By the title of this dissertation we mean to outline a set of problems formulated at a certain juncture in contemporary reflection. These problems encompass that thought, possibly because they are linked to a specific phenomenon of modernity, that aspects of the discipline of biology have become objects of political concern, aspects such as birth control, public health, and hygiene, the educational, medical, judicial, and commercial probing of sexuality, environmental conservation, the encouragement of physical fitness, advocacy of racial purity, etc. In this situation, problems concerning the concepts of “normal” and “pathological” do not figure just in theoretical debates. Is there no correlation of any kind between the definition of normal as a purely statistical average, and the widespread mass medicine that demands efficiency without exception and rules out individualized treatment? And what type of political supervision authorizes a purely organicist psychopathology?

Hitler’s National Socialist state stands out as the most visible, the peak example of this biological application of the exercise of power. In the shadow of its recent past, critical reflection on the notions of “health” and “illness” have developed in the West. Two texts may serve as references for approaching the problem.

Maladie Mentale et Personnalité, published in 1954, is the result of a series of courses given by Michel Foucault at L’Ecole Normale Supérieure in Paris. “Mental illness” an object of psychopathology (whose methods and concepts, according to Foucault, cannot be classed with those used in organic pathology) is the target of its analysis. A metapathology capable of defining the order of illnesses in somatic pathology and mental pathology by using the same concepts, and using them in the same sequence, does not exist.

Turn of the century psychopathology established a symptomatology of mental illness that put its manifestations and various correlations in order. It gave rise to a classification of the forms, phases, and variations of disease, initiating with these analyses, a conceptual structure analogous to that established by organic pathology, which made way for a general pathology constructed on the basis of common procedures.
Disease is first presented as an essential entity, one which displays symptoms but which originates prior to them. Or, disease is conceived of in terms of natural species, to be divided into groups which designate its permanent traits and its diversifications. Only after being classified and subjected to separate study, an illness then receives attention to the independent dynamics that come from the individual patient's actual reality; this is a pure illustration of the taxonomic side of morbidity.

Ever since the thirties, at least, research such as Goldstein's has questioned this essentialistic pathology, and rejected its postulates. Illness is not abstractly conceived; it is conceived rather on the basis of the individual's global reactions within his environment, the action of adapting to the living entirety of things. This displacement is often announced as the point at which medicine shifts its focus from the illness to the ill person, and turns towards a pathology of concreteness. However, in Foucault's argument along these lines, the program of homogenizing the methods and concepts in both organic pathology and pathological psychology comes up again, articulated in terms of (organic or psychological) wholeness. The myth of a unified pathology based on this perspective seems unaware of the concrete differences between the organism and the personality that require different methods for locating disturbances that call on: disparate abilities for connecting a morbid affection with an adapted response, and use social and therapeutic practices on the diseased individual with different frequency.

Avoiding pretensions of any general pathology, Michel Foucault stops to examine the singular guise of mental illness, unfolding his analysis in two directions: a critical review of the concrete forms in which mental illness appears, and a study of the conditions that make it possible.

In the first task, we find three graduated possible levels on which many dimensions of the illness may be analyzed:

(1) There is the evolutionist approach, neatly represented by Jackson, who matched mental illness marked by behavioral regression to primitive states of development. The patient's reactions, specified by his automatism, reveal a simplicity of structure with respect to normal behavior. Following the thread of this doctrine, we end up identifying primitive, infantile, and pathological personalities, while maintaining, not without contradiction, that the patient is an abolished, mutilated personality. In rejecting this classification schema, Foucault's criticism does not totally rule out the regressive dimension of the disease, for he recognizes the descriptive value of analogies to infantile, primitive, and pathological conduct; he does not accept its having explicative value, however — the causal explanation that holds mental illness to be based on an evolutionary reversal of behavior. That opinion in the end means the subordination of psychopathology to the realm of an abstract pathology that could encompass both organic and mental disturbances.

(2) There is Freudian psychoanalysis, which defines mental illness as a return to primitive stages of individual development. Jackson's doctrine outlines an evolutionary regression in which the disturbed present situation is a consequence of the past, but in psychoanalysis a regression is traced in personal history; the present conflict makes the individual's past intelligible, which is why Freudian psychopathology broadens the field of infantile psychology. The regression does not correspond to the action of an evolutionary virtuality; it is an escape from the present, a defense mechanism put up by the individual to avoid a situation of anguish. This is the beginning of a cyclical regression as the anguish demands a return to the past, which demand in turn increases the experience of anguish. Psychoanalysis can describe the consequences of this experience, but cannot explain it since its dynamic is an a priori condition of existence.

