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**STRANGERS IN A STRANGE PLACE:
TOWARD A PHENOMENOLOGY OF MENTAL ILLNESS**

by

MARTHA SULLY, B.A.

A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of

**Master of Arts
Department of Philosophy**

**Carleton University
Ottawa, Ontario
August 31, 1992
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submitted by Martha Sully, B.A. (Hons.)
in partial fulfilment of the requirements for
the degree of Master of Arts

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September, 1992

ABSTRACT

The field of psychiatry is dominated by a medical approach to what psychiatry is and must do. However, practices that those in control deem to be for the good of those controlled are only as justifiable as the predominant social values and institutional norms they reflect.

The ideas of Thomas Szasz and the work of Michel Foucault are used in this essay to frame a critique of psychiatric knowledge. Foucault's critical approach is used to expose inadequacies in the self-clarification of the anti-psychiatry movement led by Szasz. I argue in defense of retaining the concept of mental illness, provided those who use it are prepared to place demands and pressures on the existing organization of society.

The essay also works toward an infusion of psychiatric thought with the ideas and method of Edmund Husserl. Foucault's early phenomenological writings on mental illness provide the bridge to this shift in focus.

For Theresa and Jessy ...

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INTRODUCTION: MEDICALIZATION OF DEVIANCE

On any given day in Canada, nearly one-third of the hospital beds are occupied by people identified as mentally ill.¹ Activities and conditions once perceived as socially deviant are increasingly being labelled as sicknesses, so that their treatment falls under the jurisdiction of those working in the health and medical fields rather than those in legal and religious occupations. As a consequence of changing societal definitions, many of yesterday's crimes and immoralities are today's medical conditions, and it seems reasonable to think that at least some of today's crimes and immoralities will be tomorrow's illnesses. The effect is that doctors and allied health personnel have gained control over a large area of behaviours, and are seen as experts in charge of more and more kinds of problems.

The increasing medicalization of deviant behaviour and the role of the medical institution as an agent of social control has gained notice from a number of writers.² Although the trend toward medicalizing deviant behaviour appears to have been building for some time, it has gained serious momentum in the last few decades. This transformation in the way that deviance is defined is partly traceable to the influence of Freud, who provided a framework for re-defining deviant behaviour as illness resulting from unconscious factors over which the individual is taken to have little or no control.³ The person acting in a deviant way is seen as needing psychological understanding and help, rather than

punishment. On such a view, the individual is presumed in need of the care of a physician, possibly in a hospital, rather than a guard in prison.⁴

Certainly we can expect some humanitarian benefits to result from this. However, there are negative implications. The medical profession has first claim to control over anything that deals with the functioning of the body, and also to anything that can be labelled as illness. Defining mental disorder as mental illness, for example, allows certain things to be done that could not otherwise be considered: the body may be cut open, or psychoactive drugs administered. The result is a powerful and efficient means of controlling behaviour. If a mechanism of medical social control seems useful, then the deviant behaviour it modifies will develop a medical diagnosis or label. No overt malevolence on the part of the medical profession is implied: it is part of a complex process of which the medical profession is only a part.

Within a broader context, medicalization might be viewed as just one aspect of a larger process of change. Max Weber uses the concept of rationalization to refer to the process by which areas of social life are increasingly subjected to decisions made in accordance with technical rules.⁵ Characteristic of these sorts of decisions are the quantification of data, the use of formal decision procedures, and the utilization of empirical laws. All of these combine to form an attitude of abstraction and objectification in an abandonment of the qualitative and historically unique features of a situation. The emergent

instrumental rationality defines new areas of expertise for those who seek control over the various factors at hand such that, by the manipulation of certain variables in accordance with some plan, a goal is best achieved.⁶ The problem of expert control emerges.

