Michel Foucault and the Antipsychiatry Movement

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"Foucault delivers a perspective on how the whole project of modern psychiatry is to be understood and assessed and, to judge from the history of critical reaction to his work, he did not appear to leave much space in which psychiatric practitioners could attempt to stake out a legitimate claim for themselves"

– Peter Barham, *Foucault and the Psychiatric Practitioner*[1]

When *History of Madness* was published in 1961, very few people outside of the Parisian intellectual elite had ever heard of Michel Foucault. Although he had published a much shorter book entitled *Mental Illness and Psychology* seven years earlier, his fame remained confined within the 6th *arrondissement* of Paris. That all changed following the publication of *History of Madness* as he quickly became associated throughout the world as one of the intellectual leaders of the antipsychiatry movement. His association with the antipsychiatry movement forever baffled him. In an interview in 1980, he wondered "why should an archaeology of psychiatry function as an 'anti-psychiatry' when an archaeology of biology does not function as an antibiology" (Gordon 192)? After all, Foucault's tome dealt specifically with a history of madness, not a history of psychiatry. His historical analysis of madness began with the 15th century and curiously ended with the 19th century, just as psychiatry was emerging as a distinct medical discipline. How was it possible that this text –which said little, if anything, about psychiatry – became the seminal text in a movement which criticized the very thing the text itself did not analyze: psychiatry?

History of Madness helped expose psychiatry's vulnerability by examining the historical events that allowed psychiatry – with its discourse of psychopathology – to emerge from

[1] Reprinted in: Still, Arthur and Irving Velody, Rewriting the History of Madness: Studies in Foucault's `Histoire de la Folie'. London: Routledge, 1992. Pg. 45.

previous epistemic understandings of madness. More specifically, psychiatry remained largely insulated from external criticism because its origins were largely misunderstood. Psychiatry could claim that because it was grounded in scientific truth and objectivity, it was inherently ahistorical. For Foucault, this claim was far from the truth. *History of Madness* demonstrated that psychiatry was inherently bound to a history of madness that had existed for centuries; psychiatry was simply a contemporary expression of a long historical discourse on madness. For the antipsychiatry movement, *History of Madness* uncovered psychiatry's Achilles heel: its history. From 1961 onward, psychiatry could no longer protect itself from external threats because it had assumed that its foundations were securely ahistorical and thus immune to any historical criticism. In no time flat, the antipsychiatry attack commenced.

A History of the Antipsychiatry Movement

Foucault's publication of *History of Madness* in 1961 could not have come at a better time for the antipsychiatry movement. To use a Foucauldian term, the *episteme* of the cultural climate in the 1960's was ripe to give rise to an intellectual and political discourse that was markedly antiauthority and antiestablishment. It was a time of a Nietzschean "reevaluation of all values" and no disciple was spared, especially psychiatry. Even within the medical community, debates emerged over whether or not the growing popularity of a biological theory of psychopathology would replace a psychoanalytic theory that had dominated psychiatry for nearly half of the century, owing its popularity to Sigmund Freud and his contributions to psychotherapy and psychopathology in the early 20th century. Psychiatry became a target of increasing skepticism and discontent for both those within the medical community and outside of it. People began to doubt the very foundations of psychiatry. Was mental illness real or was it

a myth? What was happening to those patients within the asylums? Did psychiatric treatment leave a person worse off? By the end of the 1960's, names like Szasz, Laing, and of course, Foucault, were widely identified as iconoclastic leaders of the antipsychiatry movement.

At the turn of the century, two competing theories of psychopathology and psychotherapy emerged: psychoanalysis and biological psychiatry. Psychoanalysis emphasized the doctor-patient therapeutic relationship in trying to uncover repressed desires as the key to treating patients with mental disorders. On the other hand, biological psychiatry emphasized scientific treatments that were aimed at treating organic diseases of the brain and nervous system. Psychoanalysis became very popular with patients who exhibited less severe symptoms because it could be facilitated in an outpatient setting, while biological psychiatry became popular with scientists and clinical psychiatrists in an inpatient clinical setting, such as in a psychiatric hospital. Furthermore, because biological psychiatry was in its infancy and the causes of mental illness were poorly understood, many treatments were haphazardly conceived and experimentally carried out, often in a trail-and-error fashion. This trial-and-error approach led to advances in psychiatric treatment, but also to abuses.

