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The Impact of Clinical Gaze Techniques on the Emergence of Psychology: Revisiting Michael Foucault's History of Madness

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Theoretical Study

Abstract

When we talk about observation, an abundance of theories in science come to our mind whose discussions are on how observation of natural sciences is susceptible or non-susceptible to observers' objectives and their previous experiences epistemologically, semantically, psychologically, or socially. The objects of observation in these schools are natural objects and phenomena the subject matter of which is something other than the human being. However, it is not merely natural objects which are the human being in the history of development and evolution of knowledge; the human being has also become his own object and has been studied. The body has become the object of human being in medicine and psyche, and individual and social behaviors the object of research of the human being himself in human sciences. As the object of observation is the psyche of the human being, the characteristics of observation are examined in this article from Foucault's view since its object is also the psyche of the human being. It is also shown that observation in this domain is not only a political act but an identity-making one. Due to this characteristic, "observation" was used as a technique for the treatment of psychological diseases, especially in the case of madness, until the 19th century. This led to the emergence of psychology.

Keywords: Observation, Gaze, Madness, Object, Subject, Power techniques

Introduction

Many know the objective of Foucault's works as analyzing the phenomena of power or building foundations for such an analysis. This is while Foucault's works can be known to be the genealogy of the modern subject and describing the formation of subject as an object of knowing. He says that "it is not power but the subject which is the general theme of my research" (Foucault, 1982, p.778). However, since "the human subject is placed in relations of production and of signification, he is equally placed in power relations which are very complex" (Foucault, 1982, p.778). Power has a considerable role in Foucault's analysis. *"History of Madness"* is one of the most important books dealing with such relations by Foucault. In this book,

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Foucault explains various possible conditions for medicine and psychology in terms of an individual's subjectivity. He says, in "*Histoire de la Folie*", "the question was how and why, at a given moment, madness was problematized through a certain institutional practice and a certain apparatus of knowledge." (Foucault, 1988, p.257). From Foucault's point of view, "Problematization doesn't mean representation of a preexisting object, nor the creation by discourse of an object that doesn't exist. It is the totality of discursive or non-discursive practices that introduces something into the play of true and false and constitutes it as an object for thought (whether in the form of moral reflection, scientific knowledge, political analysis, etc.)" (Foucault, 1988, p.257). He stated that "when I was dealing with madness I set out from the 'problem' that it may have constituted in a certain social, political, and epistemological context: the problem that madness poses for others." (Foucault, 1988, p. 258). The description Foucault gives in the "History of Madness", as the genealogy of the modern subject, shows what he calls "surfaces of emergence" of a specific set of knowledge and a set of functions about madness and the mad person in his "the archaeology of knowledge". This is to show "where these individual differences, which, according to the degrees of rationalization, conceptual codes, and types of theory, will be accorded the status of disease, alienation, anomaly, dementia, neurosis or psychosis, degeneration, etc., may emerge, and then be designated and analysed." (Foucault, 2002, p.45). Peter Miller believes that Foucault's work in the "History of Madness" has four important features:

- Foucault shows historicity of the modern subject as the object of psychiatry knowledge.
- He shows that it was through madness that the truth of human being as the subject could become a scientific object. The important point is that the object of this knowledge is also the subject. But it is the knowledge of the subject which is merely possible because this subject changes to the object of scientific perception. This was an event based on the correlated formation of subject and object.
- Describing possible conditions for emergence of psychiatry, Foucault proposes the issue of managing populations.
- He shows that managing madness as a field that has to be dealt with is ultimately based on a set of obtained knowledge from the subject (Miller, 1987).

From Foucault's perspective, psychiatry was not the result of a project of madness manifestations discovery lasting several decades. The subject which psychiatry of the 19th century gave rise to its knowledge was the invention of the late 18th and the early 19th century; the time when mandatory residential centers were established for housing unemployed, poor, madmen, and basically for anyone who had no roles in working and building wealth. If we regard establishing these centers as "an economic measure and a social precaution, it was an invention" (Foucault, 2006, p.77). As a result of the involvement of physicians in these centers, madness was regarded as disease and possible conditions for emergence of psychiatry as a profession which deals with madmen was prepared.