The belief that experts know best has not hurt the health field, which promotes occupational groups that declare their expertise and take on professional labels as a way of proving their point -- namely, that they are in fact experts. The combination of expertise and the professional has defined new areas of authority for medicine as people increasingly rely on doctors and allied health care workers as technical experts for an evaluation of their behaviour. The strengthening of professional control is a general consequence of bureaucratization, but the role of the medical expert holds a special place in the process.

Along with the appeal to technological gurus, and perhaps not separate from it, is a negative public perception of the legal system. Until recently, modern correctional practice was characterized by nearly universal lip service to the ideal of rehabilitation. There has been a prevailing popularity of hopeful theories, revealing a deep and abiding faith in the improvability of humankind.⁷ But it is not uncommon in the media or simply around the coffee table to encounter the view that the legal system has failed in its efforts to rehabilitate deviants. The high recidivism rate of juvenile and adult offenders might lead us

to suspect that the system has functioned poorly in the area of rehabilitation, especially if we take such statistics to provide good evidence of the success of social control, and if we uncritically assign positive value to such control.⁸ One of the consequences of this negative image is an increasing social pressure to take deviants out of the hands of those who represent the legal profession, and to place them under the jurisdiction of those using another system of rehabilitation.

Despite public opinion and substantial evidence against the ideal of rehabilitation, correctional practice continues to function as if there were a good chance for the rehabilitation of every inmate who enters an institution. Why, if such an assumption cannot be realistically defended in practice? There is an obvious and logical inter-dependence between what is done about deviance, and what is assumed to be the explanation of the behaviour. The treatment of offenders and the de-criminalization of specific offences (alcoholism, homosexuality and mental disorder, for example) reflects the quest for an adequate theory of human behaviour. There is as yet no such theory, either criminal or non-criminal.

It could be that the advances implied by such dramatic interventions as heart transplants and polio vaccinations have had a spill-over effect in related areas of life. The logic is quite simple, and easily bolstered by our ordinary notions about embodiment of the psychic: if the medical approach is so

successful in its investigation and treatment of the physical aspects of life, perhaps it can be successful at social and psychological levels as well. However, this sets the stage for the deployment of various strategies in the war against misbehaviour, including the use of chemical technology. Since the 1930's, the pharmaceutical industry has been synthesizing and manufacturing a large number of psychoactive drugs, contributing to a virtual revolution in drug making -- and drug taking. Since 1955, treatment with psychoactive or anti-psychotic drugs with its promise of possible technical control of behaviour has dominated the response to deviance resulting from mental disorder. This development, in combination with the dramatic decline of in-patient populations, has encouraged the medical specialities to direct the formation of the concept of deviance.

Deviance is not a property inherent in certain forms of behaviour. A social audience determines whether or not an episode of behaviour or any class of episodes is labelled deviant. The field of psychiatry has been more dependent on the medicalization of deviance trend than have other agents of social control. Obviously, if mental disorder had not been re-defined as mental illness somewhere along the way, psychiatry in its current state would have no subject matter. There has been a continual movement of more and more deviant behaviours traditionally handled by the police, courts and lawyers into the office of the psychiatrist. The example of serial killing comes easily to mind. Previously just a murderer, the serial killer is now considered to be a particular case of

pathology.⁹ The public accepts that such individuals are sick. Indeed, if the popularity of Hollywood movies on the topic is any indication, we are deeply intrigued with just what sort of sickness serial killing might be. Examples of less dramatic conditions currently undergoing medicalization would include alcoholism and pre-menstrual stress, as well as such events as failure in school, divorce and impotence. The mental health professional is quite busy.

Related to the process of medicalization is the widespread adoption of certain aspects of the psychiatric approach by other social control systems. It is reasonable to assume that traditional social control systems manage to maintain some of their authority in the face of increasing medicalization at least partly because they have modified their intervention strategies by incorporating some elements of the medical/psychiatric model. Current examples of this tendency are the large numbers of clergy and lawyers who take courses and attend workshops in psychotherapy and counselling. Of course, I am not suggesting that this is done in a purely strategic attempt to keep up with the authority of the medical paradigm. Nor am I suggesting (against the grain of post-Popperian philosophy of science) that paradigms are not necessary. However, in the scramble to assimilate information, the adequacy of the medical approach to explain some facets of reality has been wrongly assumed, and the scope of the process seems to have become enormous.

