Two Incompatible Positions in the Challenge against the 'Individual Subject of Modernity'

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ABSTRACT. This paper discusses the theoretical status of human beings in the therapeutic sciences of modern societies. The concept of the 'individual' was shaped, and achieved an unsurpassable status in scientific discourse, during the 17th and 18th centuries. Likewise specialized disciplines have appeared to codify its 'normal' and 'deviant' conducts. Since the 1960s, there have arisen certain critical accounts challenging the existence of such an individual in social theory. I examine two perspectives questioning the status of the 'individual' in administrative practices at institutions of confinement: the anti-psychiatry movement and the post-structuralist critique of 'reason'. This paper contrasts these positions through the work of two exemplary thinkers (Goffman and Foucault), and reveals the impossibility of reconciliation, owing in the main to the very definition of the individual subject in theoretical discourse.

KEY WORDS: anti-psychiatry, Foucault, Goffman, individuality, institutionalization

Mainstream theorizing in the social sciences in general, and the conceptions of the individual subject developed and devised in 'specialized' sub-disciplines like psychology in particular, generally deny the importance of genetic, physical factors in human social life. The fundamental focus of modern social science, one could argue, has always been the denial of 'nature' in favour of the 'social'. In this regard, one may for instance consider the emphasis of Durkheim, as one of the prominent founding figures of sociology, on the very definition of society as a single, unified and separate entity. The corresponding development in philosophy from the Enlightenment is the well-known distinction between 'body and soul', which is the outcome of Cartesian dualism and the driving force of the treatment of the individual in socio-medical practice, especially in that of psychiatry. The 'body' is, on the one hand, conceived as an internally determining unity of physical phenomena and processes enclosed by the skin. In *The Birth of the*

Clinic Foucault argues that the 'body' became an object of medical observation and practice in the 18th century only when separated from the complex space of humours and harmonies that linked health and disease with the enveloping environment (Foucault, 1973, pp. 9–12). On the other hand, in medical treatment traditional therapeutic techniques implemented on the body, such as cold showers and blood replacement, were linked to new interpretations, to a therapeutic domain of inclusion/exclusion within socially defined categories and reason.

The Enlightenment and theories of society that have developed since its birth not only provided the novel *problématique* of 'body and soul', but also placed human existence in the same site as the 'individual', a notion derived from the already existing judicial category in Roman law and related to the general non-modern notion of 'person'. Nevertheless, the 'person' is not a given entity in modern society; its form and content differ between cultures and periods. Not only persons, but also their institutions and practices, and the forms of reference constituting 'personalities', differ. Though human beings may be named or their statuses specified, these do not necessarily individualize them in the modern sense. Forms of specification of individuals exist in all societies but people are not necessarily specified as individual subjects in modernity, that is, as unique entities with a distinct consciousness and will.

The proto-modern concept of person developed within Graeco-Christian civilization, in which the persona had been attached to certain 'socialities' ('attributions', as used in the modern jargon of social psychology). These included a notion of an independent moral entity, a being whose conduct was argued to be self-governed. Christianity invested in that moral persona such that it became both a social agent and an 'immortal soul'. The persona had therefore gained in western pre-modernity a transcendental dimension, a unique being independent of particular social statuses and irreducible to a direct agent of social utility. After the Reformation, the rediscovered conception of individuality was gradually linked with (self-)consciousness and an individual moral existence. For example, the Catholic practices of confession reconstituted the systematization of an array of conducts and the differentiation of the 'human soul' from these conducts. Of course, the concept of person is intelligible only with reference to a predetermined set of laws and canons, that is, in one's privacy and solitude one may pray the same text with completely different and even conflicting intentions. One could argue that the modern conception of the 'individual subject' in mainstream theories of social science (especially the specialized disciplines of psychology and psychiatry) is based on such a proto-modern notion of persona.

Since the 1960s, critical accounts have challenged the existence of the very notion of such an individual subject in social theory. Here I wish to differentiate two critical perspectives in the issue of whether such an

'individual subject' exists: first, the 'anti-psychiatry' movement (Cooper, Laing, Szasz as well as Goffman are some of the prominent representatives of this movement); and, second, post-structurally oriented critiques of western 'logocentric thought' and 'reason' (especially from Derrida to many influential French social thinkers of the 1970s, including Baudrillard, Lyotard and Foucault). This paper intends to contrast these two critical perspectives with the help of two exemplary thinkers (Goffman and Foucault) who, in my opinion, roughly represent the main themes of the positions cited above. Although Goffman is a sociologist of 'deviance', there are many accounts (Freeman, 1967; Laing, 1967; Parry-Jones, 1969) pointing to the relationships between Goffman's work and the anti-psychiatry movement which came to the fore in the mid-1960s. It is also important to note that Foucault had been construed by some followers of anti-psychiatry as a French thinker supporting the already established anti-psychiatry movement of the Anglo-Saxon academic world.¹