Treatments for the most severe kinds of disorders varied from those that were poorly understood (e.g. electroshock therapy), those that were downright harmful (e.g. insulin shock therapy of schizophrenics), even to those that were gross violations of basic human rights (e.g. frontal lobotomies). Inpatients were unlikely to be treated to the point where they could leave the asylum and enter back into the community. The asylum afforded the patients a sanctuary from the outside world; a sanctuary that often times became a prison as many patients were virtual inmates who had very little hope of ever exiting the asylum, mostly due to the fact their disorders were too severe to be treated in an outpatient setting. Furthermore, clinical psychiatrists often blurred the line between being a clinician and being a scientist, as they were

often concerned with the results of a certain treatment rather than with curing the patient, alienating the patient-doctor relationship. As Edward Shorter noted in his book *A History of Psychiatry*:

> psychiatrists are not really basic scientists; they are clinicians…they must buttress the human side of the doctor-patient relationship, which is after all an encounter between two human beings…in the world of the clinic, it turned out to be unwise for the psychiatrist to take on the airs of a laboratory scientist, and those who did were rebuked in the massive outpouring of rage in the 1960's and after called the antipsychiatry movement (Shorter 272).

Antipsychiatry questioned the fundamental assumptions and practices of psychiatry. Specifically, it argued that despite its claims of being objective and scientific, psychiatry relied on interpretations that were based on subjective judgments and diagnostic criteria. Also, unlike physical (organic) diseases which could be determined by causation, psychiatry (at the time of the 1960's)[2] could not positively identify the causes of various mental disorders. It begged the question: how could psychiatry claim that psychopathology was objectively equivalent to physiopathology? This issue was taken up by Foucault in his first published piece entitled *Mental Illness and Psychology* (1954):

> my aim…is to show that mental pathology requires methods of analysis different from those of organic pathology and that it is only by an artifice of language that the same meaning can be

[2] Since the advent of advanced imaging devices such as the PET scan and functional MRI, certain mental disorders can be positively identified today. The diagnosis of Alzheimer's disease, for example, can be determined using an advanced imaging device, such as a PET scan.

> attributed to 'illnesses of the body' and 'illnesses of the mind'. A unitary pathology using the same methods and concepts in the psychological and physiological domains is now purely mythical (10).

Antipsychiatry claimed that because psychiatry was inherently subjective, such psychiatric practices were vulnerable to abuse by doctors, which could cause greater harm than good to society. Proponents of antipsychiatry cited famous authors according to their own interpretation of their works. It must be noted that most of the seminal texts used in support of the antipsychiatry movement were written before the word "antipsychiatry" existed.[3]

In a very short amount of time, from 1960 thru 1962, four prominent books appeared in bookshelves throughout Europe and the US that would ignite the antipsychiatry debate. In 1960, an unknown Scottish psychiatrist named R.D. Laing published a book entitled *The Divided Self*, the same year an American psychiatrist named Thomas Szasz published his book *The Myth of Mental Illness.* The following year, Michel Foucault –who was nearly unheard of – published his doctoral thesis *History of Madness* while American author Ken Kesey wrote *One Flew Over the Cuckoo's Nest*. Although these authors were often cited in support of the antipsychiatry movement, their views and arguments differed greatly from each other, which ultimately led to a growing incoherence and confusion over the aim of antipsychiatry.

Szasz believed that the whole notion of psychiatric illness was "scientifically worthless and socially harmful" and argued "if there is no such thing as mental illness, how can we justify locking people up in asylums" (Shorter 274)? Szasz was concerned about the government using psychiatry as a means of controlling citizens. He argued that in like manner there is a

[3] The term "antipsychiatry" first appeared in 1967, upon the publication of David Cooper's book *Psychiatry and Anti-Psychiatry.*

separation between Church and State in the US, there should be a separation between "psychiatry and the State" (Szasz 485). His books were widely influential not only in the antipsychiatry circles, but also in politically libertarian circles within the US.

