.

³⁰ cf. M. FOUCAULT, *Table ronde sur l'expertise psychiatrique*, in M. FOUCAULT, *Dits et écrits : II 1970-1975*, Paris, 1994, 664-665. Foucault explicitly analyses the link between psychiatry and modern legal system in *Les Anormaux* although it is also an important topic in *Surveiller et punir*, *Moi, Pierre Rivière, ayant égorgé ma mère, ma soeur et mon frère...*, *Herculine Barbin Dite Alexina B.*, and other works of that time. They describe the way in which psychiatric logic is embedded within the punitive system, shifting the focus from the infraction of the code to the irregularity of the norm and transforming the law into a mechanism for normalizing behaviors and subjects. Thus, from the 19th century onward, psychiatry imposes its discourse on the law, shaping judicial processes and practices of social control. Consequently, psychiatry comes to be used not only to determine the degree of criminal responsibility but also to define the criminal itself, directly influencing the punitive apparatus. It is impossible to understand the birth of “criminal science” without considering the influence of medical-psychiatric knowledge on the judicial system, which is deployed through characters such as abnormal, criminal, dangerous individual, or monster. This analysis was subsequently developed by researchers close to Foucault and has inspired a whole field of studies on the intersection between psychiatry and law. cf. R. CASTEL. *L'Ordre psychiatrique : L'âge d'or de l'aliénisme*, Paris, 1977.

it—which is ultimately interchangeable. Consequently, the political task of those who confront it is not to free the subject from external bonds—as certain Freudian-Marxist readings would have it—but to analyze the mechanisms of power through which the subject has been subjugated: “Actually, right from the start, and in virtue of these mechanisms, the individual is a normal subject, a psychologically normal subject; and consequently desubjectification, denormalization, and depsychologization necessarily entail the destruction of the individual as such”.³¹ In this way, the genealogy of the discipline seeks a new understanding of this recent invention that is man from a different perspective than that of *Les mots et les choses*.

On the other hand, as has already been pointed out, Foucauldian genealogy continues to focus on the birth of capitalism as a fundamental piece in understanding the form of modern power. In this sense, elements such as the workhouse or the organization of workers’ towns reappear as central dispositifs in the history of disciplines. Here again we find a complex reading of the emergence of this technology of power which, as he had already argued in *La société punitive*, attempts to respond not only to the political but also to the economic and social challenges of the time.

However, despite its specificity, within the disciplinary model there is a sovereign institution which, as we have already noted, is indispensable for its development: the family. In Foucault’s opinion, this institution—which corresponds to the pyramidal form of the exercise of monarchical power—would have functioned as a hinge, appearing as “the instance of constraint that will permanently fix individuals to their disciplinary apparatuses”.³² The sovereign power of the family operates, then, as an addition to disciplinary coercion, reinforcing its capacity for subjugation. Thus, for example, it will play a fundamental role in the constitution of the workforce, so that both the public authorities and the employers themselves will make a strenuous—and not directly economic—effort to re-familiarize the working class.

However, in the mid-19th century, a new disciplinary universe appeared, consisting of institutions such as orphanages, foster homes or homes for juvenile delinquents, which represented an embryonic form of social assistance and would fulfil a function analogous to that of the family. It is precisely in this movement by which certain state or para-state institutions try to fill the vacuum caused by the crisis of the family that the “psi function” emerges. From this perspective, psychiatry, psychopathology, psychosociology, psychocriminology or psychoanalysis will form part of this complex dispositif that is trying to relieve the sovereign force of the family as a mechanism of subjection to the disciplinary apparatus. The thesis of *Le pouvoir psychiatrique* is that this psi function, which was born as a counterpart of the modern family—although it will permanently refer to it—will be extended as an instrument against indocility, until it becomes the common discourse of all disciplinary systems at the beginning of the 20th century.

5. A genealogy of psychiatric power

Psychiatric power thus relieves the sovereign force of the family in order to try to ensure, through other means, the framing of subjects in disciplinary dispositifs. So much so that the asylum dynamic

³¹ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 57.

³² M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 81.

will be presented as incompatible with its authority, so that the suspension of family ties and the construction of a new type of relationship within the institution will appear as a condition for the possibility of healing. In such a context, therapy is conceived, in the first place, as a process linked to the conditions of the asylum: “In the hospital it is the hospital itself that cures”.³³ And what invests the hospital with such curative power is the establishment of a certain relationship of power linked to permanent and anonymous surveillance, isolation and punishment that function as instruments of psychic orthopedics.