(3) From which direction can we approach this original experience, which is the very nucleus of mental illness? Foucault looks back to phenomenological description, along the lines of the existentialist psychopathology drawn up more or less heterogeneously by Jaspers, Weiszicke, Binswanger, and Boss. Setting aside, in the tradition of Husserl, the natural attitude and historicist reduction, Foucault perceives, in phenomenological psychopathology, the hint that makes it possible to describe the experience of anguish, a condition for understanding man's history and nature.

The symptomatology, the regressive evidences of evolution, and the reversions in individual history should be considered as meaningful wholes whose unity of meaning is located in the experience of anguish. Naturalism departs from its object, the patient, who is considered as a natural entity; the historicist position involves an exteriority that explains the patient's experience without really understanding it. The attitude of comprehension, associated with Jaspers's psychopathology, is situated on the intuitive level, and is commensurate to the intersubjective relationship, and intends to restore the patient's experience.
of his own illness. For phenomenological description, certain areas (certain very marked schizophrenias) may be inaccessible, but this viewpoint first considers the patient's experience of his own disease, not as a symptom or the locus of a falsehood, but rather as the starting point from which to understand the anguish experienced.

The phenomenological approach to mental illness takes two forms. The first one, situated at the subjective pole of intentionality, analyzes the more abstract aspects of the problem, and seeks to restore the actual living experience of the illness of the patient. This experience is depicted as a diffused perception, as an ambiguous consciousness that oscillates between recognizing the disturbance as an organic process (hysterical signs, hypochondriacal worries), or as a strange element related to the personality itself (obsessive disturbances, paranoidia, certain types of schizophrenia), or as a distant and veiled vision of the world, a world that has been abandoned (extreme forms of schizophrenia).

This “noetic” analysis concludes by asserting that there is a consciousness of mental illness present in any psychopathological process. The patient’s morbid state does not eliminate his ability to differentiate between what is normal and what is pathological.

The second form of phenomenological analysis is located at the objective pole of intentionality. It is a more pragmatic approach, a “noematic” analysis which describes the pathological universe that constitutes the patient’s space-time environment (Unwelt), his social universe (Mitwelt), and the experience of his own body (Eigenwelt).

Minkowski andBinswanger described the patient’s spatio-temporal experience in their research. Time may either be lived as a heap of the past that crushes the present, leaving it with no projective position (paranoia), or in a fragmented form. The experience of space, as Heidegger studied it (as a context or environment for using objects), reveals another dimension of the patient’s Unwelt. Space may be seen as an opaque region from which the distances between objects have disappeared, and the objects mingle together purely undifferentiated. This is the actual experience of delirium. In the spectrum of schizophrenia there is an insular spatiality in which objects appear isolated from their field of use, having an independent, solitary existence.

The mental patient’s Mitwelt reveals a disturbed social universe. Psychoasthenia and schizophrenia, for example, also imply a blockage of the certainty of the other’s existence. This other is not a “socius” but a stranger. Hallucination, however, rearranges the experiences of others who, through their plurality, reduce the persecuting, menacing, and deceitful figure of the hated Other. Every face is a mask hiding his presence.

The experience of the body itself as actually felt by the mental patient has been studied in Minkowski and Binswanger’s research. It can run from inability to recognize one’s own bodily presence (experiencing oneself like a corpse, for example), to feeling separate from the body, leading a bodiless, immortal existence.

By what criteria can we consider the phenomenological description of the patient’s experience pathological? The phenomenological attitude rejects all a priori evaluation that separates what is normal from what is pathological; only after its labor of comprehension can it precisely define the perturbed character of the experience it is describing. Pursuing this line of thought, Foucault takes up again the Daseinanalyse put into practice by Binswanger from Heidegger’s Sein und Zeit on. Heidegger had described the ontological characteristics that went into the structure of human existence. This structure is revealed as an original opening up (ek-stare) to the world, in its temporal projection, as the constitution of a space full of meaning, as the unfolding of an environment of relationships with others, as the actually experienced presence of a corporeality with a mortal character. Faced with the Cartesian division of subject and object, “Daseinanalyse” recovers Husserlian intentionality and takes it in a direction that is not purely “eidetic”; existence is being-in-the-world; man may freely dispose of the set of possibilities for relationship which has been given him to establish which is presented him in his opening up to the world.

Heidegger’s description refers to the non-disturbed human’s mode of being; it serves as a point of reference for discerning the ill mode of being. Foucault situates the pathological in an imbalance in the opening created by existence. This imbalance may consist of an intensification of subjectivity within the same sphere where the patient goes astray, or it could mean a fall out of pure objectivity, when the patient is absorbed by what he perceives.