Out of all of the chief intellectual leaders of the antipsychiatry movement, RD Laing was the closest, personally, to Foucault. Upon Foucault's publication of *Madness and Civilization,* Laing wrote an extremely positive review of Foucault's book (a photocopy of Laing's handwritten review appears in the cover pages of the English translation of *History of Madness).* As it relates to his own work within the movement, Laing's concern rested on the concept of mental illness. He argued that mental illness (specifically, schizophrenia, which he used as a frequent example) was a rational reaction to a unreasonable world; it wasn't the schizophrenic herself who was abnormal, but the society surrounding her, which in turn caused her distress (Kotowicz 3). Much like Foucault's romantic analysis of madness in Medieval period, Laing argued that mental illness is a privileged experience that should not be ignored but listened to, for the sake of the patient. Furthermore, Laing went on to argue that dysfunctional family dynamics were the cause of schizophrenia in his book entitled *Sanity, Madness, and the Family.*

Although Kesey was neither a psychiatrist nor an intellectual, his book (which was later adapted into the award winning film of the same title) helped to gain public support for the antipsychiatry movement by portraying some of the more controversial psychiatric practices within a fictional mental institution. The story ends with a description of the book's antihero, Randle McMurphy, after he had undergone a frontal lobotomy. This helped to cement in the minds of many readers that psychiatry "was perhaps scientifically worthless and socially harmful", in the words of Szasz. Public attacks against psychiatry were mounting to a fever

pitch worldwide. In one notable anecdote, students at the University of Tokyo burned down the school of psychiatry after hearing an impassioned lecture from Laing (Burns 98).

Unlike Laing or Szasz, Foucault did not enter into the antipsychiatry fray by giving lectures or publishing more books dealing with madness and/or mental illness (the exception was *Madness and Civilization*, published in 1965, as an abridged English translation of *History of Madness).* By the time the antipsychiatry movement reached its height in the late 1960's, Foucault had moved on to investigate other subjects, such as discursive analysis in *Archaeology of Knowledge* (1969). Foucault had other scholarly pursuits in mind that did not involve the study of madness. Only once did he return to the topic of madness, in 1972, writing a new preface for *History of Madness* in which he confessed "I really ought to write a new preface for this book, which is old already. But the idea I find rather unattractive. For whatever I tried to do, I would always end up trying to justify it for what it was, and reinsert it, insofar as such a thing might be possible, in what is going on today" (HM[4] xxxvii). It was, after all, *History of Madness* that made Foucault well known in French intellectual circles, and by the late 60's, his fame extended well beyond the confines of the French intellectual elite. Why was the *History of Madness* the "most famous text" of the antipsychiatry movement, despite Foucault's persistence to stay out of the antipsychitary madness (Shorter 274)?

Psychiatry's Origins Laid Bare

After reading *History of Madness*, it is reasonable to doubt exactly why Foucault's book gained so much popularity within the antipsychiatry circles. Unlike Szasz or Laing, Foucault wrote extensively on the history of madness, not on the modern experience of it, and even

[4] History of Madness, hereafter cited HM.

much less on psychiatry. Granted, Foucault deals with the historical experience of madness from the 15th century on up to the 19th century, but he stops short of offering much in the way of a critique on this history; his claims are mostly descriptive, detailing the experiences of madness and various societal reactions to it.

As noted above, antipsychiatry highlighted the subjectivity inherent within psychiatric diagnostic methods, which led many to claim that mental illness may in fact be a myth. Edward Shorter wrote that

> [*Madness and Civilization*] argued that the notion of mental illness was a social and cultural invention…antipsychiaty's basic argument was that psychiatric illness is not medical in nature but social, political, and legal. If psychiatric illness is thus socially construed, it must be deconstructed in the interest of freeing deviants, free spirits, and exceptional creative people from the stigma of being 'pathological'. In other words, there really was no such thing a psychiatric illness. It was a myth (Shorter 274).