From this perspective, the fundamental aim of disciplinary systems in the 18th century would have been—as Foucault had argued at length in *La soci t  punitive*—to organize the mass of workers in order to adjust them to the demands of production and control. However, this function of integration into the new economic and political organization is not unlimited and constantly generates anomalies, illegalities and irregularities. The originality of this approach lies in understanding how this excess, this marginal mass, can be organized to turn it into “a source of profit on the one hand, and of the reinforcement of power on the other”.³⁴ Thus, disciplinary technology will set in motion a whole range of practices around the management of illegalism with the aim of capturing that which it apparently expels.

Family, however, will return to the heart of the dispositifs of psychiatric power through an innovation linked to another form of profit: the appearance of private health care homes. As a result of their implementation, psychiatrists will be able to charge for the individuals hospitalized, establishing a whole series of new conditions in relation to the family and setting as a new objective of the cure the re-familiarization of the patient. Since the aim is to make the individual fit for family life again, their logics will be introduced into the asylum institution and, at the same time, disciplinary techniques will cross the family so that it “will begin to substitute for this sovereign function of the name the psychological function of the designation of abnormal individuals, of the abnormalization of individuals”.³⁵ Foucault detects, then, in the second half of the 19th century, and fundamentally around the problem of infantile sexuality, a transfer between the sovereign dispositif of the family—now disciplinarized—and disciplinary institutions such as the school, the hospital or the military quarters.

Foucault develops his genealogy of psychiatric power—a new history of the science of madness—from this technological analysis. Comfortable with questioning conventional schemes and explanations, he does not situate the founding moment of psychiatry in the removal of the chains that held the insane in *Bic tre* ordered by Pinel. This strange privilege falls on a more intimate scene that took place at the English court at the end of the 18th century. Thus, our author recovers, through Pinel himself, the account of Sir Francis Willis, physician to George III of England.³⁶ The British monarch, who had already shown signs of mental disorders before, fell into a deep state of alienation in 1788. To facilitate his cure, the royal family authorized Willis to treat him as he saw fit and he decided to isolate him in a palace far from the court. There, protected by two guards, he will be subjected to corrective treatment

³³ M. FOUCAULT, *Psychiatric Power: Lectures at the Coll ge de France 1973-1974*, cit., 101.

³⁴ M. FOUCAULT, *Psychiatric Power: Lectures at the Coll ge de France 1973-1974*, cit., 110. This will be the thesis that Foucault will develop around the relationship between prison and delinquency in *Discipline and Punish*.

³⁵ M. FOUCAULT, *Psychiatric Power: Lectures at the Coll ge de France 1973-1974*, cit., 114.

³⁶ This was turned into a play and then into a film by Alan Bennett under the title *The Madness of George III*.

that begins—and this is what interests Foucault most—by making explicit an inversion of the power relationship, so that, in a first quasi-ritual encounter, the doctor informs the imprisoned monarch that “he is no longer sovereign, but that he must henceforth be obedient and submissive”.³⁷ For our author, this ceremony of dismissal represents the birth of psychiatric science.

In this way, monarchical power—decapitated by madness and deposed by the doctor—will be relieved not by another sovereign force, but by a kind of discrete, distributed and mute power that individualizes the body it seeks to subdue. A power that will no longer dismember or hang, but contain and straighten, and that transitions from the irregular and pyramidal macrophysics of sovereignty to the regular and anonymous microphysics of discipline.

Foucault points out that until the 18th century madness was tolerated because it was associated with an error that, in some way, affects all men: “it was part of all the chimeras of the world, and it was only confined when it was extreme or dangerous”.³⁸ In such circumstances, essentially two curative procedures will be established: recourse to nature—the isolation of artificial life—and its mirror image, the theatre, which institutes a game organized by the doctor in which reality and delirium are deliberately confused. This practice, still found in Pinel, was to be replaced from the beginning of the 19th century by that of the asylum, which no longer sought to cure the madman by satisfying his fantasy, but to subdue him until he himself accepted his error. The psychiatrist thus abandons the terrain of delirium to settle in that of pure reality, which must be imposed on the patient. Consequently, psychiatric power appears as “that supplement of power by which the real is imposed on madness in the name of a truth possessed once and for all by this power in the name of medical science, of psychiatry”.³⁹