Ordinary language suggests a common acceptance of illness-speak to

describe a multitude of problems, amongst laypersons and professionals alike. When receiving care from a psychologist or counsellor, we speak of ourselves or others as 'patients' in 'treatment' or 'recovery'; the activity of gardening is now known as 'hort' i.e., horticultural, therapy when pursued by the infirm in institutions, with the aid of support staff; and depression is an emotional 'illness' that can be 'cured' with anti-depressants. Medicalization has not merely affected systems of social control, but also those spheres of self-description that represent personal meanings.

When a condition or problem is re-interpreted as sickness instead of crime, immorality, or just plain struggle, we expect that the new interpretation moves its description closer to other conditions that have been traditionally accepted as sicknesses. However, the concept of illness needs to be examined. It does not seem to imply the presence of an abnormal physical condition, *per se*. Being ill, even physically ill, is not the same as being in a certain physical state, even if that state deviates widely from a statistical, biological norm. Such an assumption may even be irrelevant to what we mean by 'illness'. Presumably, there are physical causes for us being in all kinds of states, but just discovering a physical deviation in no way tells us that the person whose body it is that deviates is ill. We can imagine an individual with a round liver. While abnormal in its physical structure, it functions perfectly efficiently, secreting bile and aiding in metabolism. It allows the person who possesses it as long a life as someone with

a normal liver, and it causes the person no discomfort. Despite the presence of an abnormal physical condition, then, no one would call this individual ill. It is only when a particular interpretation is given to these characteristics that someone is 'sick', namely, an interpretation of the experience as painful, incapacitating, or otherwise 'bad'.

The concept of illness is unavoidably evaluative. When combined with the statistical and clinical approach of the medical model and extended to the field of psychiatry, the concept becomes especially problematic. Psychiatry needs to consider the function of a person, and not just of a body: the value-judgement concerns a person's action and rationality, and relationship with others. We can acknowledge that people are given functions in virtue of social roles. When someone is unable (or unwilling) to meet social expectations of behaviour, that person might be described as deviant. However, just because people do in fact have demands placed on their social lives (for example. they must have the ability to feed, clothe and house themselves), it does not follow that these demands are 'healthy'. It does not follow that the role of the psychiatrist is objectively given.

The medical model underlying the psychiatric perspective has effected an important change in social perceptions. On the one hand, people who are taken to be purposively in a certain state are perceived to be immoral, since they have apparently made a decision to avoid social obligations. On the other hand, if they are not at fault for their condition, as in mental illness, the social view changes

from a charge of immorality to acceptance that the behaviour is morally understandable: it can happen to any of us, and we sympathize with those afflicted. The change is a shift in definition and judgement of reasons for social failure. Criminal deviants are held accountable by society because they are perceived to be willful violators of social norms. Sick people receive treatment because it is assumed that these deviants want to conform to the norms, but are unable. Thus the willful violator must be punished, whereas the person who wants to conform but cannot must be helped to do so. The health system emerges as an institution for the cure and rehabilitation of those who, through no fault of their own, cannot fulfill the usual social roles or behave in the usual ways. While apparently attending to humanitarian concerns, the *status quo* is maintained. The values assumed and implied by the psychiatric account remain unexamined.

It seems likely that competition amongst systems of social control can be won by the health system. It would be surprising for a society to claim that people violate its values and norms because they want to. This would, after all, imply the failure of the society's socialization process. At the same time, it cannot comfortably identify its own processes as etiological in deviance because this too is not social-system-supporting. Through history, social attitudes have shifted the burden of responsibility for deviance back and forth between the individual and society. But if we were to find an explanation of deviance that could take the

responsibility away from both the individual and society, the result would be that no one -- no person and no institution -- would get the blame. The problem of responsibility would be dissolved. We seem to have discovered such a (bogus) solution in the medical model of human behaviour. This is not to say that the medical perspective with its ideal of treatment is inappropriate for many conditions that currently fall within its management, including mental suffering. However, the value of treatment must be critically viewed.