The term psychiatric/mental illness is no doubt a recent invention. Toward the end of the chapter entitled *Birth of the Asylum*, Foucault hinted at the rise of scientific positivism leading to a different type of discourse; a "science of mental illness" imposing its existence on the phenomenon of madness, which had existed for centuries (HM 507). It is important to note that neither Foucault nor the antipsychiatrist movement sought to dispel the existence of madness; to do so would be to grossly ignore the central thesis of Foucault's book: that madness had existed forever. Foucault, however, argued that the social conception of madness changed frequently throughout the centuries, leaving open the possibility that mental illness

and even madness may in fact disappear in the future, only to be replaced by some other hermeneutic. In Foucault's *Madness, The Absence of Work ,* he wrote: "One day, perhaps we will no longer know what madness was…I am contesting something that is ordinarily admitted: that medical progress might one day cause mental illness to disappear, like leprosy and tuberculosis" (Davidson 97). Nevertheless, as Gary Gutting observed, "the goal of his history of madness is to describe exhaustively this experience or sensibility and to show how it provided the basis for the modern psychiatric conception of madness as mental illness" (Gutting 56).

Because society had often changed their conception of madness throughout the ages, one could logically assume that former hermeneutics of madness were not timeless, but relative according to the culture and history which expressed them. A quick glance at *History of Madness* confirms this view. In the middle ages, madness was viewed as godliness: "marching toward God, man is more open than ever to madness, and that haven of truth towards which grace will give him the final push, what else could it be for him than an abyss of unreason" (HM 31)? God was Truth and Wisdom, madness a means to God, therefore a means to Truth and Wisdom. The madman served also as an eschatological reminder of things to come, when Foucault asked "so what, precisely, is the knowledge that madness brings? Most probably, as it is forbidden knowledge, it predicts both the reign of Satan and the end of the world, ultimate happiness and supreme punishment, omnipotence on earth and descent into hell" (HM 20).

The following chapter, entitled *The Great Confinement*, Foucault demonstrated how quickly the Medieval hermeneutic of madness had changed in light of the emergence of humanism within the Renaissance. The madman, like the beggar, became an object of charity. Foucault asserted "If madness, in the seventeenth century, had become a secular affair, it was

above all because poverty had been downgraded, and appeared now only on a moral horizon. The hospitality that had previously been reserved for the mad would henceforth only be found within the walls of a hospital…there madness was to remain until the end of the eighteenth century" (HM 62). This was the first instance of the State intervening on behalf of the mad. Now there was a moral imperative to house the mad and the poor.

Instead of being recipients of charity, the mad were forced to work and thus expunge the vices of laziness and dissipation, which caused their madness; charity only served to cultivate such vices. The edict on the Hospital Général wrote "mendicancy and idleness [are] sources of all disorder" (MC[5] 57). Furthermore, trade and commerce factored into the decisions to build hospitals and workhouses aimed at employing the mad, all under the guise of a work-ethic morality. Foucault noted that "morality permitted itself to be administered like trade or economy" (MC 61).

It is clear, from the examples above, that society's understanding of madness changed constantly. The antipsychiatry crowd would argue that psychiatry emerged because madness and certain forms of deviant behavior had become pathologized by those in power and therefore mental illness, once viewed as madness, should be treated medically, as any other pathology. Using Foucault's *History of Madness,* antipsychiatry attacked the foundations of psychiatry on historical grounds, arguing that cultural, social, and economic factors play a bigger role in determining the treatment of the mentally ill than simply science. Foucault helped to show that psychiatry, far from being anything new or ahistorical, was in fact a present day manifestation of a historical discourse on madness from which it could not escape. Alas, psychiatry's origins were laid bare.

[5] Madness and Civilization. Hereafter cited MC.

One of Foucault's mentors, Georges Canguilhem, upon reading the manuscript of *History of Madness*, noted that

> Madness has always been, to some extent, an object of medical care. However, this medical care never enjoyed autonomy. If internment resulted from administrative decision that hardly ever relied on medical expertise, it remained that juridical problems of interdiction, which did not cover those of internment, required the medical definition of criteria whose elaboration anticipated the subsequent analysis of psychopathology (Davidson 25).