Both Goffman and Foucault are in a way challenging the very 'metaphysics' associated with the theorizing of the persona of proto-modernity and its by-products in modern psycho- and medico-social theory. These critical stands challenge the notion of 'person' as a given entity, as the author of its acts and centred in a unitary, reflexive and directive consciousness. This is a straightforward attack which is directed against the ontic foundations of the status of a metaphysically conceived individual. It is argued that the notion that people are 'free agents' who are directed by a sovereign and independent consciousness is a metaphysical fiction. In other words, the metaphysics of the 'person' gives rise to social narratives in which social organization will be made consistent with the needs of the so-called 'free agent'. It seems that both thinkers are aware of the plain fact that it is society, rather than the 'individual', that determines the routes of social existence through which the individual can move as well as elicit her/his conduct.

In fact, any possible theorizing of the individual subject cannot reject social categories which organize the social practices of individuals; categories such as 'social deals', 'obligations', 'responsibilities', 'mistakes', and the like. These categories, however, do not stem from certain individuals who are, in some inherent or ontological sense, 'responsible'. What is crucial is the level of analysis. Social categories indicate that any given social conduct which could be carried out by social subjects in real-life conditions is at the same time attributable to individuals as their locus. Because of such a direction of analysis, both critical accounts of individual subjects cannot conceive individuals as necessarily unitary subjects centred within a determinate consciousness. With regard to a possible array of social conduct, they emphasize 'non-rationality'. But beyond similarities, there are certain incommensurable points in Goffman's and Foucault's positions with regard to the definition of 'institutions' of modern society that the present

paper attempts to address. Both have definitively different conceptualizations of the institutions of modern experience, of the individual subject within and outside of them, and of the status of the subject itself. More precisely, if one tentatively accepts Goffman and Foucault as the representatives of these positions and if one concentrates particularly on their theorizing of the institutions of confinement and normalization, on deviant conduct, and on the status of the mad subject, the dissimilarities become explicit and illustrative.

Giddens's Attempt at Reconciliation

As noted above, after the publication of *Madness and Civilization*, some followers of the anti-psychiatry movement conceived the position of Foucault as sympathetic to their movement. However, such conceptions soon disappeared after Foucault's books and articles were translated into English, and his ideas gradually became widely known by social scientists of the English-speaking world. Nevertheless, in one recent, important account of social theorizing, a similar idea of reconciliation was drawn in a quite elaborate fashion. Giddens (1986), in his discussion on the relation of disciplinary power to modalities of time and space, takes a hold of the positions of Foucault and Goffman, and argues that both approaches can in fact be considered compatible. Aside from his general interest in a pragmatic merger, made almost in a 'post-Parsonian' fashion, of different contemporary accounts from both modernist and postmodernist theoretical directions, Giddens considers Foucault and Goffman as complementary thinkers on the issue of disciplinary organizations of modern society and particularly in regard to institutions that specialize in the treatment of madness. In presenting his attempt for a reconciliation of these positions, Giddens (1986) applies the notions related to modern institutions in a substitutive way: 'Foucault treats disciplinary organizations as epitomized by the prison and the asylum—"total institutions" in Goffman's phrase, "complete and austere institutions" in the characterization Foucault adopts from Bertrand' (p. 153). He thinks that, like Weber (another sign of Giddens's attempt to build an abstract and Parsonian pragmatic metatheory), Goffman is in the main more precise and 'instructive' than Foucault in the totalizing disciplinary character of 'total institutions' over human agents. However, in attempting to explain why Goffman has a better approach to the issue, Giddens uses Foucault's notions such as 'discipline' and 'surveillance' in an imprecise way as if these were borrowed from the theoretical work of Goffman. In the end, Giddens (1986, pp. 157–158) makes a truly misleading comment on the 'overlooked difference' between Foucault and Goffman and claims that 'Goffman's perspective actually places that of Foucault radically in question with respect to the relations between "insanity" and "reason"'. That

'difference' is in my opinion not due to the theoretical success of Goffman, but one of different conceptualizations of both thinkers on the human subject, her/his 'body', her/his 'reason' and her/his 'insanity'. Both thinkers' theoretical conceptualizations about the individual of modern society as well as the modern experience of madness vis-à-vis modern reason are characterized by a series of incompatibilities.

