MADNESS AND CIVILIZATION:
A HISTORY OF INSANITY IN THE AGE OF REASON

In a beautifully written and yet (to some degree) maddeningly obscure “preface” to
Madness and Civilization, the French philosopher and historian Michel Foucault makes some
comments which will be helpful for rightly navigating our way throughout the remainder of this
work. After brief quotations by Pascal and Dostoievsky, Foucault makes a somewhat startling
and yet fascinating statement. He declares that society’s act of confining persons judged to be
“insane” is itself a “form of madness” and even a kind of “conspiracy” (ix). Thus, right from the
beginning of the book, we see that the relationship between “madness” and “civilization” is
predicated upon a kind of power. Those who wield the power in society are able to define
“madness” as a kind of evil, or illness, or privation, which thereby justifies the confinement of,
or occasionally the exercise of compassion toward, those who suffer from it. Of course, the
definition which society gives to “madness” has no necessary relation to “truth”—it is solely a
matter of power. But how can we investigate the relationship of madness to reason when the
terms in which the investigation will take place are all formed and framed from the side of
reason only? Is madness not to be permitted to speak for itself? Foucault believes that this
investigation should begin with an examination of “the classical period” which “covers precisely
that epoch in which the exchange between madness and reason modifies its language, and in a
radical manner” (xi-xii).

Chapter 1: “Stultifera Navis”

Foucault begins this chapter by noting how leprosy largely “disappeared from the
Western world” by the close of the Middle Ages (3). The leper, of course, was deemed to be
“unclean” by society, and therefore, someone who had to be segregated. Leprosariums were
established to care for those afflicted with this malady, as well as keep them isolated from the rest of the population. But as leprosy vanished, the institutions created to house the afflicted were gradually closed. In time, however, a new use was found for many of these structures. “Poor vagabonds, criminals, and ‘deranged minds’ would take the part played by the leper” and the exclusion of society’s unwanted was essentially reinvented “with an altogether new meaning and in a very different culture” (7).

Prior to this reinvention of something old, however, the arrival of the Renaissance actually brought about something new—“a strange ‘drunken boat,’” the Narrenschiff, or Ship of Fools (7). According to Foucault, “the Narrenschiff . . . is a literary composition, probably borrowed from the old Argonaut cycle” (7). During the Renaissance, these ships took to the seas, transporting those deemed mad by society from one location to another (8). Foucault believes these ships arose because of “a great disquiet” which suddenly descended upon the culture of Europe “at the end of the Middle Ages” (13). This “disquiet” was due in part to a new emphasis on madness and “the dizzying unreason of the world” (13). A vast literature arose in which “the character of the Madman, the Fool, or the Simpleton assumes more and more importance” (14). Among the many works of art and literature cited by Foucault to substantiate his point, he seems particularly fond of Erasmus’s The Praise of Folly, Cervantes’ Don Quixote, and Shakespeare’s King Lear. These works depict madness in various ways, such as “madness by romantic identification” (28), “the madness of vain presumption” (29), “the madness of just punishment” (30), and the madness of “desperate passion” (30).

Foucault concludes this chapter by observing that between the fifteenth and seventeenth centuries madness was gradually domesticated. “Scarcely a century after the career of the mad ships,” they began to be replaced by hospitals (35). Whereas previously the mad had embarked on a strange adventure, something that may even at times have resembled a kind of pilgrimage, now they would be confined in a vast array of hospitals that began springing up all over Europe (36).
Chapter 2: The Great Confinement