It may be that the spread of medicalization is based not on the demonstrated success of the medical community's handling of behaviour and suffering, but on gaining the illness label for an increasing number of actions. This point has been put quite dramatically by one writer, who refers to the way in which physicians act as entrepreneurs, becoming active in promoting sickness labels and actually seeking out illness.¹⁰ What Freud did for the notion of mental illness is extended to all illness, with the creation and deployment of new rules and the definition of new types of deviance, bringing more conditions under the control of the medical profession generally, and the physician in particular. In this way, the social control function of the health system is extended to many areas of life in what could be an open-ended process.¹¹

The success of the medical perspective in obtaining legitimacy for increasing medicalization has a further implication. The representatives of other social control systems cannot remain on the sidelines, passively watching the

health system expand at their expense. As with other competitive struggles, two options are open to potential losers: fight or join. The legal system may have employed the first tactic successfully through malpractice suits, but with this possible exception, other social control systems seem to have adopted the second. An emergent health-therapeutic philosophy pervades the doctor's office, the pastor's study, the social worker's office and the judge's chambers. Everywhere, the attempt is to counsel the deviant to bring about a change in behaviour, to make it cohere with social expectations.

Even the most cursory consideration of the social consequences of continued medicalization suggests the need for a careful analysis of the trend, and the implications for moral and public policy issues. Besides the crude concern that health resources such as hospitals and doctors' offices may become overcrowded with medicalized deviants (leaving less room for traditional patients), the potentially negative effects will include an expansion of the use of medications to control deviant behaviour. In this context, medications are used not for a creative purpose, but only to control symptoms. The appearance is that the therapist is working with the deviant towards a cure, but this may not be how things always work. Patients are put on tranquillizers (in the case of an anxiety problem), anti-depressants (in the case of a mood problem), mellaril (in the case of delusional thinking), antabuse (in the case of alcoholism) and ritalin (in the case of hyperactivity). Once people are no longer behaving in a deviant way, they

can be ignored.

We know that medicalization has been used to control behaviour for political purposes. During the college student unrest of the 1960's, for example, the vice-president of the United States suggested that the campus radicals were mentally ill, and should be sent to mental hospitals for treatment. Although this may be remindful of stories disclosed about the Soviet government's handling of dissidents who are labelled mentally ill and then thrown into asylums, I raise the more local example to remind us that it is unnecessary to point the finger far from home.

Medical intervention can lead to a denial of the civil rights of those whose conditions have been medicalized. A patient, compared to a prisoner or an accused, has little defense against arbitrary decisions made by someone acting in an official medical or legal capacity. Legal trials for those being involuntarily committed to a mental hospital are relatively recent. And despite the fact that the predominant medical, social and legal control of individuals perceived as acutely mentally ill is most often exercised through civil commitment, existing mental health laws are so vague and open-ended that they cannot function in effective critiques of action and as the basis for impartial decision-making. The so-called rules permit excessive discretion to those applying them, so that the interests of those affected by the decisions in question are at the mercy of the arbitrary judgements of officials interpreting them. The classification of mental

illness is so unclear that it might be taken to include almost any form of statistically abnormal mental or emotional characteristics or behaviour.¹² Where medical intervention is excessively painful, unpleasant or protracted, the human costs of treatment might well be thought to exceed its benefits.