This circular reference to truth and reality—as cause and effect of its power—imposes on psychiatry a permanent concern for its scientific status from which two types of discourse will emerge. On the one hand, a nosological discourse that defines madness as an illness and tries to establish, on that basis, a whole categorization and ordering of mental illnesses. On the other, an etiology centered on the search for its causes or organic correlates. However, Foucault affirms that the psychiatric practice of the time accompanies the emergence of these discourses that it somehow needs to legitimize itself but ignores them. Psychiatry uses them as a guarantee of truth, that is, of scientificity, but its practice is guided by a genuine concern for power. From this perspective, simulation constitutes the great challenge of psychiatry in the 19th century. Thus, from the Salpêtrière’s simulators in 1821 to Charcot’s hysterics as early as 1880, the phenomenon of deception appears as a form of collective resistance that pushes psychiatric power to its limits by requiring it to address the problem of truth, which it tries to avoid.

As mentioned above, once psychiatry abandons healing through the satisfaction of delirium, it will rely solely on the game of asylum coercions. Its aim, then, will not be to treat the illness but to re-establish the power relationship that the omnipotence of madness had called into question. Thus, reality imposes itself on delirium not through fabulation, but through power. Truth, reality, medical power and discipline thus appear as an inseparable whole in Foucault’s genealogy of psychiatry, which offers a history of confinement complementary to that of *Surveiller et punir*.

³⁷ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 20

³⁸ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, in *Cités, Voyages inédits dans la pensée contemporaine*, 2010, 113.

³⁹ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 133.

The practice of confinement was absolutely contradictory to the very notion of what madness was in the 18th century. The practice of confinement began in the 19th century, at a very precise moment, when madness was perceived less in terms of its relation to error, and more in terms of its relation to regular and normal behavior. This notion of normality, of normal behavior, was to be the theoretical correlative of the practice of confinement. At the beginning of the 19th century, madness was defined not as disturbed judgment, but as a disorder in the way of acting, in the way of wanting, in the way of having passions, of experiencing feelings, in the way of making decisions, etc.: madness would no longer be considered on the great axis of truth-error-conscience; it was to be situated on a completely different axis: that of passion-will-freedom.⁴⁰

The key to psychiatric power does not lie, however, in its link with confinement, but in the parallel movement of generalization through which it spreads from the asylum to other institutions on the basis of the distinction between the normal and the abnormal.⁴¹ As already mentioned, at the heart of this displacement is the psychiatrization of childhood which, over the decades, allows for the construction of a whole topology of abnormality based on an evolutionary scheme of human capacities whose differences will eventually be subsumed under the all-encompassing category of “alienation”. This is the culmination of the apparently contradictory process of theoretical distinction and therapeutic indifferenciation between the ailment of the madman, which refers to an absolute diagnosis, and that of the idiot, which responds to a differential diagnosis.

We are thus faced with a game that links adult alienation and infantile abnormality through which—Foucault concludes—“psychiatry becoming something infinitely more general and dangerous than the power that controls and corrects madness; it is becoming power over the abnormal, the power to define, control, and correct what is abnormal”.⁴² This link between psychiatric power and abnormality is the condition of possibility of its extension to the whole disciplinary field. Thus, from the moment they fit together, psychiatry will permeate the whole disciplinary organization and will be able to take charge of all the abnormalities that arise in the school, the military quarters or the family.

And it will do so by linking certain epistemic considerations and practices of power. Foucault thus intends to show that the history of psychiatry unfolds in the nineteenth century on the basis of a struggle between the “truth-thunderbolt” of the event and the “truth-sky” of scientific demonstration. In this context, the replacement of event-truth by demonstration-truth has to do with the expansion of the examination—the privileged instrument of disciplinary knowledge—and the unsuccessful attempt to abandon this wild and irregular truth constituted around the “medical crisis”.⁴³ Parallel to this process, the well-known thematization of madness in terms of dangerousness appears. Thus, at the moment

⁴⁰ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 114.

⁴¹ In a 1977 interview already mentioned, Foucault clarifies that it is not a project developed in phases: first a psychiatric power and then its social extension. On the contrary, psychiatry—and this conclusion is supported by the work of Robert Castel—is born with a social vocation: its function is the maintenance of the social order and psychiatrists are the functionaries of this order. cf. M. FOUCAULT, *Confinement, Psychiatry, Prison*, in *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984*, cit., 180-181.