This paper is, in fact, not written as a challenge to Giddens's comprehension of Foucault and Goffman, but rather to elaborate the discussions Giddens puts forth. He has made one issue clear: a misconception of the positions of Foucault and Goffman is fully possible if one does not consider the important differences between the conceptualizations of the individual in their theorizing. Thus, in the present paper I compare the theoretical perspectives of Foucault and Goffman, for in both cases not only Giddens but others see certain similarities if one, for example, considers the work of Foucault as 'anti-psychiatry' or as a 'radical' alternative to the sociology of deviance.

It is also evident that two very well-known works of Foucault, *Madness and Civilization* (1965) and *Discipline and Punish* (1977), cannot be taken to be direct complements to the work of Goffman. These two thinkers have different points of departure in their critical accounts especially with regard to the conceptualization of the individual subject and its practices and personal experiences. While Goffman in his work puts an emphasis upon the need for 'individual freedom and independence' in modern social settings, Foucault pursues the historical turning-points in contemporary discourses of the subject and institutions toward an 'individuation' of the individual subject in a disciplinary social setting.

Goffman's 'Liberal' Theory

Goffman's *Asylums* (1961) is evidently a work of interest in the subfield of the sociology of deviance. The work was based upon Goffman's personal observations in the late 1950s of a large federal mental hospital in Washington, DC, with some 7,000 inmates. However, these were not typical observations for mapping out how large-scale therapeutic institution function in the treatment of mental disorders. In other words, that institution was conceived by Goffman not as a psychiatric institution but as a form of social institution.

In fact, Goffman's project was ambitiously designed in that he intended to use the case-study based on his personal observations as an example of a distinct type of institution one could encounter among all forms of contemporary societies. That very institution of psychiatry does in fact share the fundamental features of a form of social organization that Goffman calls a

'total institution'. It is undoubtedly a social institution, yet appears to differ from social life in two ways.

First, a total institution can be contrasted with other forms of social institutions in terms of patterns of participation. In total institutions, the normal patterns of behaviour and social participation are under constant control, and can even be prohibited. On the other hand, in social life, social institutions are always purpose-oriented, and control over the participating individuals is only in effect when the behaviour of the participants is in conflict with these purposes. For instance, an individual belonging to a social institution always has the right to get into contact with her/his 'institution mates' (e.g. workmates, schoolmates, etc.) in leisure activities. Again, an individual can change jobs according to her/his own aims and objectives in life. Indeed, what Goffman has in mind is a pre-given picture of a pluralistic society of 'free' actors in which the 'quality' of an individual conduct, whether it is genuinely individual or not, is dependent upon the fundamental criterion of 'free decisions', independently taken by the individual subject without the presence of any mental intervention.

Second, for Goffman, in modern life the self-image of a given individual and its presentation to the public are vital. In this respect, there is a distinct difference in the fundamental feature of social actions in social life with the possible social actions which could take place in a total institution. The very possibility of individual thought and self-image is deliberately taken out of the scheme of expected conduct in the total institution. Therefore Goffman delineates some dominant forms of identity in modern societies; but, all in all, the dominant tendency in these societies is the autonomy of the individual in control of her/his choices and in determining the circumstances in which s/he lives. For the individual constructs a self-concept supposedly 'independent' of any interactional relation to other individuals. That very self-concept is the only main channel by which s/he may present her/himself to other individuals. Identity depends, therefore, upon a certain amount of autonomy, and upon the level of voluntary segregation or free space made available from the different spheres of social life.

Thus, one may easily argue that in total institutions there exists no room for autonomy. That is why total institutions are not only limiting but also dangerous for 'living' individuals—they always carry the potential of a total destruction of individuals' lives. A total institution can drastically reduce the control of a disadvantageous individual in the institution over other individuals' perceptions of and intentions towards this individual. In addition, unlike small communities such as villages in which the non-segregation of individuals is a common characteristic, the expected conduct of individuals in total institutions is typically formal rather than spontaneous, and involuntary and directed 'from above' by a specialized staff controlling the entire life of the inmate.

Theoretically speaking, Goffman applies a well-known concept of liberal political theory, that is, totalitarianism within the private sphere of the individual's life. In a totalitarian state, all activities of a given individual are subjected to control by polity and all individuals are, without their consent, mobilized according to what are considered the normal forms of social participation. In the total institutions of contemporary societies, the 'personal identity' of an individual is inevitably demolished by the existing context of social interaction, and remodelled according to the objectives of the institution. To achieve that goal the devices of individualization are deliberately removed—for example, a name is substituted by a number, normal clothing is taken away, physical appearance is 'harmonized' and inmates' individual characteristics are silenced. Moreover, the devices of self-representation are also removed, and, in turn, the individual is compelled to become one of the indistinguishable inmates. The conduct of the individual is made to conform to the forms prescribed by the institution and forced to follow the rationale of the total institution. In total institutions, despite the formal objectives, the fundamental rationale of management can be conceived of as mass management.