General concern about the dangers involved in the medicalization process seems low amongst both professionals and laypersons, if its rare discussion is any indication. Nonetheless, awareness of the narrowly practical perspective of psychiatry and its covert conservatism has led to a widespread scepticism about the concept of mental illness, voiced by some philosophers, psychologists and sociologists.¹³ Among the writers in the academic anti-psychiatry movement, Thomas Szasz and Michel Foucault are commonly recognized. In the writing of Szasz, the concept of mental illness is rejected as altogether useless to psychiatry, and psychology. His arguments are polemically aimed at current psychiatric practice, and are certainly valuable and illuminating as such. His general merit is that he raises the question as to whether the distinction between so-called 'mad' and 'sane' people is not some sort of put-up job. As Szasz sees things, those individuals we label mentally ill are so-labelled only because their real or impugned deviance is easily controlled, relative to other groups. We create the myth of mental illness so that we can scapegoat a particular group of rule-breakers. However, as we will see, Szasz's arguments lack both clarity and justification.

In the work of Foucault, the smooth passage of psychiatry's authority is interrupted by an analysis that engenders a state of uncertainty in anyone responsible for servicing the network of medical/psychiatric practice (for example, doctors and social workers, or those Foucault calls the 'judges of normalcy'). Psychiatry's claim to be a science of human beings is rejected. While acknowledging organic medicine as a genuine science of the body, Foucault thinks that there cannot be a similar science of human beings. Against the essentialism of orthodox psychiatry, he advances an interpretation of the cultural conditions that lead us to treat madness as an illness. The upshot of his study is that mental pathology requires a different method of analysis from physical pathology. Failure to recognize this has resulted in the appropriation of the study of madness by the instrumental rationality of modern medical science.

The following section will be devoted to examining the specific senses in which mental illness is thought by Szasz to be a myth and a (mere) cultural construct. Although their arguments will be discussed contiguously, I do not endorse the view that the ideas of Szasz and Foucault are compatible. On the contrary, I hope to show that Szasz's rejection of the concept of mental illness represents a failure in moral, psychological and political thought. Against this, the work of Foucault -- taken up in the chapter after next -- advances a necessary critical orientation towards the effects of the technical control associated with the medicalization of society generally, and psychiatry in particular. This provides a

better framework for articulating the demands and possibilities for social change.

1 TRUE OR FALSE; THE MYTH OF MENTAL ILLNESS

There are several threads of argument to Szasz's well-known and influential view that mental illness is only a myth. However, the following represent what can be taken to be his major points of argument: (1) the concept of mental illness is epistemologically relative, (2) the phrase 'mental illness' is a category mistake, (3) no one is in fact mentally ill, and (4) there is no such thing or entity as mental illness.¹⁴ Each will be considered in turn.

For Szasz, those we describe as mad differ only in degree from the rest of us. We all have problems in living -- theirs just happen to be particularly severe. Those we call mentally ill are fully as rational as anyone else, but with different aims. The only reason anyone ever thought differently can be explained in terms of an adherence to the epistemology of a sick society. Mental illness is a myth on this interpretation because our current epistemology is also a myth, judged from another epistemological point of view not our own. When we add the (hidden) assumption that there can be no judging between such basic points of view, the argument looks something like this: those we label mentally ill subscribe to an epistemology different from our own; the relative merits of this difference cannot be judged; therefore, our labelling of certain individuals as mentally ill is a myth because it presupposes what it cannot have, namely, a standard of judgement applicable to both judges and judged.¹⁵

The argument depends, of course, on the significance of epistemological relativity. Szasz is the Feyerabend of psychiatric circles, inciting an appetite for a smorgasbord of epistemologies. Admittedly, there is in fact no generally accepted, overall theory in psychology or psychiatry on which to base judgements about an individual's competence, rationality or sanity. Much of the demand to accept epistemological relativity can be interpreted as a demand to protect the capacity for creative self-determination. However, we need to acknowledge the boundedness of our spheres of meaning. The social world is not the world of free-for-all interpretation, but rather, a world of interpretation given to us through a consciousness conditioned by history, culture and individual biography. It may seem empowering to consider ourselves free to select willy-nilly from amongst such academic wares as competing epistemologies, logics, ontologies and so on, but we are really more limited than this.