⁴² M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 221.

⁴³ The medical crisis is a mechanism by which the doctor himself provokes the appearance of the illness through the institution of a ritual that responds to certain norms. Such an action allows him to apprehend the illness, which occurs only in certain circumstances.

when psychiatry finds impossible to base its power on medical knowledge—due to its incapacity to institute differential diagnostic mechanisms similar to those of pathological medicine—it will try to do so by presenting itself as a defense mechanism of society.

To solve the problem created by the convergence of these two factors—the difficulty of establishing a medical-psychiatric truth and the thematization of madness as a social danger—psychiatry gave rise to a new form of medical crisis consisting not in reproducing its conditions, but in creating the illness. The psychiatrist no longer becomes the master of truth who plays at satisfying the madman’s delirium to cure him, but the master of the reality of his madness. Thus, the logic of absolute diagnosis does not produce a crisis of truth, but a crisis of reality whose aim is to impose the existence of the illness: “The psychiatric hospital exists so that madness becomes real, whereas the hospital’s function tout court is both knowing what the illness is and eliminating it”.⁴⁴

On this idea that the psychiatric hospital is the factory of madness, the framework of what Foucault identifies as an “institutional critique” is built. A perspective from which, however, Foucault distances himself because he understands that madness does not depend so much on the institution as on the power relations that make it possible. From this perspective, the great problem of psychiatry throughout the 19th century would have consisted precisely in making madness emerge in an institutional-disciplinary context that tries to suppress symptoms. Foucault’s approach thus goes beyond institutional denunciation to the processes of psychiatrization that take place outside the asylum. He can thus move from a critique of asylum power to a critique of psychiatric power, which is the central object of the course.

6. Between power and resistance: Foucault and antipsychiatry ⁴⁵

From these coordinates we can glimpse the reasons that lead the Poitiers scholar to define the epidemic of hysteria in the 19th century as a resistance movement. If the asylum had ensured that this dual psychiatric and disciplinary power took perfect form in dementia—madness without crisis—hysteria, on the other hand, inverted the equation, taking the recreation of the symptom to such an extreme that it made it impossible to identify madness. The hysterics, as already mentioned, appear then as the first militants of antipsychiatry because the magnificence of their symptoms allows them to evade the reality of their illness. This link between Charcot’s hysterics and antipsychiatry is not accidental, nor should it be understood as a simple leftist wink but touches the very heart of the Foucauldian project of the time: the analysis of the relationship between power, knowledge and subjectivity within psychiatry.

⁴⁴ M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 252.

⁴⁵ In this reconstruction of Foucault’s reading of antipsychiatry, we will rely in particular on two texts from 1973. The first of these is the lecture given on 9 May in Montreal, entitled *Histoire de la folie et antipsychiatrie*. This intervention, first published in 2010 by the journal *Cites*, corresponds to the work that Foucault presented at a meeting organized by Henri Ellenberg under the title “*Faut-il interner les psychiatres?*”. The second text of reference is the summary of the course which accompanies the edition of *Psychiatric Power* and which, as is well known, Foucault prepared after its completion for the *Collège de France* yearbook. Much of this summary is an adaptation of the Montreal text, guided by the same critical aim but with some important modifications.

In the second half of the 19th century, we find the Pasteurian revolution which, based on the suspicion that it is the doctor himself who spreads illness among patients, provokes a whole transformation of the hospital space. Foucault's hypothesis is that the crisis of psychiatry begins with an analogous suspicion: that Charcot is not making the truth of illness appear but creating it artificially.⁴⁶

Both in the Montreal conference of 1973 and in the summary of *Psychiatric Power*, Foucault points out that a first form of "antipsychiatry"⁴⁷ emerged at this time, which responds precisely to this challenge and proposes the need for a "depsychiatrization" of mental medicine. Its aim would be to reduce to a minimum the doctor's surface of contact with the truth of madness to maximize his effect of power over the patient. Thus, appears the pretension of establishing a "psychiatry of zero production"⁴⁸ that tries to replace the Charcotian theatre with an aseptic psychiatrization that takes the form of psychosurgery or pharmacological psychiatry.