Fear was the dominant climate in these centers which later changed to asylums. The dominant fear in the asylums was so deep that it directly influenced the patient without using any corporal punishment. The objective was to awaken and appreciate the simple and instinctive sense of responsibility in patients, i.e., the part of their being in which any manifestation of madness was associated with imagination of punishment. The madman was seen as a mad person who was not regarded as faulty in the framework of this disease, saw himself as responsible for those conducts which disturbed ethics and society, and considered himself to be deserving of punishments and blame. In other words, he had to become aware of his madness. In this way chain and bars in

mandatory residential centers were replaced with more direct and unmediated confinement. In asylums, they "substituted the stifling responsibility of anguish for the free terror of madness; the fear was no longer of what lay on the other side of the prison door, but what raged instead beneath the seals of conscience" (Foucault, 2006, p.485). What happened was that Samuel Tuke and Philip Pinel – practitioners of psychiatry in the 19th century – established asylums and "The secular terrors in which the alienated found themselves caught up were transferred … to the heart of madness." (Ibid, p.485). But, "Through what methods and techniques did they do this?"

"Gaze" as a treatment technique

In these centers, the madman was regarded as a guilty person who had to be punished. However, "the asylum no longer sanctioned the guild of madman,… it organized it. It organized it for the madman as self-consciousness, in a non-reciprocal relation with his keeper, and it organised it for men of reason as a consciousness of the other, and a therapeutic intervention into the madman's existence. Through this guilt, the madman became an object of punishment always offered to himself and the other; and from that recognition of his status as object, and his consciousness of his own guilt, the madman was to return to his consciousness as a free, responsible subject, thereby regaining reason. This movement where, by becoming an object for another, the alienated person returned to his own freedom, was a process to be found in Work as well as in the Gaze." (Foucault, 2006, p. 485).

Working in asylums was by no means productive. It was merely imposed as a moral code on the patients. The regularity of the hours, the attention needed for their attention and accuracy and the necessity to reach favorable results prevented the freedom of thought and soul of the patient which was fatal and constrained him to a series of responsibilities. Nevertheless, "gaze" had a

more effective function. It was through gaze that the fear of responsibility was put in the heart of the madman. How was gaze applied? In other words, what techniques were used for gazing which caused fear?

"Gaze of others" technique: "desire of esteem"

The technique based on observing others which was called "desire of esteem" by Tuke (1732–1822) was known to be more effective than the technique of working to treat the madman. To perform this technique, Tuke held ceremonies in which madmen had to imitate social life with all its formal conducts and rituals while others gazed at them to catch the smallest inappropriate conduct, disorder, or ineptness which were signs of madness. Directors and keepers of asylums regularly invited them to parties. The invitees would wear their best clothes and compete for good behavior. They were provided with the best food and they were treated as if they were guests. These parties were usually organized to the most possible order, were extremely favorable for the guests, and created a climate in which patients tried to control their conducts and propensities to the most possible extent.

The important point is that these ceremonies did not lead to intimacy, dialogues, or reciprocal knowing. These ceremonies provided the madman with an environment that was realistic and accessible, but to which he was perpetually an outsider. They had to play roles which their environment demanded rather than being themselves. Any kind of ineptness in role playing was evaluated and judged by gazers, and therefore, the madman became an object who was evaluated and judged by normal people in the role of a subject. In this way, his attention was turned to his own surface by imposing the form and mask of the social, and thus, he recalled his empty roles through the gaze. The madman tried to behave in a way which conformed to normal behavior acceptable by his society. Using this method, Tuke and his colleagues attempted to

normalize the behaviors and conducts of the madman. Through these procedures, the madman was treated or, more precisely, they would treat the madman. Although shackles, bars, and chains were absent and there seemed to exist an intimacy between madmen and gazers, no reciprocal interaction was established between them. "The proximity that comes into being … is simply that of a piercing gaze, observing, scrutinizing, moving pitilessly close the better to see, while remaining sufficiently distant to avoid any contamination by the values of the Stranger." (Foucault, 2006, p. 487).