In sum, in mental hospitals as epitomized forms of total institutions, one can therefore discern two basic features (Goffman, 1961):

1. Mental hospitals are administrated social organizations. The problematic conduct of mental patients is defined with regard to the social distance from the social environment of the organization. It is important to point out that the so-called 'social distance' does not stem from the individual patient.
2. Mental hospitals are governed under a regime of conduct operated by specialized personnel, and called therapy. The patient must follow the therapy applied upon her/him if s/he wishes to be cured or to leave the institution. In other words, 'cooperation' is a precondition for progress towards being released.

Alternatively, Goffman contends, albeit indirectly, the normal form of self-expression or the standard of conduct in all institutional formations should be structured around the notion of 'pluralism'. For pluralism exists within a web of political, cultural and social forces, some of which may affect the individual's choices or denial of her/his participation, and sometimes her/his indifference. In other words, in a modern, pluralistic society, the polity has undoubtedly placed 'limit' demands on and controls over the individual; in fact, a pluralistic society allows other forms of organization and association, with necessarily voluntary membership, to organize different and important aspects of social life. But, this does not at the same time legitimize the practices over individuals employed in total institutions, which, in Goffman's interpretation, belong indeed to the institutional structure of a non-modern age where the individual human component and its

self-decision mechanisms had not been taken into consideration in the main programme of the institution.

Thus Goffman's theory can be thought of not only as a replication of a well-known theoretical scheme of liberal thought; more than that it is also a theory of the individual's identity in a social environment which calls attention to the necessity of autonomy in individual conduct. In this regard, the existing total institutions of contemporary liberal societies (like the United States) should be seen as anomalies belonging to pre-modern social formations. This leads Goffman to group together total institutions on a classificatory basis, the main criterion in the classification being the level of segregation in certain spheres of life. For any given social institution to be a total institution, a sufficient criterion is that the distinct and purely individual spheres of life are not privileged but rather conceived of as unimportant within the order of the institutional hierarchy. In this sense, except for being different representatives of the total institutions of the modern age, there is no difference between a boarding school and a prison. What Goffman looks at in his classification of total institutions is the 'independent and free existence' of the individual. Regarding history, it thus becomes tenable for Goffman to argue that owing to the evident lack of 'individual existence', the large federal hospitals in the 1960s United States existed as a historical 'anomaly'. Goffman in his historical conception takes a definite stance in favour of a genuine modern society with individual freedom and pluralistic values.

Foucault's 'Libertine' Theory

Foucault's criterion for grouping certain institutions of modern society (e.g. the clinic, prison, mental hospital) is significantly different, and based upon their historical transformation. A new historical formation is always a combination of diverse discourses, management tactics and practices as well as spatial arrangements governing those very social institutions (including 'total institutions', in Goffman's sense). Furthermore, all new institutions of modern societies have appeared at a specific social conjuncture (e.g. in Europe) and at a definite time, more precisely, at the end of the 18th century. The social institutions of modern society are then social formation-specific, and therefore historical. The enveloping frame of reference of this unique historical phenomenon is a specific regime of power and 'truth': the discipline (or, more accurately, surveillance) which marked the modern regime of power, and whereby the individual was constantly measured against her/himself and other individuals, and systematically directed towards the standards of 'normal' social conduct.

In addition, a novel aspect of the new institutions of discipline and power (from prisons and hospitals to schools and the army) was that the normal

conduct of the inmates began to be codified in a deliberately strict and distinctive way, as an imaginary counterpart of individual conduct in the outer social world. The possibility of internment for the 'free' individual of the normal social world has been directly linked to following such normal conduct. Normality has enveloped the non-normal, and limited the array of possible conduct for the 'free' individual.

This new regime of truth, and the novel governmentality beyond it, came into existence not only in the institutions of internment (i.e. mental hospitals or prisons), but also in fields of application such as new managerial strategies in factories, in boarding schools, in the military, and, in turn, extended to families, and eventually to the mentalities of modern individual subjects. One can argue that the main object of new disciplinary power is normalizing individuation.

At first sight, one might assume in this respect a similarity between Foucault and Goffman, but the contrary is true. Because of a minimization of individuality and anonymous membership in an enclosed collectivity, Goffman argues, a complete breakdown of the identity of individuals takes place in total institutions. On the contrary, for Foucault, in order to function effectively ('smoothly', without creating social disorder and mishap), the social institutions of the modern regime of power have to involve a definite form of individuation. It is, in a nutshell, the disciplinary regime of power, the modern gaze of the scientist, the surveillance, that separates and distinguishes those who are subjected to it.