“By a strange act of force,” says Foucault, “the classical age was to reduce to silence the madness whose voices the Renaissance had just liberated, but whose violence it had already tamed” (38). A landmark date in this regard is 1656, the year that the Hôpital Général was founded in Paris (39). Foucault quotes from the Edict of 1656, which gave to the directors of this hospital (and eventually others like it) a “quasi-absolute sovereignty” over those entrusted to their care (40). Although it may sound strange to us, these “hospitals” apparently served no useful medical function whatever (40). Instead, claims Foucault, their purpose was primarily confinement, and secondarily, labor (46). He observes that, from its inception, the Hôpital Général “set itself the task of preventing ‘mendicancy and idleness as the source of all disorders’” (47). At this time in Europe, labor was generally regarded as “an infallible panacea, a remedy to all forms of poverty” (55). What is more, laziness and idleness were moral faults which would incur the judgment of God (56). For this reason, those confined to these hospitals, whether through poverty, unemployment, legal troubles, or madness, were expected to work (57). According to Foucault, these institutions thus took on the appearance “of a forced labor camp” (59). He concludes his discussion by claiming that the creation of these hospitals “marked a decisive event” in European history: “the moment when madness was perceived on the social horizon of poverty, of incapacity for work, of inability to integrate with the group; the moment when madness began to rank among the problems of the city” (64). Whereas the Renaissance permitted madness a certain measure of freedom, now it was to be strictly confined to the “madhouse” (64; see also p. 35).

Chapter 3: The Insane

The age of confinement corresponded roughly to the age of reason (65). Whereas people might be confined for a variety of causes, a distinction does appear to have been made between the “insane”—and everyone else (66-7). One (rather unfortunate) way in which this distinction was particularly evident had to do with the exhibition of the mad as a form of public
entertainment (68-70). “As late as 1815,” notes Foucault, “the hospital of Bethlehem exhibited lunatics for a penny, every Sunday” (68). And the evidence suggests that such events were very popular.

Of course, some of the mad were considered too dangerous for public display. In cases such as these, the poor wretches were chained to walls or beds, or even made to live in cages like wild animals (71-3). The mad, having lost their hold on reason, were not regarded as sick human beings, but as animals (74). Their living conditions, therefore, were deemed relatively unimportant. After all, “it was common knowledge until the end of the eighteenth century that the insane could support the miseries of existence indefinitely. There was no need to protect them; they had no need to be covered or warmed” (74).

Ironically, at the same time the mad were being regarded as animals (and hence treated as such), there were also those who taught that Christ, in His incarnation, had both healed and redeemed those afflicted with insanity (78-82). Because of this, the mad were viewed (at least by some Christians) as appropriate objects of “respect and compassion” (81). The very different ways in which madness was viewed and treated at this time serve to reveal the strange and unique position it occupied “with regard to unreason as a whole” (82).

Chapter 4: Passion and Delirium

In this chapter Foucault discusses the relation of madness to the passions, to reason and language, to dreams and delusions, and to confinement—especially as these issues were understood in the age of reason. In the first place, it seems only natural to assume that there would be some sort of relationship between madness and the passions. Sometimes, when a person has been in the thrall of some violent passion, like anger, they may later speak of having “blown a gasket.” Once they calm down, they are conscious of having been temporarily “out of their mind.” In a similar way, one could conceive of a person becoming so gripped by a passion that they are driven out of their mind for an extended period of time. In short, they are driven to
madness. This seems to be what Foucault is driving at in the initial section of this chapter (85-94).

Even more interesting, however, is his discussion of the relation of madness to reason and language. Although many people probably think of madness as a form of severe irrationality, Foucault cites evidence showing that, for at least some of the insane, there is in fact a “method to their madness.” For example, he cites a study by Paul Zacchias, who found syllogistic reasoning among the mad. A man engaged in self-starvation reasoned thus: “The dead do not eat; I am dead; hence I do not eat” (95). Clearly, the problem here is not the man’s inability to reason; rather, it is his acceptance of a faulty second premise (i.e. “I am dead”). Apparently, in some cases, embracing a false proposition as true can, via a process of flawless reasoning, lead to the adoption of certain behaviors which can only be described as “mad” (since they are ultimately grounded in what is false, illusory, and unreal). This, if I’ve understood him correctly, seems to be what Foucault is gesturing at when he claims that “the essence of madness can be ultimately defined in the simple structure of a discourse” (100).

The chapter concludes with a discussion of the relationship of madness to confinement. Here, in the rather obscure style that Foucault occasionally adopts throughout this book, he confidently tells us that “ultimately, confinement did not seek to suppress madness,” but to manifest its true essence as “non-being; and by providing this manifestation, confinement thereby suppressed it, since it restored it to its truth as nothingness” (115-16).