"In classical confinement too the madman had been exposed to the gaze, but it had little power of penetration, going no deeper than the monstrous surface of his visible bestiality; and it had a degree of reciprocity, as healthy men could read there, as in a mirror, the imminent movement of their own fall. The gaze that Tuke instituted as one of the primary components of life in the asylums was at once more profound and less reciprocal. It was to track the least perceptible indications of madness in patients, hunting for the point where madness was secretly attached to reason, and barely began to drift apart from it; …" (Foucault, 2006, p.486). "What at first glance seemed to be a simple negative operation that loosened bonds and freed the profound nature of madness turned out to be a positive operation that enclosed madness in a system of rewards and punishments, including it into the movement of moral consciousness. It was the passage from a world of Censure to a universe of Judgement." (Foucault, 2006, p.487).

"It is judged on its actions alone; its intentions are not put on trial, and no attempt is made to plumb its secret depths. It is only answerable for the part of itself that is visible." (Foucault, 2006, p.487). In this way, the psychology of madness became possible, "for before the gaze, on its own surface, madness is constantly made to deny its own dissimulation" (Foucault, 2006, p.487). "The

science of mental illness, such as it was to develop in the asylums, was only ever of the order of observation and classification. It was never to be a dialogue." (Foucault, 2006, p.487).

"Recognition as mirror" technique

In mandatory residential centers, the physician imposed care and judgment on the madman from outside or in the form of intrinsic moral judgment. A sample of this method through an extrinsic approach was mentioned above. Tuke mostly adopted this method. However, Pinel designed a method termed "recognition in mirror" which made judgment and care intrinsic to the madman. "Here the movement is of a quite different nature. It is not that error is dissipated by the imposing spectacle of truth, or its counterfeit; the aim is to attack the arrogance of madness rather than its aberration." (Foucault, 2006, p. 499).

In this method, a play was organized to bring doubt and distress inside the patient through his claims being ridiculed by other madmen. In this way, the patient would observe himself through the other's mirror and know and judge himself morally. This method is performed in two ways:

The first way was exaltation in which the madman was called upon to observe madness. Pinel brings about a case which shows how this method works. He talks about three alienated men who claimed to be Louis XVI and were arguing about their rights to royalty. The guard approached one of them and told him that everyone knew he was a king and there is no reason to argue with the two obviously mad people. Being flattered by the guard, the patient withdrew proudly. This tactic was used for the second patient. In this way, all arguments were ended.

Reflection on this method shows that when the madman observed others disdainfully, he became certain that he was justified and that his delirium conforms to reality. "The cleavage between presumption and reality can only be recognised in the object. It remains entirely veiled in the

subject, who becomes immediate truth and absolute judge; …" (Foucault, 2006, p. 498). Exalted sovereignty of one of the three madmen unveiled the fake sovereignty of the other two and negated their sovereignty, thereby confirming his own presumption. In this phase, "madness, as simple delirium, is projected onto others, and as perfect unconsciousness is entirely accepted" and "the complicitous mirror becomes a means of demystification." (Foucault, 2006, p. 498).

The second way was abasement; "presumptuously identified with the object of his delirium, the madman recognised himself in the mirror of the madness whose ridiculous pretension he had already denounced" (Foucault, 2006, p. 499). Pinel gives an instance of this in which "another Bicêtre patient still believed himself to be king, and still expressed himself 'with the commanding tone of supreme authority'. One day when he was less agitated, the guard approached him and asked him, if he was king, why he didn't bring his detention to an end, and how it was that he allowed himself to be kept together with the other inmates. Repeating this speech day after day, he gradually caused him to see the ridiculous nature of his exaggerated pretensions, showing him another alienated patient who had also long been convinced that he was invested with supreme power and yet had become an object of derision. The maniac felt shaken at first, and soon began to doubt his own title as sovereign, and finally managed to recognise the chimerical nature of his imaginings." (Foucault, 2006, 499). He was treated through this method.

