Michel Foucault’s analysis of psychiatry’s birth around 1800 is well known. The French philosopher reversed the myth of Philippe Pinel and William Tuke as liberators of the mad in the New Era after the French revolution: instead of a starting liberation we should consider it a completed elimination. The exclusion of madness from the realm of Reason is fulfilled. Insanity is silenced. From this moment on ‘the life of un-reason no longer manifests itself except in the lightning-flash of works such as those of Hölderlin, of Nerval, of Nietzsche, or of Artaud’, Foucault writes. And: ‘Sade’s calm, patient language also gathers up the final words of unreason and also gives them, for the future, a remoter meaning.’

Less well known is the counter-interpretation of the same birth by philosopher/historian Marcel Gauchet and psychiatrist Gladys Swain. In 1980 this French duo published the voluminous La pratique de l’esprit humain, in which they presented – partly in line with Foucault, partly opposing him – their interpretation of the genesis of psychiatry not as completed exclusion but as failing inclusion. I would like to connect this counter-interpretation with Dany-Dufour’s thought on what he calls ‘the liberal cultural revolution’: the long lasting history of the liberation and mobilisation of the passions. According to Dufour liberalism means ‘Smith & Sade’. His positioning of De Sade is the opposite of Foucault’s: not in the cradle of a ‘beyond’ but as the Grand Finale of a ‘this side’, in other words the ‘absolute immanence’ of the ‘Divine Market’.

Secondly, I would like to link this connection to something which also happened around 1800: a redefining of melancholy from a disorder of the intellect to a disorder of the passions. Important catalytic agent of this reinterpretation was Pinel’s pupil Jean-Étienne-Dominique Esquirol. Esquirol’s dissertation The passions considered as causes, symptoms and remedies of mental alienation (1805) is a remarkable moment in the history of madness. Or, to put it more broadly: it is a crucial moment in the history of the ‘liberal cultural revolution’. What does this linking of Gauchet&Swain, Dufour and Esquirol show us? What does it tell us about Foucault’s Madness and Civilization? And what does it tell us about the current ‘depression epidemic’, about the disorder which the DSM defines as ‘affective disorder’ and which the WHO deems ‘the leading cause of disability worldwide’? Let’s see...
FOUCAULT’S ERROR
ON THE ORIGINS OF PSYCHIATRY, AND WHAT IT MEANS TODAY

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- My PhD theme: the so-called ‘depression epidemic’. According to the WHO depression is ‘the leading cause of disability worldwide’. In my PhD I unfold a cultural philosophical interpretation of the depression discourse.

- What is this discourse about? How does it function in our present day ‘ultraliberal’ culture? What is the connection between this discourse and the late modern subjectification of the individual?

- Dominant therapeutical intervention concerning depression today is CBT. And thus the reasoning could be: depression is ir-rationality, and therapy is redisciplining of the individual, cognitive correction, reinsertion of the depressed into the realm of Reason.

- That would be a very shallow interpretation.

- Depression is defined as ‘affective disorder’ or ‘mood disorder’.

- Since DSM-III (1980): the ‘neo-kraepelinian’ revolution, which meant a victory of biopsychiatry over psychoanalysis in the USA, after which the DSM-regime conquered the world.

- But the story of depression as ‘affective disorder’ starts earlier.

- Kraepelin versus Freud around 1900, Kraepelins system as a synthesis or conclusion of what happened before: the genesis of psychiatry.

- Starts at the beginning of the 19th century: Pinel and Esquirol, especially the latter. Also the start of the problematisation of melancholy, which leads to a redefinition and a renaming of the phenomenon: melancholy becomes an
‘affective disorder’ (via Esquirol) and is renamed as ‘depression’ (via Kraepelin).

- **Focus on the passions**: Esquirol’s dissertation (1805) is entitled *On the passions considered as causes, symptoms, and means of cure for mental alienation*.

- Connect this with Dany-Robert Dufour’s ‘liberal cultural revolution’, the longlasting history of the liberation of the passions (since Pascal, mid 17th century), which at the same time is the story of the gradually intensifying mobilisation of these liberated passions, within the context of the globalizing free market of late capitalism: the Divine Market.

- Depression is not so much ir-rationality but im-mobility, im-mobilizability. Therapy – farmacotherapy, but also cognitive therapy – is remobilisation. Cf. Ehrenberg: Prozac is not a happiness pill but the pill of initiative.

- So what happens around 1800? Genesis of a new society, a dynamized and dynamizing society, linked with the dynamisation and mobilisation of the individual.

- Dufour: mobilisation of the ‘liberated’ passions of the ‘sadean’ subject.

- Sade as the third step: Mandeville, Smith, De Sade. Private vices=public benefits; private interests and the invisible hand; isolism or egoism/hedonism as key virtue(s).

- After which capitalism could evolve.

- And after which psychiatry was born.

- Foucault’s analysis of this birth is well known. Completed exclusion of madness. Banishment to the realm of Un-reason, silenced, voiced only by ‘irrational’ words of Hölderlin, Nietzsche and De Sade.

- Dufour on De Sade: not a beyond, but a this-side: the absolute immanence of the ‘religion’ of the Divine Market. De Sade as the finalizing step, and 1929
as the moment of liberation of De Sade ‘from hell’, followed by the penetration of the sadean spirit into the heart of our daily experience.


- **With Foucault and without Foucault.** Same periodisation: 1) preclassic times, 2) classic times after the ‘Great Confinement’, 3) times after the ‘pinellian rupture’. Same negative answer to the same key question: are modern western societies capable of including the mad as part of humanity? But G&S’s negative answer is connected to the counter-idea of psychiatry as inclusion attempt, an attempt that failed repeatedly.

- They criticise Foucault: *romantisation of preclassic times*. No dialogue between normality and madness, they could live next to and close to each other because they were considered as belonging to separate worlds. The Great Confinement was necessary because this had changed: the insane were no longer aliens but only alienated, so, as ‘equals’, considered dangerous.

- The history of the asylum, G&S state, is a long struggle of the asylum against itself, with anti-psychiatry and the criticism of Foucault c.s. as final outcome. **Intrinsic contradiction**: separate in order to include.

- Failure. And **today**?

- Inclusion or reintegration means **remobilisation**. Depression as ‘the leading cause of disability worldwide’. ‘Disability’ then means above all: immobility, unproductivity, immobilizability. It is the flipside of the sadean subject.

- Psychiatry doesn’t serve exclusion but inclusion practices. **Failure again?**

- What does all this mean for our **reading of F’s M&C**?