Yet it is difficult to see how we might draw the line between competency and incompetency. Part of the reason for the problem is that these are not discrete, separable states: one slides into the other. Failure to recognize this can and probably does result in the mistreatment of those who are defined as incompetent according to specific criteria recognized by the law. To be incompetent in some ways is not necessarily to be incompetent in all ways. For example, those judged unable to manage their own finances may be sufficiently rational to refuse medical treatment. Some people suffer primarily from mood

stresses, and their cognitive capacities remain basically intact. These sorts of considerations suggest the need for a conception of variable competency, which would allow for a number of criteria to be used when determinations of competency must be made. Such a conception could produce appropriate and specific evaluations of competence, rather than the pre-determined judgements of irrationality presently associated with the concept of mental illness.

At any rate, we cannot get around the problem of formulating a basis for ideas of competency and incompetency -- mental health and mental illness -- by appealing to the vast playground of epistemological relativity. This 'baseline problem', as the trouble is sometimes referred to, is an issue for concepts of physical health and illness also, since there are evaluative dimensions at work in our notions of a departure from a physical norm. It is necessary to appeal to norms, because they are important sources of social meaning: they tell us what we might expect of ourselves, and others. However, this leaves entirely open questions about their construction. Of a particular norm, we can ask questions about its origin, its function, and its value. Our activity in the face of epistemological suspicion must be one of critical inquiry, rather than avoidance.

The obvious difficulty involved in discussing the nature of a sick mind leads Szasz to another point of argument, namely, that when we talk about mental illness we are committing a category mistake. Following Ryle,¹⁶ Szasz's claim is that mental illness is a myth in the same way that other mental terms are myths.

It is not appropriate to put mental illness in the same category as so-called real illness i.e., physically caused illness, because we would then be claiming that beliefs, perceptions, desires and so on are the names of mechanical causes. This is a category mistake, because words for mental causes (words such as belief, perception and desire) are in a different category from the kinds of words we use to label mechanical causes. We cannot conjoin the terms in one category, 'mind', with terms in another category, 'body'.

It is indeed difficult to say anything very intelligible about what a mind is, so it is not surprising that, when we attempt to discuss the notion of a sick mind, we run into problems of clarity. Employing the idea of a category mistake makes it possible to avoid having to take a position on the status of mental entities. However, unless we are supposed to abandon our talk about minds altogether (something that neither Ryle nor Szasz proposes), the idea that mental illness has no clearer reference than does mind itself is not an adequate basis for rejecting it as a myth.

It seems that we can leave the question of reference open without becoming guilty of the ghosties inherent in Cartesian dualism. We are not pressed to presuppose some non-material mind substance if we claim to be speaking meaningfully when we use the phrase 'mental illness'. Nor do we have to speak of mind-things being injured in some non-spatial way. Regardless of what position we take as to the reference of mental terms -- including the position

that mental terms do not refer to anything -- the notion of mental illness can make perfectly good sense. If we set aside the question, 'What is a sick mind?' in favour of the question, 'Does the term mental illness have descriptive value similar to that of other mental expressions?', we will have put ourselves on a more useful track.

But Szasz does not pose this question. Instead, he focuses his attack on mental illness as a myth by arguing that only physical bodies can be ill, and that the notion of mind (and therefore the idea of a sick mind) is a myth in the sense that it refers to nothing that exists. Quoting Ryle with approval, Part 1 of Szasz's Law, Liberty and Psychiatry begins as follows:

A myth is, of course, not a fairy story.
It is the presentation of facts belonging
in one category in the idioms belonging
to another. To explode a myth is
accordingly not to deny the facts but
to re-allocate them.¹⁷

Since mentalistic terms are not the names of mechanical causes, and since real illnesses are physically caused, Szasz claims that the 'mental' in mental illness disqualifies it as a descriptive phrase. It is a category mistake and hence, following Ryle, a myth. Szasz has also uses the doctrine of categorical differences to make other points of argument, but the above represents his greatest absorption of Ryle. For Szasz, there is no good reason for conjoining mentalistic terms with the notion of illness. But perhaps he is wrong.