In this method, "the solidity of his sovereign subjectivity crumbled in the object that he had demystified by taking it as his own identity. He found himself the unpitied object of his own gaze, and faced with the silence of those who represented reason and did nothing other than hold out a dangerous mirror, he recognised himself as objectively mad." (Foucault, 2006, p. 499).

Rescuing the madman from the grip of

madness was possible in the case that he was the observer of his disdained non-rationality and, while trapped in absolute subjective deliriums, he found a ridiculous and objective image of the same deliriums suddenly in another madman identical to him. In the reciprocal play of gazes in which the madman only saw himself, the truth was suggested through surprising the madman. Moreover, "… the asylum, in this community of madmen, ensured that mirrors were positioned in such fashion that eventually the mad could not fail to see themselves for what they were." (Foucault, 2006, p. 499). They became responsible for the truth they had known of themselves and became imprisoned in their own gaze, which was continually directed toward themselves, and "…finally chained to the humiliation of being an object for itself." (Foucault, 2006, p. 499). "It saw itself and was seen by itself – as both pure object of spectacle and absolute subject." (Ibid, p. 498).

Silence technique: not being exposed to the gaze

Compared to the dialogue between reason and madness in the Renaissance, confinement of the classical era was to impose silence. However, this silence was not total since language was not absent, but was expressed through objects. The silent dialogue between reason and non-reason – that is struggling – was set up through confinement, prison, dungeons, and even torture. In Pinel's time, this dialogue was extinguished, there was absolute silence, and reason and madness had no common language; "… all that answered the language of delirium was an absence of language." (Foucault, 2006, p. 457), because not only was delirium not a part of the dialog with reason anymore but it was not counted as language at all.

Pinel talks about a priest who was defrocked and expelled from the church because of madness. Suffering from delusions of grandeur, he thought he was Jesus Christ. His proud and eloquent speeches amused those people in the hospital, but as he

believed he was experiencing the Passion of Christ, he tolerated others' continuous sarcasms patiently. Pinel freed him of chains and behaved very differently toward him. He neither encouraged him nor extracted a promise. Without saying a word, he removed his chains and ordered others to avoid talking to him. This prohibition for a man so proud of himself had a deeper and more tangible effect on him than chains and dungeons. Being excluded and isolated in his total liberty – which was new to him – caused him to feel humiliated. Eventually, after a long period of hesitation, his thoughts became more reasonable and rational and he joined other patients.

Dungeons, chains, and being the constant subject for the amusement and sarcasm of others were the factors that led to the free expression of patient's delirium. These indicated that the madman had accepted his delirium. However, being freed of chains and being ignored by others and their silence imprisoned him and deprived him of meaningless and formal liberty. Through the silence of others, he was left alone with his own truth which was no longer acknowledged. Although he again showed the truth before others several times, his attempts were useless because he was not exposed to the gaze of others, and because he was not humiliated, this truth did not give him grandeur and magnitude. "It was the man himself, and no longer his projection into delirium, who now found himself to be humiliated." (Foucault, 2006, p. 496).

Foucault emphasizes that gaze has an inevitable and important role in building one's identity. This gaze is not necessarily the gaze of others who are in accord with the person, but is that of those who are discordant with him. In the case of the defrocked priest, Foucault notes that "… he no longer experienced their presence as a gaze, but rather as a refusal to pay any attention to him, a gaze averted" (Ibid, p. 497). The disagreement of others with the person had created a boundary which

illustrated the territory of his identity. In confinement, this boundary was totally recognized. Sarcasm, disdain, exhortation, chains, and dungeons were among the things which had created his boundary of identity. Approaching them, he would find his identity again. A fragment of this identity-creating boundary vanished by removal of the chains and it collapsed totally by the silence of others. Thus, "…for him others were now nothing but a limit that constantly retreated as he advanced. Freed from his chains, he was now truly a prisoner, by virtue of silence, in sin and shame." (Foucault, 2006, p. 497). "His torture had been his glory: his deliverance was his humiliation" (Foucault, 2006, p.497). The sense of guilt, shame, and sin led the patient to become conscious of his disease and join the others. In this way, "… a common language was once more possible, after guilt had been recognised and acknowledged." (Foucault, 2006, p.497).