Chapter 5: Aspects of Madness

Foucault here examines the views on mania, melancholia, hysteria and hypochondria that were popular in the seventeenth and eighteenth centuries. In the first half of the seventeenth century, he says, “a debate began over the origin of melancholia” (119). Although initially the debate was framed in terms of “animal spirits,” it gradually came to be conceived in terms of “the body’s liquid and solid elements” (123). Eventually, however, even these explanations were given up, and by the end of the eighteenth century, were largely replaced by psychological
theories (129-30). The same sort of development can also be traced with regard to mania, hysteria and hypochondria.

Another interesting development regarding mania and melancholia, on the one hand, and hysteria and hypochondria, on the other, is that they were gradually recognized to be in some sense linked to one another. Thus, in Robert James’ *Medical Dictionary*, first published in 1743, he draws attention to the fact that mania and melancholia are often seen together, the one succeeding the other, as if they are in some sense a single disorder (123, 135). In a similar manner, although hysteria and hypochondria were not initially linked in any way (136), nevertheless, they too gradually became recognized as “two varieties” of a single psychological illness (137). Once these developments had occurred, says Foucault, “the ‘scientific psychiatry’ of the nineteenth century became possible” (158).

**Chapter 6: Doctors and Patients**

In this chapter Foucault discusses a variety of ways in which doctors, in the seventeenth and eighteenth centuries, attempted to cure and deliver their patients from madness. In the first half of the chapter he focuses on what might be called attempts to cure both body and soul (with the emphasis being primarily on the body). Included among these various attempts are what Foucault terms *consolidation, purification, immersion,* and *regulation of movement* (159-77). As an example, let’s consider *purification* in a bit more detail. This method of treatment consisted of various ways in which doctors attempted to *cleanse* their patients from the various corruptions and diseases which were thought to be the causes of madness. These included blood transfusions (162-3), treatment with myrrh and aloes (163), the imbibing of bitter agents, like coffee (164), the consumption of soap products (165), and the application of vinegar (166).

Foucault then discusses, in rather guarded terms, the earliest, still hazy, beginnings of what would eventually become the well-known medical distinction between the physical and the psychological (178-83). He quotes a doctor Beauchesne as stating: “One would undertake in vain to cure a man suffering from madness, if one tried to succeed by physical means alone” (177-78).
In spite of this admission, however, Foucault seems eager to assure us that “such texts do not discover the necessity of a psychological treatment” (178). And he goes on to emphasize that, at this point in history, the distinction has yet to be clearly made. It’s as if medical science is groping its way toward this distinction, even if, for the moment, it still sees through a glass darkly.

Having made this point, Foucault next proceeds to discuss some of the attempts then in vogue to cure both the soul and the body of madness (with the emphasis now being on the soul). Here he mentions what he terms awakening, theatrical representation, and the return to the immediate. Again, to offer just one example, let’s briefly consider theatrical representation. This method of curing the mad basically attempted to beat them at their own game. Foucault cites a fascinating case in which a patient, who believed he was dead, adamantly refused to eat. In order to treat the man, a group of people, “pale and . . . dressed like the dead, entered his room . . . and began to eat and drink” (188-89). Having convinced the man that the dead do, in fact, eat and drink, he was then persuaded to join them at the table!

Chapter 7: The Great Fear

Foucault here discusses some of the fears that were spawned in light of the practice of confinement. Not only were people afraid of being confined, they were also afraid of contagious diseases spreading from the places of confinement to the surrounding villages (202). “It was said,” notes Foucault, “that the air, tainted by disease, would corrupt the residential quarters” (202). The fear was so great that reform movements were instituted “in the second half of the eighteenth century,” which aimed “to reduce contamination” by isolating and cleansing the houses of confinement (206).