The recent history of psychiatry provides some interesting examples of pathologizing former behaviors that were once deemed immoral and/or blasphemous. Antipsychiatry disputes the claim that psychiatry is morally neutral in determining what is pathological. Some previously immoral/blasphemous behaviors could not escape "the medical definition of criteria whose elaboration anticipated the subsequent analysis of psychopathology" in the words of Canguilhem. Take, for example, the historical conception of homosexuality. Gary Gutting observed that "previously, sodomy had been violently condemned as a religious profanation and homosexuality tolerated as an amorous equivocation. With the Classical Age, sodomy is treated less severely, being regarded as a mere moral fault, not a religious offense requiring the stake" (Gutting 58). Even Foucault himself claimed to have pinpointed the exact moment at which homosexuality became pathologized in *The History of Sexuality, Vol.1*:

> We must not forget that the psychological, psychiatric, medical category of homosexuality was constituted from the moment it

> was characterized – Westphal's famous article of 1870 on 'contrary sexual sensations' – can stand as its date of birth…since sexuality was a medical and medicalizable object, one had to try to detect it – as a lesion, a dysfunction, or a symptom – in the depths of the organism, or on the surface of the skin, or among all signs of behavior (HS[6] 43-4).

The pathologization (or medicalization) of homosexuality had special relevance for antipsychiatry. Up until 1974, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) – the authoritative diagnostic handbook for practicing psychiatrists within the US – categorized homosexuality as a mental disorder. Antipsychiatry activists alongside gay rights activists advocated for its removal, and by 1974 the American Psychiatry Association officially expunged homosexuality from its list of mental illnesses.[7] This was a triumphal moment for antipsychiatry because it forced the American Psychiatric Association to critically assess certain moralistic (hence, unscientific) assumptions it previously made about mental illness.

The Birth of the Asylum, The Death of the Asylum

Much of Foucault's *History of Madness* attempted to debunk the humanistic myth of philanthropists Philippe Pinel, a French physician, and Samuel Tuke, an English Quaker, who

[6] History of Sexuality, Volume 1. Hereafter cited HS.

[7] It is worth noting here that the official definition of a mental illness, according to the DSM is "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual...is associated with present distress...or disability...or with a significant increased risk of suffering" (DSM-IV-TR, xxx). Furthermore, it is interesting to note that that DSM itself acknowledges the limitations of defining mental illness due to the Cartesian mind/body dualism inherent in making such a definition: "the term *mental disorder* unfortunately implies a distinction between "mental" disorders and "physical" disorders that is a reductionist anachronism of mind/body dualism…the problem raised by the term "mental" disorders has been much clearer than its solution, and, unfortunately, the term persists in the title of DSM-IV because we have not found an appropriate substitute" (ibid.)

"constantly claimed to have been the first to free the mad from a lamentable confusion with the felonious (MC 221-2). Confinement had brought together all of the marginalized – the poor, the mad, the criminal – under one roof. With the introduction of the work houses throughout Europe, the mad and the criminal were left under the same roof – the State prison. The emergence of humanism before the French Revolution sought to distinguish, and eventually separate, the rational and the irrational, the criminal and the madman. The humane thing to do was to divide the criminal from the mad, for the mad didn't deserve the same punishment as the criminal. Foucault wrote "as for the madmen, what other fate could be desired for them? Neither reasonable enough not to be confined, nor wise enough not to be treated as wicked" (MC 227).

Protests arguing for the release of the mad grew stronger, especially in France. Humanistic protesters argued that the prisons were not place to house the mad because their internment only served to worsen their madness, driving them further into a state of unreason. Foucault argued that "the farther we advance into the century, the stronger grow these protests against confinement: increasingly, madness becomes the specter of the internees, the very image of their humiliation, of their reason vanquished and reduced to silence" (MC 224). Foucault quoted a French humanitarian named Mirabeau – "Friend of Man" – who observed "that the majority of the insane confined in the houses of correction and the State prisons have become so, the latter through the excess of ill-treatment, the former through the horror of the solitude in which they continually encounter the harassments of an imagination sharpened by pain" (MC 225). If the mad were to be divided from the criminals, the question remained: if not prison, then where? Enter the asylum.