Another important difference between Goffman and Foucault is about the very definition of the character of power. Goffman employs in the main a negative conception of power articulated by most theoreticians of modern power (for a good summary of negatively defined 'dimension-perspectives' of power, see Lukes, 1974). Again for Goffman, the administrative regime of total institutions is merely negative, compelling individuals to depersonalization and humiliation in the interests of the social majority. For Foucault, on the contrary, discipline perfectly evokes the positive type of power relation, for a regime of power does not only intend to control its subjects, but may call forth new capacities through its operation (Clegg, 1989, pp. 153–159).

In *Discipline and Punish*, Foucault conceives of power as a technique which achieves its strategic effects through its disciplinary character. Power is also conceived by Foucault as productive par excellence. It simply gives birth to new, unknown relations of power. Related fields of knowledge, such as psychiatry or criminology and their appearance as the modern therapeutic sciences, therefore can neither be thought of as being neutral in a disinterested manner, nor can they be separated from the relations of power. Power is a form of practical knowledge that fundamentally exists in texts as well as in definite specialized institutional and organizational practices: it disciplines the body, regulates the mind and orders the emotions of the 'individuated'

subject. It is in this sense that the history of the emergence of psychiatric practices also works simultaneously with the history of the emergence of a new power regime.

To conclude this discussion, I wish to specify my argument: the asylum does not only 'stigmatize' the experience of mental disorder; it also constitutes it, and, in the end, it brings definite forms of knowledge to bear on it. According to Foucault, in order to trace out this unique history of the emergence of modern regimes of power and therapeutic sciences, one has to look specifically at the unique histories of the (proto-)modern institutions of confinement, which have no direct relationship with the inner history of, for example, psychiatric practices.

In mainstream texts of the history of psychiatry, the off-shoot of that peculiar history has for instance been presented in the following way:

Among the dozen freed by Pinel at Bicêtre there was an English captain who had been chained in the dungeon for forty years. This unfortunate captain was regarded as the most ferocious of all the insane internees: he was supposed to have killed an attendant with one blow from his manacled hands. According to the legend, Pinel approached him and exhorted him to be *reasonable* and not harm anyone, and in return for the promise of good behaviour by the captain he went on to free him. The captain went out in the open to admire the beauty of the sun and cried with jubilation and ecstasy. During the two remaining years of his life, the captain betrayed no trace of his notorious ferocity, and was even entrusted with the supervision of other madmen. (Foucault, 1961, pp. 497–498, author's translation)

As in this quote, the ideas behind modern treatment and the methods of current psychiatry in these books are mostly described as an 'expected' result of an evolving project which was started by the reformists in the 18th century, and gradually improved upon by them, paralleling other cultural changes and developments within western civilization. In such a frame of reference, one could easily claim that the fundamental thesis of formal histories of psychiatry is that it is a humanist project of devoted humane subjects, particularly psychiatrists.

Foucault's *Madness and Civilization* (1965) approaches the same history of psychiatry, but with completely different working hypotheses and findings. In addition to the 'psychiatric' issues immanent to the book's topic, the work traces the historical grounds of the constitution of the self as the modern subject, which appears to be the most essential interest of the whole Foucauldian project. As disciplines, both psychiatry and psychology have produced the necessary techniques, and a 'scientific' gaze for the systematic investigation of the individual's subjectivity. Beyond the 'humanist/reformist' claims of the history of 'mad' experience and its therapy, one could detect three forms of transformations in relevant social practices. These transformations were mainly seen in the territories of 'confinement',

'legal apparatus' and 'social assistance'. At the end of these transformations, there came into existence three elements in modern societies:

- (b) the new category of *subject* with respect to Reason;
- (b) the new set of *knowledges* connected to the new regime of truth and power;
- (c) a new form of *administration* (i.e. 'governmentality') of the new subject and the perception of the population (Foucault, 1979).