Related to these fears was another, the fear of madness itself (211). Various theories were advanced to try to explain the causes of madness. For example, some claimed that madness was more common in areas that enjoyed a good deal of liberty and wealth (213). The idea was that the insufficient guidance received by those having too much freedom could easily lead to
uncertainty and anxiety regarding the best course of action in any given set of circumstances. In those of a more sensitive temperament, such anxieties could sometimes lead to madness (213-14). Another view held that excessive attention to religious concerns was likely to result in madness (215). Whereas others believed that too little attention to such matters (or the wrong kind of attention) was a much more likely culprit (216-17). Finally, some argued that civilization, especially insofar as it gives birth to arduous learning, theater-going, and novel reading, is a prime candidate for producing madness in its citizens (217-20). This is because all of these activities tend to separate and isolate man from the immediacy of the “real world,” placing him instead in a world of fantasy and illusion—a world which naturally lends itself to the illusions of madness (219-20).

**Chapter 8: The New Division**

Throughout the eighteenth century, a gradual transformation in society’s views of madness and confinement took place. Whereas the nineteenth century was scandalized by the fact the mad were treated no better than criminals, the eighteenth century tended to think that criminals “deserved a better fate than one that lumped them with the insane” (223). Ironically, it was the criminals themselves, and their complaints about being locked away with the insane, that first brought this issue to the attention of the authorities (224). Although this distinction would eventually result in more humane treatment for the mad (at least in the minds of most people—Foucault being an exception), it was still to be a long time in coming (236-40).

**Chapter 9: The Birth of the Asylum**

From the very first sentence this chapter drips with irony and a thinly veiled contempt. Foucault here focuses on the reforms that took place under Samuel Tuke and Philippe Pinel. Although most people interpret these reforms as great humanitarian advances in the treatment of the insane (especially when compared with the oftentimes brutal confinement that occurred throughout much of the seventeenth and eighteenth centuries), Foucault sees only a
subtly disguised will to power that continued to coerce and repress the mad in new and distinct ways.

He begins with a discussion of Tuke’s Quaker Retreat. He acknowledges that Tuke is commonly viewed as a “philanthropist” who helped “liberate” the mad. But he assures us that “the truth was quite different” (243). Although the mad were no longer subject to brutality, chains, and confinement, they were subject to the imposition of a “religious and moral milieu”—a milieu which Foucault sees as coercive and controlling (244-45). In other words, Foucault’s complaint seems to be that the mad were not permitted to simply “be themselves”. Rather, they were expected to conform to certain socially and religiously accepted standards of morality and decency. But of course Foucault does not regard these standards as non-perspectivally true. They are rather just a socially accepted manifestation of the will to power, which limits the liberty of the individual in favor of the morality of the herd. And this is something which irritates Foucault. He therefore writes, “We must . . . re-evaluate the meanings assigned to Tuke’s work: liberation of the insane, abolition of constraint, constitution of a human milieu—these are only justifications. The real operations were different. In fact Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience” (247).

Although Foucault is not quite as hard on Pinel, his criticisms of the latter’s reforms are essentially the same as those leveled against Tuke. Of course, in contrast to Tuke, Pinel was opposed to using religious doctrines and scruples to treat the mentally ill. He did, however, share Tuke’s view regarding the importance of morality in such treatment (256-7). Foucault claims that Pinel attempted to impose “bourgeois morality” on his patients through four primary means (259-60): 1. The calculated use of silence (260-2). 2. Helping the insane see themselves as such by essentially holding up a mirror to their bizarre ideas and behavior (262-5). 3. The perpetual judgment of the mad through therapeutic means (265-9). 4. The exaltation of the medical doctor to nearly divine status (269-78).
Conclusion

Foucault concludes this book by discussing the relationship between madness and art, particularly as it is exemplified in the works of Goya, Sade, Nietzsche, Artaud, and Van Gogh. Although he once again resorts to obscurity and obfuscation in these final pages, he seems to be driving at two basic ideas: 1. Madness is contemporaneous with the work of art and yet utterly distinct from it, and 2. Madness, through the work of art, judges the world, calls it to account, and forces it to recognize its guilt (288-89). He thus ends his work with these words:

Ruse and new triumph of madness: the world that thought to measure and justify madness through psychology must justify itself before madness, since in its struggles and agonies it measures itself by the excess of works like those of Nietzsche, of Van Gogh, of Artaud. And nothing in itself, especially not what it can know of madness, assures the world that it is justified by such works of madness (289).