In its morbid forms, the original space is not a horizon of different meanings, but rather an undifferentiated space without distances; it does not locate every singularity in the context of its utilization; it is a partitioned territory inhabited by insular objects. The patient’s temporality, as he actually experiences it, is not of a finite duration, but is
fragmented into multiple candelles and unconnected instants. The others are not the field of intersubjectivity, but are lost in the distance of objects or see their singularity dissolved, sinking into the subjective image of the Enemy. Finally, corporeality, as it is actually experienced, is cancelled out by the corpse's inert objectivity, or is lost in the living experience of itself as a bodiless being. Oscillating between the private world of pure subjectivity and what is undifferentiated in objectivity, we can locate the mental patient's experience.

With phenomenological comprehension of the experience of anguish, the nucleus of mental illness, Foucault completes the description of the forms in which the illness may appear. From this point on, he expounds his analysis of its conditions. The second part of his text takes up this task.

Mental illness does not derive from a disturbance of the nervous system alone, but neither is it to be reduced to an alienating situation produced by the social environment. The conflict a personality has with alienating social conditions only leads to illness when the individual cannot differentiate, or adequately polarize, his response within the play of inhibition and excitement. Disease is a defensive reaction put into effect by the subject in order to adapt to a hostile social situation: it is marked by the confusion of positive and negative responses, indifferent to the stimuli received. This point of Foucault's explanation is supported by Pavlov's studies of conditioned reflexes.

The objective, cultural element involved in the germination of mental illness is the alienation provoked by the oppression of a contradicting environment.

What we find to be the key of those pathological forms is the conflict at the heart of society, between the forms of the child's education where society keeps dreams in store, and the conditions it offers adults, where on the other hand, we find their real present, their miseries.²

This objective socio-cultural factor responds to a historical analysis of the conditions that provoke alienation. What is sought is the judicial and political configuration of the mentally distant person in his alienation from society. This analysis, discussed in general terms by Foucault in the fifth chapter of his Maladie Mentale et Personnalité, is the first historical research to be found in his writings. Along the lines of a Marxist perspective,³ Foucault combines a historical description of the mental patient's judicial-social standing in bourgeois society with an explanation of illness's defense mechanisms in terms of Pavlov's theory. His objective is a criticism of the concepts of "health" and mental illness that are used in abstract pathology. He means to outline a new explanation of these notions, an explanation that can contribute to the constitution of a psychology that is scientific at the same time that it is relevant to the concrete individual.

What interest could all of this have — the reference to Maladie Mentale et Personnalité, an early treatise which reveals Foucault's humanistic thought,⁴ which was inextricably bound to the Marxist analysis of "historical alienation," and associated with Pavlovian reflexology, which was triumphant in the Soviet Union, and with the first part of the book being dedicated entirely to a phenomenological description of the patient's actual experience? Why should we discuss a Foucaultian dissertation which is neglected by most critics,⁵ in this paper? Although it was reedited in 1962, Maladie Mentale et Personnalité came out totally transformed then, after Folie et Dérision, and a third edition was rejected by Foucault who, at the same time tried to keep the English translation from being published.⁶

In general, it can be contended that in Maladie Mentale et Personnalité, Foucault formulates the problem which runs throughout his subsequent research, Folie et Dérision. Histoire de la Folie à l'Age Classique. How does the existence of mental illness in a given society act as social criticism of that same society? The solution, in Maladie Mentale et Personnalité, is oriented towards building a scientific as well as liberating psychology: this disalienates the concrete man from the abstractions of metaphathology and at the same time, serves to unveil social contradictions. Foucault's later writings respond in a different way: Psychology itself, its will of truth, its object, the mental patient, is described as the historical consequence of a Right/Wrong separation, which first becomes patent in classical confinement and in the Cartesian "cogito."

This book, Maladie Mentale et Personnalité, interests us for yet another reason. The notions of "norm" and "illness" Foucault puts into play are directly related to Canguilhem's formulations in Le Normal et le Pathologique.⁷

Le Normal et le Pathologique, Georges Canguilhem's thesis in Medicine, was published in 1943. Its chief domain of reference basically consists of somatic nosology or physiopathology, while the field of Psychopathology is only secondary or auxiliary. Thus, a first
distinction appears with respect to Foucault's writings; what is normal and what is pathological are analyzed preferably as concepts of somatic Medicine.

Canguilhem reconstructs the history of the notions of the "ill" and the "normal" state with a critical perspective. Physiology in its striving to constitute itself as a science went through the stage in which it was necessary to eliminate the radical heterogeneity between what is morbid and what is healthy; this heterogeneity made it impossible to explain the region of the illness by means of a study of the normal state. This process finally arrives at a point, with C. Bernard and A. Comte (following Brown, Bichat, and Brousseas), which consists in a conception of the pathological as a purely quantitative deviation from "the normal," and in the project of establishing a measuring technique that could, on its own, determine health or sickness. What is normal may then be identified with the average, and what is pathological with more or less.