Foucault attributed the birth of the asylum to the reforms by Pinel and Tuke, in which they liberated the mad, only to intern them once again, not in a prison, but in an asylum. Upon

entering the Bicêtre – which at that time functioned as both a hospital and prison – Pinel remarked upon seeing madmen chained up within the prison "'Citizen, I am convinced that these alienated are only so intractable because they are deprived of air and liberty.' 'Then do as you will, although I fear that you may become a victim of your own presumption.' And with that, Couthon was carried back to his carriage. His departure was a great relief, and everyone breathed again. The great philanthropist set to work at once" (HM 464).

This image angered Foucault because, according to him, it constituted a myth that psychiatry had perpetuated since Pinel had entered the Bicêtre: the institution of the psychiatric hospital was founded with a humanitarian concern for the mad. Foucault asserted that "their function [the image of Pinel] is to illustrate that happy age when madness itself was at last recognized and treated according to a truth to which everyone had been blind for too long" (HM 463). It is here that Foucault makes his most direct critique against the foundations of psychiatry, a critique which no doubt resonated with the champions of deinstitutionalization and leaders of the antipsychiatry movement. The reforms of Pinel and Tuke had devious ramifications that affected those within the walls of the asylum. Foucault wrote "but beneath the myths themselves was an operation, or rather a whole series of operations that silently organized the world of the asylum, the methods of cure, and the concrete experience of madness" (HM 481). Paradoxically, Pinel – who sought to free the madmen from his experience of alienation –had in fact only helped to strengthen the alienation and the confinement of the mad for centuries to come, until the antipsychiatry movement gained enough attention worldwide to reexamine the practice of psychiatric confinement.

The internment of the mad had the consequence of silencing and hiding madness from the rest of society, from the 18th century through the latter part of the 20th century. In hiding madness, a whole new set of discourses emerged. The asylum allowed madness to become an

object of medical knowledge and scientific investigation, much the same way that sexuality "became an issue, and a public issue, a whole web of discourses, special knowledges, analyses, and injunctions" (HS 26). Psychiatrists became authority figures, not just within the asylum, but within the State. For example, doctors were frequently called upon to give testimony to criminals in determining whether or not he should be accused of a crime by analyzing to what extent he was mad. If he was determined to be mad, he was sent to the asylum. If he was determined to be sane, he was sent to the prison. The asylum became the alternative to the prison, but one did not need to be accused of a crime in order to end up confined. Now, after Tuke and Pinel, one only needed to be considered mad (by authority figures, nonetheless) in order to be confined. In short, the birth of the asylum did not liberate the mad – it had the opposite effect.

The humanist reform efforts of Tuke and Pinel sought to abolish the responsibility of the madman from his madness, and in turn, distinguish him from that of the criminal, who was responsible for his crime (for his mind was sane and rational) and thus was deserving of his punishment in prison. Foucault wrote "the madman was freed from his association with crime and evil, only to be locked into the rigorous mechanisms of a determinism. He was only completely innocent in the absolute of a non-freedom" (HM 514). The humanitarian imperative required the madman to be treated within the asylum with the hopes of restoring his sanity, so that he could enjoy his God-given freedom when released. One can almost hear Foucault snicker in the background.

A diagnosis of mental illness was in many ways worse than receiving a prison sentence. With a prison sentence, the prisoner knew when he would be released. With a diagnosis, the patient had no idea how long she would be confined within the asylum. If the diagnosis was

serious enough and/or the psychiatric practices were ineffective (as they frequently were), confinement within the asylum was often tantamount to a life sentence.