The concept of mind is intertwined with our perceptions of experiences, actions and meanings. Not only are such things presupposed when we talk about an individual having a mind, but typically also before we conceive of that being as a self, like ourselves. If a person is so withdrawn from the shared reality of other people that we are unable to make out any set of beliefs or desires, no matter how bizarre or inconsistent, our ordinary mode of descriptive explanation breaks down. The point is not that those we describe as mentally ill have diminished mental experiences (although they might), but that some experiences do not lend themselves to the routine ascriptions of intentional meaning common in social life. It is not surprising that most of us consider the behaviour of individuals described as mentally ill to be different. It is. And we often lack the shared context of meanings by which we usually understand ourselves and others in such cases, to the extent that we cannot explain their actions or experiences. As such, the applicability of certain parts of our mentalistic vocabulary is lost.

We might be justified in attributing a 'sick' mind to individuals whose actions do not allow us to presuppose their intentional states to the same extent that we do for others. Of course, this does not mean that we should think of people as mentally ill whenever we fail to understand them. What it does suggest is that there are beliefs so basic to a society's sense of itself that a serious disruption of these cannot be comprehended. For example, upon seeing someone walking down the street talking openly to the air, we might consider the

possibilities that the person is taking stock of the day's activities aloud, rehearsing for a play or praying. There are other possible explanations for the appearance of an individual conversing without a companion. However, if we learn that the person walking down the street is talking to the air because a companion is believed to be present -- but certainly is not -- then the behaviour will make peculiar sense to us. This person's experience of things is clearly very different from our own, and since we do not have a shared perception of the world around us, we are severely handicapped in our understanding. Such a gap may be fundamentally metaphysical, and although perhaps not impossible to bridge, it puts the mind of the odd-person-out into question.

However, if illness is taken to mean deviation from an anatomical or physiological norm, as Szasz also believes, then mental illness might still make no sense. Minds do not deviate from physical norms; they cannot be normal or abnormal vis-a-vis biological structures. Beliefs to the contrary are, he would remind us, just category mistakes.

To this we might respond that the notion of illness was part of our ordinary language long before we knew very much about physiology and anatomy. We can wonder whether the meaning of illness has changed since the advancement of medical science, but as suggested earlier, it does not seem to be knowledge of a physical cause that defines the meaning of being sick, even today. If we recall the example of the perfectly round liver, we are reminded that, even

when there is an identifiable organic state causing a particular condition, it is not equivalent to being sick. It is only when we attach a negative interpretation or set of meanings to the adjacent symptoms that we are sick. As such, the unpleasant, unwanted and frequently fatal condition of being mentally ill is bad in the same way that being physically ill is bad: it is a deviation from normal functioning that is unexpected and unwanted. And as with physical illness, it is relatively long-term in duration, allowing for treatment. It is one thing to think that the suffering involved in mental illness may be wrongly conceived by modern psychiatry, and even that psychiatric treatment does little to relieve and heal it. It is quite another thing to think, with Szasz, that mental illness is a category mistake. Such a move obscures a number of important practical and conceptual details. However, it remains to be further shown why the diagnostic categories of mental illness are not questions of category difference.

The boundary between biological and functional conditions, defined in terms of what is currently known, may be neither clear nor permanent. At least some functional conditions are conditions that are waiting for a physiological explanation, and not conditions for which no such explanation can in principle be found. This in part explains the unending debate over the status of functional explanations as causal explanations. Some conditions that we unhesitatingly call diseases of the body have obscure or unknown physiological bases (for example, migraine and epilepsy). Many current diagnostic categories in medicine will

probably disappear some day, and be replaced by others that are taken to be apparently or provisionally more adequate. It is not only possible but likely that 'schizophrenia', the paradigm of madness, will someday be seen as a useless classification of mental ills that have little in common causally or even logically with one another, and that new interpretations of what are now collected under the label of schizophrenic disorders will emerge. But there is nothing logically suspect about the attempt to categorize familiar (as well as bizarre) behaviour into mental traits and mental illnesses.