At the same time, between the end of the 19th and the beginning of the 20th century, a second form of antipsychiatry appeared, which functioned as the reverse of the first and whose objective was not to multiply the asylum power of the doctor, but his capacity to produce truth. In this way, psychiatry breaks with the asylum in order to avoid the distortions generated by medical over-power by inaugurating a type of relationship that will be qualified as contractual and which refers, of course, to psychoanalysis.⁴⁹ With the silencing of the psychiatrist that it implies, psychoanalysis would try to defuse the Charcotian threat: if there is deception, it is, in any case, self-deception on the part of the patient. Consequently, psychoanalysis breaks with asylum logic, but not with psychiatric power.⁵⁰

To these two forms of antipsychiatry Foucault will oppose, in the first place, the current that is usually identified as that term and to which the aforementioned authors—Laing, Coper, Szasz...—belong. This current will not question the truth of the diagnosis, but the authority of the doctor, breaking the psychiatric equation on the side of power, since it is understood that the doctor will stop producing the illness and its truth as soon as these are in the hands of the patient. Thus, antipsychiatry conceives madness as "the task that the patient has to accomplish, what he has to get through, the place he has to get to".⁵¹ In this way, Laing and Cooper's psychotherapy aims to ensure that the patient can reach

⁴⁶ Cf. M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 116.

⁴⁷ At the Montreal conference, he will offer a definition of the term that may be useful to follow the argument we are presenting: "I believe that there are, in fact, so many different kinds of antipsychiatry as possibilities to modify the power relationship that exists and that has been historically established between the psychiatrist, the patient and the production of madness in its truth". M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 118.

⁴⁸ M. FOUCAULT, *Course summary*, in *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 342; *Histoire de la folie et antipsychiatrie*, cit., 11.

⁴⁹ In an interview on the work of Thomas Szasz Foucault will return to this question and point out that "without psychoanalysis, our criticism of psychiatry, even from a historical perspective, would not have been possible". M. FOUCAULT, *The Social Extension of the Norm*, in S. LOTRINGER (ed.), *Foucault Live: Collected Interviews, 1961-1984*, 198.

⁵⁰ cf. M. FOUCAULT, *Folie, une question de pouvoir*, in M. FOUCAULT, *Dits et écrits: II 1970-1975*, Paris, 1994, 661. Moreover, Foucault, following in the wake of Deleuze and Guattari's *Anti-Oedipus*, denounces in *Psychiatric Power* the powerlessness of psychoanalysis to critique disciplinary power because it would reproduce within itself the family structure that sustains it. From this perspective, psychoanalysis appears as "the most 'family discourse' of all psychological discourses" (M. FOUCAULT, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, cit., 87).

⁵¹ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 120.

the bottom of his own madness in order to get out of it. It is not a matter of renouncing therapy, but of making it possible for the patient to be an active agent in it, for immersion in madness to be voluntary. His proposal is not simply to depsychiatrize madness, but to demedicalize it: “an antipsychiatry, consequently, in which the power relationship is reduced to zero”.⁵²

Foucault identifies this critical gesture with his own by pointing out that the fundamental feature of this form of antipsychiatry is that it places the question of power at the center of its analysis, going beyond mere institutional critique. In fact, in the Montreal conference, our author characterizes the rupture that antipsychiatry introduces not only with an institutional, epistemic or political transformation, but an ethnological, civilizational one.

The problem raised by this kind of demedicalization of madness, this organization of a test of madness in which medical power would be reduced to nothing, well, this demedicalization doesn't simply involve, I believe, an institutional reorganization of psychiatric institutions; it's certainly more than just an epistemological break, perhaps even more than a political revolution; it's a question that should be framed in terms of an ethnological rupture. It may not simply be our economic system, nor even our contemporary form of rationalism, but rather our entire immense social rationality as it has been historically threaded since the Greeks. This is perhaps why we are currently reluctant to validate, at the very heart of our society, an experience of madness that would be a truth test not controlled by the medical power.⁵³

In this Montreal conference, a last form of antipsychiatry appears which is not mentioned in the summary of the course and which, together with the previous one, would form part of this civilizing struggle. This is the current that Foucault identifies with the work of Basaglia in Italy and Guattari in France. What distinguishes them from the antipsychiatry of Laing or Cooper is that domination in the field of madness does not only refer to the relationship between doctor and patient but is itself invested by power relations that precede psychiatric practice itself. Madness is itself an effect of power, so that the suspension of hierarchical doctor-patient relations is not enough to address the problem of mental illness, which would require a radical social transformation that would be tasked with “the political destruction of all those power relationships, whether those that have made madness possible or those that are exercised against madness”.⁵⁴

This questioning seems to be based on an “anarchist” vision that would suggest that these power relations can at least be put in abeyance. An understanding of power relations around which a certain romantic image of madness is also constructed, which can distort the analysis. In fact, this is a problem that Foucauldian research is constantly confronted with because its successive objects of study are situated on the margins, in that grey zone of the social that can generate both emancipatory and reactionary forces.