Foucault's Rejection of the Formal Histories of Psychiatry

In *Madness and Civilization*, Foucault explicitly rejects the teleological humanist/reformist conceptions of the histories of psychiatry, and focuses upon the concrete practices around the history of psychiatry in its founding phase. To him, the causes that gave rise to the birth of psychiatry could be found in pre-and post-Revolutionary France and its social and economic problems in general, and in the reorganization of the relations between poverty, illness and social assistance in particular. As Foucault argues elsewhere, the leading motive centred on the notion of public hygiene: 'If psychiatry became so important in the 19th century, it was not simply because it applied a new medical rationality to mental or behavioral disorders, it was also because it functioned as a sort of public hygiene' (Foucault, 1988, p. 134). Thus the notion of 'madness' is a product of unique historicity which directed itself to the development of peculiar knowledges of 'deviant' subjects, marginalized figures of the social system. In other words, 'madness' was defined and specified not by the medical personage, but by a public morality, or rather by a 'mental hygiene', which has served as a tactically proper notion for the purposes of this peculiar historicity. And in the end, the new knowledges merged with the new conception of population: As Foucault (1988) points out:

In the 18th century, the development of demography, of urban structures, of the problem of industrial labour, had raised in biological medical terms the question of human 'populations', with their conditions of existence, of habitation, of nutrition, with their birth and mortality rate, with their pathological phenomena (epidemics, endemic diseases, infant mortality). . . . The doctor must therefore be the technician of this social body, and medicine a public hygiene. (p. 134)

The treatment of the mad was therefore to become a public matter where it was linked to the conception of 'police' and 'public morality'. At this peculiar historical moment, the modern amalgamation of public, private, governmentality and the social organization of the individual subject was established. Relevant to these, Foucault also discovers three specific and important historical points of departure:

- (a) the emptying of leprosaria at the end of the Middle Ages;
- (b) the foundation of the General Hospital (L'Hôpital général) in Paris in 1656 as the primordial institution of modern confinement;
- (c) the appearance of the asylum at the end of the 18th century as the result of the work of a medical reformer, Pinel, in France and a Quaker, Tuke, in Great Britain.

The basic argument of *Madness and Civilization* would then become meaningful within the juxtaposition of these historical 'events', that is, the practice of psychiatry is possible only if madness can be separated socially and negatively conceived of in opposition to Reason, and only if the mad can be isolated as a social category within the social system. This argument undoubtedly does not assume that at a specific point in history the experience of madness was suddenly redefined and stigmatized; rather it points out a plain historical fact that up until a certain point in human history, that is, up until the late Middle Ages, there had been neither a coherent and single definition nor a specified mode of medical treatment of the mad experience. If such is indeed the case and theoretically tenable, Foucault's basic argument could thus be seen as a type of critique directed against the 'naturalist' conception of madness, that is, madness as a natural phenomenon in every possible human society. For Foucault, madness is evidently a socially constructed category.

Towards the Modern 'Experience' of Madness

... the bourgeoisie has never had any use for the insane; but the procedures it has employed to exclude them have revealed and realized ... a political advantage, on occasion even a certain economic utility, which have consolidated the system and contributed to its overall functioning. The bourgeoisie is interested in power, not in madness. (Foucault, 1980, pp. 101–102)

There was a novel personage (i.e. a physician or 'mad-doctor') in primordial forms of the asylum. Indeed that novel personage subsumed the other traditional personages, like 'father', 'judge', 'expert', and so on, under its disguise. Historically speaking, the importance of such a figure of 'doctor' among the staff of the asylum was quite strategic. For the asylum had created a structure that formed a kind of microcosm in which the massive structures of bourgeois society and its values were to be symbolized. More precisely, parent–child relations centred on the theme of paternal authority, transgression–punishment relations centred on the theme of immediate justice, madness–disorder relations centred on the theme of social and moral order. It is from these pre-assumed relations that the physician derived his power to cure (Foucault, 1961, p. 526). Tuke and Pinel were successful in establishing a notion of finality about the 'truth' of madness which has been

the immediate definition of the outside society reflecting itself in parent–child, transgression–punishment, madness–disorder relationships (Foucault, 1965, p. 274). That is why the psychiatrist has not become a voice of reason, and the insane person has been rendered silent, and transformed into a captive listener to society’s incessant monologue—a unique idea of therapy designed not with a medical purpose, but rather with a social one. Therefore, one could undoubtedly argue that the (pre-)modern asylum is not a prototype of ‘total institutions’, as Goffman argues, but a microcosm, a ‘simulacrum’ of the modern regime of truth and its power relations.

If one examines the modern experience of madness, one can easily find continuing features in ideas of the treatment of madness which are in effect even in contemporary therapeutic practices. In this conjunction, in asylums the modern anthropology of the subject has arisen with certain attributes and with a discourse of treatment composed of three supportive planes:

- (a) a new *subject* (e.g. the insane);
- (b) a new *regime of truth* (e.g. asylum and the programmes of the modern social assistance system);
- (c) a new *subject of truth* (i.e. the psychiatrist).