Patients within the asylum became objects of their psychopathology. The asylum served as a kind of panoptical institution where psychiatrists could observe the behaviors and symptoms of the patients in an attempt at establishing a more integral and thorough psychiatric nosology. Patients were not just observed; they were examined. Foucault wrote "now the mad were examined with both more neutrality and more passion. More neutrality, as it was in them that the deep truths of man were to be discovered…and more passion too, as to recognize the mad was to recognize oneself, feel the same forces, hear the same voice and see the same strange lights rise up within" (HM 519). The psychiatrist sought to undercover the "deep truths" of psychopathology in order to bring their symptoms to light. The symptoms – such as voices, visions, and the like – were no longer viewed with the same discretion as before, but now fell under the neutral diagnostic category of "hallucination". It did not matter anymore what those voices said or what those visions looked like, all that mattered was whether or not they existed within the patient in order to determine which specific mental illness the patient suffered from. By the late 19th century, the German psychiatrist Emil Kraepelin categorized two distinct kinds of psychosis into what is known today as schizophrenia and bipolar disorder –the former he called *dementia praecox* and the latter manic depression – from his observational studies on patients in a German asylum.[8]

[8] The formation of the DSM today is largely based on a neo-Kraepelinian theoretical model that emphasizes observing positive behaviors and symptoms in order to fulfill certain diagnostic criteria. Earlier editions of the DSM in the 20th century contained a mix of psychoanalytic terms such as hysteria and neurosis alongside Kraepelinian terms. By the 1980's, nearly all psychoanalytic terms were dropped from the DSM in favor of the biological psychiatry model of mental illness championed by Kraepelin. Psychoanalysis was relegated, rightly so, to the status of an unscientific psychological theory.

All of this had an alienating affect on the patient. Confinement within the asylum had cut him off from the rest of society. In becoming an object of his own mental illness under the examining gaze of the psychiatrist, the patient-doctor relationship was an alienating one. The psychiatrist took on the role of being both a doctor and a researcher, charged with both trying to treat the patient and uncover hidden truths in the service of psychopathology at the same time. Furthermore, alienation spread within the patient himself, alienating him from his madness. The content of his visions, his delusions, the voices which spoke to him, did not matter anymore – it was all meaningless, just a byproduct of a pathology within his psyche which psychiatrists attempted to silence, to treat. By the middle of the 20th century, voices calling for reform emerged in like manner that had previously urged Phillipe Pinel to divide the criminals from the madmen. However, unlike Pinel's reforms –which gave birth to the asylum – these protesters demanded the obliteration of the asylum. The antipsychiatry movement sought to reverse all of the variations of alienation within the asylum by dismantling it. They were calling for the death of the asylum.

In a somewhat humorous reflection on the causes of deinstitutionalization, Foucault's painstaking analysis on the confinement of the mad over the centuries in *History of Madness* was attributed, albeit indirectly, to the release of thousands of former inpatients in psychiatric hospitals all across the US and Europe in what was essentially an anti-confinement movement: deinstitutionalization. Lawrence Stone, in a critical reply to Foucault, asked

> can Foucault's pessimistic evaluation of lunatic asylums be held to have been a factor in the recent discharge of thousands of helpless psychiatric patients onto the pitiless streets of New York? Dr. Gerald Weissman of the New York City School of Medicine believes that these tragic cases are indeed a remote by-

> product of Foucault's negative evaluation of the philanthropic dream of Pinel, coupled with the fashionable claims by the English revisionist psychiatrist R.D. Laing that schizophrenia is not a disease (Smart 151).

For the most part, deinstitutionalization resulted from the explosion of new and incredibly effective psychotropic drugs which allowed patients to be treated as outpatients. When compared with the psychopharmacological advances during the 1950's and 60's, Foucault seemed to have little influence in the wider deinstitutionalization movement throughout the world. Although Foucault remained an inspiration within the antipsychiatry movement, the movement as a whole played a minor role to widespread deinstitutionalization when compared to the advances of psychopharmacology. However, it's interesting that a respected psychiatrist would attribute the cause of deinstitutionalization to Foucault; one would expect some antipsychiatry pundit to attribute this merit to Foucault, not a leading psychiatrist. However, this is neither here nor there.

