

Michel Foucault – On Freud

This psychiatric practice, mysterious even to those who used it, is very important in the situation of the madman within the medical world. First because medicine of the mind “for the first time in the history of Western science was to assume almost complete autonomy: from the time of the Greeks, it had been no more than a chapter of medicine, and we have seen study madness under the rubric “diseases of the head”; after Pinel and Tuke, psychiatry would become a medicine of a particular style: those most eager to discover the origin of madness in organic causes or in hereditary dispositions would not be able to avoid this style. They would be all the more unable to avoid it in that this particular style—bringing into play increasingly obscure moral powers—would originally be a sort of bad conscience; they would increasingly confine themselves in positivism, the more they felt their practice slipping out of it.

As positivism imposes itself upon medicine and psychiatry, this practice becomes more and more obscure, the psychiatrist’s power more and more miraculous, and the doctor-patient couple sinks deeper into a strange world. In the patient’s eyes, the doctor becomes a thaumaturge; the authority he has borrowed from order, morality, and the family now seems to derive from himself; it is because he is a doctor that he is believed to possess these powers, and while Pinel, with Tuke, strongly asserted that his moral action was not necessarily linked to any scientific competence, it was thought, and by the patient of all, that it was in the esotericism of his knowledge, in some almost daemonic secret of knowledge, that the doctor had found the power to unravel insanity; and increasingly the patient would accept this self-surrender to a doctor both divine and satanic, beyond human measure in any case; increasingly he would alienate himself in the “physician, accepting entirely and in advance all his prestige, submitting from the very first to a will he experienced as magic, and to a science he regarded as prescience and divination, thus becoming the ideal and perfect correlative of those powers he projected upon the doctor, pure object without any resistance except his own inertia, quite ready to become precisely that hysteric in whom Charcot exalted the doctor’s marvellous powers. If we wanted to analyze the profound structures of objectivity in the knowledge and practice of nineteenth-century psychiatry from Pinel to Freud, “we should have to show in fact that such objectivity was from the start a reification of a magical nature, which could only be accomplished with the complicity of the patient himself, and beginning from a transparent and clear moral practice, gradually forgotten as positivism imposed its myths of scientific objectivity; a practice forgotten in its origins and its meaning, but always used and always present. What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism.

But if the doctor soon became a thaumaturge for the patient, he could not be one in his own positivist doctor’s eyes. That obscure power whose origin he no longer knew, in which he could not decipher the patient’s complicity, and in which he would not consent to acknowledge the ancient powers which constituted it, nevertheless had to be given some status; and since nothing in positivist understanding could justify such a transfer of will or

similar remote-control operations, the moment would soon come when madness itself would be held responsible for such anomalies. These cures without basis, which must be recognized as not being false cures, would soon become the true cures of false illnesses. Madness was not what one believed, nor what it believed itself to be; it was infinitely less than itself: a combination of persuasion and mystification. We can see here the genesis of Babinski's pithiatism. And by a strange reversal, thought leaped back almost two centuries to the era when between madness, false madness, and the simulation of madness, the limit was indistinct—identical symptoms confused to the point where transgression replaced unity; further still, medical thought finally effected an identification over which all Western thought since Greek medicine had hesitated: the identification of madness with madness—that is, of the medical concept with the critical concept of madness. At the end of the nineteenth century, and in the thought of Babinski's contemporaries, we find that prodigious postulate, which no medicine had yet dared formulate: that madness, after all, was only madness.

Thus while the victim of mental illness is entirely alienated in the real person of his doctor, the doctor dissipates the reality of the mental illness in the critical concept of madness. So that there remains, beyond the empty forms of positivist thought, only a single concrete reality: the doctor-patient couple in which all alienations are summarized, linked, and loosened. And it is to this degree that all nineteenth-century psychiatry really converges on Freud, the first man to accept in all its seriousness the reality of the physician-patient couple, the first to consent not to look away nor to investigate elsewhere, the first not to attempt to hide it in a psychiatric theory that more or less harmonized with the rest of medical knowledge; the first to follow its consequences with absolute rigor. Freud demystified all the other asylum structures: he abolished silence and observation, he eliminated madness's recognition of itself in the mirror of its own spectacle, he silenced the instances of condemnation. But on the other hand he exploited the structure that enveloped the medical personage; he amplified its thaumaturgical virtues, preparing for its omnipotence a quasi-divine status. He focussed upon this single presence-concealed behind the patient and above him, in an absence that is also a total presence—all the powers that had been distributed in the collective existence of the asylum; he transformed this into an absolute Observation, a pure and circumspect Silence, a Judge who punishes and rewards in a judgment that does not even condescend to language; he made it the Mirror in which madness, in an almost motionless movement, clings to and casts off itself.

To the doctor, Freud transferred all the structures Pinel and Tuke had set up within confinement. He did deliver the patient from the existence of the asylum within which his "liberators" had alienated him; but he did not deliver him from what was essential in this existence; he regrouped its powers, extended them to the maximum by uniting them in the doctor's hands; he created the psychoanalytical situation where, by an inspired short-circuit, alienation becomes disalienating because, in the doctor, it becomes a subject. The doctor, as an alienating figure, remains the key to psychoanalysis. It is perhaps because it did not suppress this ultimate structure, and because it referred all the others to it, that psychoanalysis has not been able, will not be able, to hear the voices of unreason, nor to

decipher in themselves the signs of the madman. Psychoanalysis can unravel some of the forms of madness; it remains a stranger to the sovereign enterprise of unreason. It can neither liberate nor transcribe, nor most certainly explain, what is essential in this enterprise.

Since the end of the eighteenth century, the life of unreason no longer manifests itself except in the “lightning-flash of works such as those of Hölderlin, of Nerval, of Nietzsche, or of Artaud—forever irreducible to those alienations that can be cured, resisting by their own strength that gigantic moral imprisonment which we are in the habit of calling, doubtless by antiphrasis, the liberation of the insane by Pinel and Tuke.

Source: Michel Foucault, *Madness and Civilization, A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 1988), 274-8.