The French term *aliéné* describes the ‘mad’ experience in more expressive terms for it delineates the dynamics of the new regime of truth in which the insane person is compelled to turn into a ‘stranger’ to her/his self. Her/his madness indicates a relation no longer to a given ‘truth’ (a relation that at least implicitly refers to a form of ‘liberty’ of individual conduct in the understanding of liberal social theory), but to her/his own truth. From such a form of the relation to ‘truth’, the modern relation of ‘truth’ to the modern subject has been shaped. The dynamics of the discourses of modern truth, modern objectivity (to be the given subject of the social system), modern subjectivity (trying to be an independent subject, i.e. the self, in the face of the programmes of the social system) and the modern regime of power can be mapped out, albeit sketchily, in diagrammatic form (Figure 1).

As may be traced out from Figure 1, the modern experience of madness arises from a peculiar separation of individual subject from her/himself: ‘individuality’ is only acceptable if one agrees to elicit the expected actions of the programmes of the social system. However, if the same person starts to ‘deviate’ from the expected scheme of true conduct, her/his ‘individual and independent’ social existence is then prone to be controlled by the specialized programmes of governmentality, especially with the support of those of the therapeutic knowledge domains. The governmentality develops within a power regime where the ‘mentality’ of the social system is to be directed towards the very bodily existence and practices of individual subjects (i.e. power is individual-oriented), but it is the same bodily existence which may resist and follow the expected scheme of conduct (i.e. when there is power, there is also resistance). The resistant individual

FIGURE 1. The dynamics of the discourses of truth, objectivity, subjectivity and the regime of power in modern experience and the treatment of madness

subject should be interned and the programmes of internment should be presented to the public as something deterrent, especially to those who may consider resistance.

Following Foucault, since one does not necessarily implement a negative conception of power where resistance is always defined in accordance with the expected scheme of true and untrue conducts as defined by the programmes, the notion of 'resistance' should be reformulated. Resistance is simply an unexpected yet relevant conduct, most of the time undefined yet untrue, challenging the power regime of the programmes. Because of the undefined character of resistant conduct, this conduct produces and reproduces new sets of undefined conduct and relations. In other words, power relations, because of resistance-oriented conduct, are always productive and take place in an undefined horizon of the future.

Within this interplay of different forces, on the overlapping discourses of 'objectivity' and 'subjectivity', through the anthropological postulate of the modern discourse of medicine in general, and madness in particular, three strategic territories of the modern experience of madness have been proposed. These are the *subject*, her/his *deviation* from the truth, and her/his *truth*. Here, one can discern a 'modernistic' shift in such perceptions of truth and the individual subject.

Historically speaking, 'moral insanity', which, in addition to 'general paralysis' and monomania, was one of the most important illnesses of the classical discourse of medicine was gradually transformed all through the 17th and 18th centuries and connected to a problem and domain of

'subjectivity'. During this gradual transformation, 'moral insanity' was characterized, first, by the notion of 'lucidity' (i.e. a general state of unsound mind, not directly in relation with the reason of the subject), but at the same time it manifested itself in violent and furious outbreaks. It was, it was assumed, close to the essential structures of madness (cf. 'animality'). More than any other mental illness, 'moral insanity' manifested that curious ambiguity which made madness an element of inferiority in the form of exteriority. In sum, 'moral insanity exhibits at the perceptible level of bodies, conduct, mechanisms and of the object, the inaccessible moment of subjectivity' (Foucault, 1961, p. 544, author's translation).

The 'inaccessible moment of subjectivity' is perhaps the most appropriate model for every possible psychology in the modern sense. In other words, a peculiar deployment of a social gaze on a subjective moment has engendered in practice, and been the 'object' of, a systematic knowledge. Only in such a peculiar juxtaposition was the 'truth' of the subject (of 'man') designed as an 'object' accessible to scientific perception. 'Man becomes *nature* for himself only insofar as he is capable of *madness* . . . this is the constitutive moment in the becoming-object of man,' argues Foucault (1961, p. 554). The more the modern discourses of the treatment of 'mad' experience were being formed, the more the 'traditional' techniques and perceptions of treatment were being articulated into the modern treatment of mental disorders.

The bipolar struggle of the historical 'ideologies' of the modern polity (i.e. 'liberal-individualistic' vs 'protective-conservative') has given rise to and formed the modern experience of madness, which is characterized by two contradictory and simultaneously coexisting tendencies:

- (a) a *liberal* tendency to 'socialize' madness and the world of Unreason ('humanization');
- (b) a *protective* tendency to establish strict control over the 'mad' experience, which is viewed as a form of deviation ('dehumanization').