Antipsychiatry advocated for alternative forms of therapy which resulted in the emergence of many community-care clinics, one of which R.D. Laing ran in London, following the mass outpouring of former psychiatric inpatients. In Italy, psychiatrist Franco Basaglia became an antipsychiatry hero by successfully convincing the Italian government to dismantle the psychiatric asylum system throughout Italy and replace it with a community care based system in 1978. He argued that "the law states that dangerousness is no longer the basic criterion for commitment, commitment is restricted to therapeutic emergencies, compulsory admission is restricted to therapeutic emergencies, compulsory admission must be a general hospital unit, and mental hospitals are officially abolished" (Amer J of Psychiatry). In the same

article, Basaglia mentioned that *History of Madness* influenced him in taking up the cause for abolishing the psychiatric hospital service in Italy.

The antipsychiatry movement succeeded in bringing about major psychiatric reforms. In particular, deinstitutionalization succeeded to correct some of the naïve assumptions of Pinel; assumptions that were indeed, to some extent, quite harmful. In the wake of Pinel and Tuke's reforms, madness had, in a sense, disappeared from society. The madman, once a spectacle within society, was placed within the asylum where he would often remain for the rest of his life. Madness was "out of sight, out of mind" for those living outside the walls of the psychiatric asylum. Deinstitutionalization changed all of that, both for the better and for the worse. Former inpatients found themselves now as outpatients, able to live as they wished for the most part, as members of society. Their symptoms could be treated effectively with a regime of psychotropic drugs. Psychotherapy sessions with psychiatrists helped to reestablish the doctor-patient relationship as a positive one instead of an alienating one. However, deinstitutionalization was not without its drawbacks.

Many former inpatients found their way onto the streets and remained there, causing problems for themselves and the rest of society. The homeless population swelled immediately following the closure of many state run psychiatric asylums. Those who ended up on the streets often self-medicated with illicit drugs, worsening their symptoms and creating a living hell for which there is no escape. Deinstitutionalization brought the mentally ill back into contact with society, but at a price. In light of Foucault's criticism toward Pinel and Tuke's reforms, one must prudently conclude that despite the best intentions, psychiatric reform often creates unforeseen problems. Deinstitutionalization was no exception.

Concluding Remarks

From its conception in the late 19th century, psychiatry enjoyed a free reign as it made great strides in the study of mental illness. Because it attempted to emulate the organic pathological model that was rooted in scientific inquiry and analysis, it gained the same status as any other branch of allopathic medicine. This free reign came to an end in the 1960's as the institution of psychiatry found itself under attack. The antipsychiatry movement questioned and attacked its very foundations, from highlighting abusive psychiatric practices to criticizing the theoretical assumptions of mental illness. They asserted that psychiatry was another form of social control with devious intentions under the guise of altruistic concern. The antiauthority climate of the 1960's catalyzed the movement following the publication of a few key texts which would serve as the theoretical foundations of antipsychiatry. Chief among them was Foucault's *History of Madness*.

Foucault's tome helped to expose psychiatry's Achilles heel: its history, or, more specifically, its historical foundations. Prior to the 1960's, psychiatry remained mostly insulated from outside criticism due to the fact, as Foucault argued, the public itself was largely "blind" to the historical "truth" of psychiatry (HM 463). *History of Madness* did much to uncover such truth thanks to Foucault's tedious analysis of madness and the social reactions to it. It laid bare the origins of psychiatry – origins which called into question some of psychiatry's most basic assumptions –thus giving antipsychiatry a broader base in which to attack from. Furthermore, because those within the institution of psychiatry had little understanding as to the origins of their own practice, they were caught off guard by Foucault's rigorous historical analysis, unable to defend themselves. Psychiatry was forced to make some significant reforms in the wake of the antipsychiatry movement. Deinstitutionalization was the most notable and historically significant change because it marked the end of Pinel's humanitarian dream: the

birth of the asylum. Had Foucault added another chapter to *History of Madness* in the years following deinstitutionalization, it might have read *The Death of the Asylum*.

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