Establishers of asylums knew that being gazed at by others – being conspicuous – has a very fundamental and important role in building one's identity. Therefore, they made the madman identity-less by preventing him from being gazed at or at least by ruining a fragment of his identity which was his madness. In this way they could treat madness.

Conclusion

It seems that gazing was used as a technique for treatment of madness. It is worth mentioning that each of the gazing techniques was based on a specific feature of gaze. One of the features common in all the three techniques is the politicality of gazing. Gaze as a political act is a technique for the rule of a group of people (physicians) over another group (mad people). Until the late 18th century, the only existent power in the world of madmen was an abstract and formless power which imprisoned them; a keeper without arms, chains, and bars which acted merely by gazing and language. He encountered madness not as a specific person, but in the position of a reasoned

being; he gained his authority due to his not being mad. Prior to this period, reason's imposing power on non-reason was through chains, bars, and imprisoning. Since then, due to his being reasoned, the director had power and authority over mad people, and could decide on the fate of patients and execute it and in this way could deal with "guiding the possibility of conduct and putting in order the possible outcome." (Foucault, 1982, p.789). In other words, there was the director-physician at one extreme due to their being wise and there were madmen at the other extreme whose being non-reasoned subordinated them to the reasoned, and thus, they became the object of their gaze.

The science of mental illness in the manner which evolved in asylums was merely involved with observation and classification. This science never established a dialog between itself and the mental patient. Even when in the 19th century, the power of the language between patient and physician was used and the patient-physician relationship began to be deemed as important, this science did not transform into a dialogue. Later, psychoanalysis added the observed person's speech to visual observation of the observer. However, this was not a mutual dialog, but always a recorded monologue of the observed person, "… thus keeping in place the old asylum structure of a non-reciprocal gaze, but balancing it out, in a non-symmetrical reciprocity, with the new structure of a language without response." (Foucault, 2006, p.488).

As we have seen, Foucault shows that very deep transformations in mechanisms of power have occurred in the West since the classical era. Functions of these mechanisms including "reinforce, control, monitor, optimize, and organize the forces under it: a power bent on generating forces, making

them grow, and ordering them, rather than one dedicated to impeding them, making them submit, or destroying them." (Foucault, 1978, p. 136). Through establishing the asylums, madness became "visible" and was regarded as a deviation from "health" – i.e., mental disease. Foucault believes that all these sub-deviations from "health" which were classified entomologically and named oddly formed a knowledge termed psychology. The objective of the mechanism of power which created such knowledge was "to give it an analytical, visible, and permanent reality." (Foucault, 1978, p.44). Exercising this form of power needed continual, conscious, and curious presence which functioned "through examination and insistent observation" (Foucault, 1978, p.44).

Conflict of Interests

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References

Foucault, M. (1978). *The History of Sexuality: An Introduction.* Trans. R. Hurley. New York, NY: Pantheon Books.

Foucault, M. (1982). The Subject and Power. *Critical Inquiry, 8*(4), 777-795.

Foucault, M. (1988). *The Concern for truth*. In L. D. Kritzman (Ed.) *Michel Foucault: Politics, philosophy, culture. Interviews and other writings, 1977-1984* (pp.255-267). Trans. A Sheridan. New York, NY: Routledge.

Foucault, M., & Sheridan, A. (2002). *Archaeology of knowledge*. Trans. A.M. Sheridan Smith. London, UK: Routledge.

Foucault, M., & Khalfa, J. (2006). *History of madness*. Trans. J. Murphy & J. Khalfa. London, UK: Routledge.

Miller, P. (1987). *Domination and power*. London, UK: Routledge and Kegan Paul.