However, this temptation, which could be traced in the Poitiers writer's praise of antipsychiatry, is carefully avoided both in the course of 1973-1974 and on other occasions.⁵⁵ So much so that the only

⁵² M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 121.

⁵³ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., pp. 121-122.

⁵⁴ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 122.

⁵⁵ In this sense, it is worth recalling Foucault's words in a 1976 interview on Szasz's work, in which he stresses the seriousness of the problem of mental suffering and distances himself from any romanticization of madness: “If madness is not a mental illness charted on a nosographic table, if madness has a specific reality that shouldn't

time madness is presented as a form of resistance or counter-power is, as we have seen, around Charcot's hysterics, and the analysis of this case is much more complex than the simple opposition between domination and resistance. In this sense, one of the most important issues in Foucault's political reading of hysteria is that it points to a phenomenon that will be fundamental to understanding the shifts in his thinking from the late 1970s onwards: freedom understood as the subject's capacity to reverse and transform the subjections provoked by power relations. From this perspective, hysterics would have demonstrated—as certain practices of the workers' movement or medieval counter-conduct did in other contexts—the capacity for agency and self-subjection of the dominated in the face of a horizon of power relations that can never be completely closed.

The aim of the Montreal conference is clarifying in this sense, for by situating antipsychiatry within the framework of a struggle that goes beyond the institutional, it envisages the possibility of a questioning that addresses the three fundamental dimensions of its critical project: knowledge, power, and subjectivity.

It is undoubtedly in this alternative [between the ethnological rupture of Laing and Cooper and that of the political work of Guattari and Basaglia] that not only the trends of anti-psychiatry are currently trapped, but all attempts, no matter what they may be, that we can and must carry out to change the forms of our subjectivity, i.e., ultimately and in the last instance, the conditions of our current existence.⁵⁶

In this way, *Le pouvoir psychiatrique* and, in general, Foucault's approach to the question of mental illness in the 1970s, shows the complexity of his analysis of power and the way in which it is unequivocally linked to questions of knowledge and the subject. The 1974 and 1975 courses thus represent a crucial moment for understanding his intellectual trajectory and the shift in focus from forms of subjection to technologies of subjectivation.

By attending to his links with antipsychiatry, we can perceive more clearly the political depth of Foucauldian analysis and the way in which he seeks to question not only the institution of asylum or the practices of confinement, but also the new strategies of "soft" control of individuals' behavior. A critical perspective especially interesting when we link it to his analysis of neoliberalism as a technology of

be pathologized or medicalized, then, what is it? Anti-psychiatry is now confronting this thing that must be coded, neither in terms of mental illness nor in terms of social normativity, but, nevertheless, remains a problem. Anti-psychiatry demolishes the medicalization of madness within the institution and the conscience of doctors. But from this very fact, the question of madness comes back to us after this long colonization by medicine and psychiatry. What can we make of it? Hasty leftist discourses which are lyrically anti-psychiatric, or meticulously historical are only imperfect ways of approaching this incandescent core. With the illusion, sometimes, that from there, the 'truth', our poor truths, may be able to light up with a devouring flame. It is illusory to believe that madness—or delinquency or crime—speak to us from a position of absolute exteriority. Nothing is more interior to our society, nothing is more within the effects of its power, than the affliction of a crazy person or the violence of a criminal. In other words, we are always on the inside. The margin is a myth. The word from beyond is a dream that we keep renewing. The 'crazies' are placed in an outside space of creativity or monstrosity. And nonetheless, they are caught in the network, they are shaped and function within the mechanisms of power". M. FOUCAULT, *The Social Extension of the Norm*, in S. LOTRINGER (ed.), *Foucault Live: Collected Interviews, 1961-1984*, 197-198.

⁵⁶ M. FOUCAULT, *Histoire de la folie et antipsychiatrie*, cit., 122.

indirect government, offering insights into the functioning of some of the central strategies of domination in the contemporary world.

Focus on