One may therefore develop a provisional table of competing socio-political tendencies and the language of therapeutic approaches which shape the modern experience of madness for the individual subject (Table 1).

From these conflicting poles, one may redefine the post-anti-psychiatric language and experience of madness where the problems of 'deviancy', 'medicalization' and 'Cartesian dualism' over body and soul become completely blurred, and are conceived mainly as an individualistic failure. Between the competing tendencies, the social space of deviant behaviour is a matter of resistance from the side of the deviant individual, and very dynamically defined through continuous change. Only one sphere of social life, that of artistic milieu, has seemingly established a possible space of socially 'strange' yet acceptable conduct. But outside of this relatively 'free

TABLE 1. Competing tendencies and the language of therapeutic approaches towards the modern experience of madness for the individual subject

Liberal tendencies	Protective tendencies
To differentiate madness from other forms of 'unreason'	To designate a 'privileged' but a special site for madness, to take it back to the truth
To connect the asylum with a regular medical treatment idea	To lock the mad in the 'medical' asylum
To normalize madness in everyday truth	To define madness as one of the outcomes of unavoidable determinism
To accept the individual's right of self-expression even in 'abnormal' terms	To introduce an absolute medical gaze to detect 'deviant' behaviour
To define madness as a result of an unhappy conscience and the incoherent values of life	To recognize social life in the dichotomies of a moral judgement
To categorize madness as a 'unique' experience	To compare 'deviance' with the virtues of harmonized socio-morals
To open up a territory in the artistic sphere with the full possibility of deviance and the expression of madness in extreme forms	To split life off into 'real' and 'unreal' and to relate the artistic/literal sphere to the 'unreal', to the 'world of dreams'

space', almost all the other spheres of social existence have become an indistinguishable part of the disciplinary regime of power.

If one returns to the basic discussion of the present paper, namely, whether, as argued by Giddens, it is possible to reconcile the theoretical *problematic* of Goffman and Foucault on the modern institutions and experience of madness, one may draw a negative conclusion. In their theoretical discourses, Goffman and Foucault create a series of concepts and approaches which are shaped within completely different philosophical positions and theoretical traditions.

First and foremost, the prominent difference between them can easily be observed in the very concept of the human component in modern society: Goffman has a centralized concept of the individual, evidently borrowed from a liberal framework and put forth as an imperative part of his analysis of the total institution. In Foucault, the theoretical focus is upon the relations of power and the positioning of the subject within these. The subject (or 'self') has a historical constitution, her/his body has always been the penetration zone for programmes of power.

Second, Goffman and Foucault have different conceptions of power. Goffman pursues rather mainstream definitions of 'negative' power in his analysis of the total institution's mode over the individual. Power, in its

various forms, produces barely negative effects and indeed threatens the independence of individual existence in modern society. For Foucault, power is, on the other hand, neither negative nor positive but basically productive. Power exists in the complex web of the relations of power, and produces always new relations of power. To comprehend the positioning of a subject in power relations, one should first discern the character of power relations, namely, the regime of power, which, for Foucault, has a 'disciplinary' character in the modern age.

Finally, Goffman considers the practices of confinement, as he observes these in total institutions of modern liberal societies, as basically anachronistic. In his model of a modern pluralist society, all means of self-expression should be offered to the individual. The lasting solution Goffman has in mind is the immediate removal from the social sphere of modern society of all total institutions and administrative ideas pertaining to the possibility of 'totalitarianism'. In its ideal setting, modern society is equal to a state of total freedom of individual conduct and the protection of this by the polity. Foucault rejects the idea of the 'independence' of self-sustaining individual conduct. Instead, he underlines the fact that modern practices and governmental programmes over the conduct of the individual subject define the different subjectivities of the subject. The more modernized the social setting, the more defined and therefore more limited the space for non-social conduct. In other words, Goffman's anachronistic claim about the lack of individual identity in total institutions is, for Foucault, a sign of modernity. Modern governmentality in its programmes aims directly at the very individual subject, tries to map out and codify her/his every miniscule behaviour, and eventually extends itself with a definitive penetration into the 'soul' of her/his bodily existence.

The modern experience of madness, the history of psychiatry and mental treatment, and the medico-social practices of asylums are undoubtedly open to interpretation. But the theories set forth by Foucault and Goffman on these relevant historical issues stem in fact from different points of departure and therefore produce different conclusions. To be more precise, one should not mix up Goffman's and Foucault's incompatible theoretical *problem-atiques*, even though both take up compatible *problems*.

Note

1. See, for instance, the introduction to *Madness and Civilization* written by David Cooper (Foucault, 1965, p. viii), a famous figure of the British anti-psychiatry movement of the day.

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