Foucault, standing on different ground, faces an analogous situation; homogenization of somatic and mental illness, one that reduces their what is normal and what is pathological. Instead, he confronts a homogenization of somatic and mental illness, one that reduces their difference to an abstract concept of "illness," which leads to the creation of procedures by which to determine each using one equivalent method. In Foucault's treatment of it, the "abstract essence" takes the place of Canguilhem's "average" and "quantitative deviation" with the result being a purportedly objective medical program that forgets its point of reference: the concrete individual.

Canguilhem and Foucault point out the impossibility of determining what is normal and what is pathological without referring to the patient's biological and social environment. Canguilhem multiplies the examples: normal longevity, size, or weight depends on the social surroundings; diuresis and temperature curves vary with geographical conditions, feeding habits with civilization. Hypoglycemia that would be fatal to white Europeans is borne without encumbrance by black Africans. Paleopathology shows that today's average is yesterday's exception; and individuals with a pulse of 40 can maintain their usual work rate. The norm, in medicine, cannot be constituted supraregionally, since the singular patient constitutes its object. As for mental illness, we have already seen how Foucault combines looking for and at the impact of society's conditions of conflict, and the very specificity of the illness's defense mechanism, to reach a more precise definition.

Psychology is not simply an abstract understanding of mental illness; it is a scientific practice whose object is the liberation of the individual. In a similar way, Canguilhem perceives the starting point for pathology and physiology in the sick man's concrete situation. This approach acts at the same time as a criticism of the relationships which positivism establishes between the science of what is normal and therapeutic technique. The latter is not just a derivation of the former; historically, first the patient demands a cure, a therapeutic attempt to solve his problem, and only afterwards, after the illness is understood, can the real science of what is normal. Medicine is not an abstract understanding of disease; it consists of a concrete technique whose focus is on patients considered as singularities.

Having same concept of illness leads to there being analogous features in the thinking of Foucault and Canguilhem. Both define it positively; the former, as a defensive reaction; the latter, as an adaptation to the environment. Health, in one, appears to be conceived as the ability to differentiate responses (excitement-inhibition) to negative situations; the other defines it as the possibility of creating norms of adaptation, diversifying them when responding to new situations; illness limits the possibility of discovering new ways of adapting to different surroundings. The healthy man may "abuse" his health, adapt himself and his organism to different situations. Both Canguilhem and Foucault also reject purely evolutionary conceptions of illness that identify the pathologic state with regression to infantile or primitive stages, and they both take the patient's consciousness of his own illness into account. The theoretical positions from which both authors reach analogous conclusions are not, however, identical. Foucault bases his analysis on a phenomenological comprehension of illness, that draws on Pavlov's theories and favors a Marxist characterization of illness' social conditions. Canguilhem's arguments stem from a vitalist epistemology, not far from phenomenology, and from a historical-critical examination of concepts associated with the thinking of Bachelard.

The philosophical context of Maladie Mentale et Personnalité and Le Normal et le Pathologique is, for the most part, that of phenomenology and the existentialism which was the result, in a large part, of a re-reading of Hegel over against the neo-Kantism and Bergsonism which were preponderant until the 1940's. Marxism has played a major role in the life of intellectuals, but more as a program of political action than as thought. Kojève's courses on Hegel, published in 1947, the Sartre of
L’Etre et le Néant (1943), Merleau-Ponty’s writings (Le Structure du Comportement, (1942), Phénoménologie de la Perception (1945), Sens et non Sens (1948)), Hyppolite’s Hegelian studies (Genèse et Structure de la Phénoménologie de l’Esprit de Hegel (1946), Introduction a la Philosophie de l’Histoire de Hegel (1948), Logique et Existence (1953), Etude sur Marx et sur Hegel (1958), determined the direction of French philosophy between 1940 and 1960. During the war and in the postwar period, a pendular movement between Marxism and phenomenological-existentialist syncretism was manifested in the political praxis inspired by the former and in the assertion inspired by the latter of concrete existence faced with the essentialism of ideals which thwart subjectivity. It is along the swing of this pendulum that we should situate Canguilhem’s and Foucault’s rejection of the abstract objectivism of medical positivism and psychologicist metapathology, respectively, as well as their demand for a return to the patient’s actual experience.

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NOTES

5 Cfr. Dreyfus, H.L. and Rabinow, P., Michel Foucault, Beyond Structuralism and Hermeneutics (Chicago: The University of Chicago Press, 1982); Lemert, C. and Gillan, G., Michel Foucault, Social Theory as Transgression (New York: Columbia University Press, 1982); Kremer-Marietti, A., Michel Foucault, Archéologie et généalogie (Paris: Le livre de Poche, 1985).
6 Cfr. Sheridan, op. cit., p. 29.
9 Ibid., p. 111.
10 Ibid., p. 112.
11 Ibid., p. 118.
12 Ibid., pp. 122—125.
13 Ibid., p. 74.
14 Ibid., p. 3.
15 Ibid., pp. 176—178.