Moreover, although a departure from some physiological norm seems in itself neither a necessary nor a sufficient condition for being ill, there is in fact a close relationship between various symptoms of mental illness and the symptoms of organic psychoses. Some kinds of disorders, namely the organic psychoses, *are* physical illnesses -- or at least result from them. One well-known form of organic psychosis known as paresis is the tertiary stage of syphilis. More common is what is referred to as senile dementia i.e., the mental deterioration and collapse that is related to processes of aging, and of which Alzheimer's disease may be one type. These are organic conditions since they are caused by disorders of the brain, in the one case by cerebral lesions arising from a prolonged syphilitic infection, and in the other by deterioration relating to the passage of time. There are other organic conditions of more or less psychotic kind, including injuries to the head, and Korsakoff's syndrome, which results from chronic and excessive

consumption of alcohol.

Surely mind terms do not refer to paramechanistic myths, nor would mental illness in the above cases. Admittedly, Szasz would have no disagreement here. But if he agrees that brain diseases are mental illnesses, then he has to do so for reasons inconsistent with his own view. Since the notion of mind in Ryle's analysis is the name of all capacities for intelligent performance, a lack of some of them would invoke mind-words as certainly as the possession of them. The causal explanation is irrelevant to the interpretation of symptoms of illness, and important only with respect to treatment. If individuals suffering from an organic psychosis experience themselves and act in ways that are strongly similar to the symptoms of mental disorder, why do the ideals of medicine -- the relief of suffering and the healing of sickness -- apply in the one case, but not in the other? By wrongly insisting that illness refers only to deviation from a statistical physical norm rather than to being in a certain bad condition, Szasz leaves a great many themes unattended.

As a final comment on Szasz's claim that the phrase mental illness is a category mistake because mental illnesses are not physically caused, we should note that some psychotic conditions do respond to chemotherapy. Although the successfulness of chemical treatment is no doubt exaggerated by psychiatry, it has been proven helpful in removing symptoms. It might be the case that anti-psychotic drugs and anti-depressants serve merely as symptom suppressors, much

the same way that cold medicine clears the nose and soothes the throat without getting to the cause of the trouble. However, the idea is not that the straightforward cause of the problem is physiological: the formation of treatable symptoms may result from emotional stresses or triggers. What the possibility of a positive response to chemotherapy does suggest is that there is a bio-chemical aspect to some forms of mental illness, as these develop in some people.

A third line of argument advanced in the writings of Szasz goes beyond the claim that mental illness is meaningless to dispute as a matter of fact that there are individuals who fit the description of mental illness. Szasz makes the claim that " 'insane behaviour', no less than sane, is goal-directed and motivated".¹⁸

In a longer version of the same claim, his co-worker Braginsky writes:

The residents who remain in 'mental hospitals' are behaving in a perfectly rational manner to achieve a personally satisfying way of life -- often the most satisfying of which they are capable ... in a certain sense an individual *chooses* his career as a mental patient; it is not thrust upon him as a result of his somehow becoming 'mentally ill'.¹⁹

Braginsky goes on to explain that the mental patient chooses a career in the same sense that anyone chooses a career, namely, as an outcome of purposive action. Moreover, having and maintaining the status of a mental patient amounts to a rational choice for these individuals, in the usual sense of evincing a realistic appraisal and understanding of the hospital situation and of available alternatives.

It seems to me that this argument stretches our concepts of rationality and purposiveness too far. Even orthodox psychiatrists do not deny that their patients act the way they do for reasons. But is this identical with what we mean by rationality? Generally, to make out an intentional or motivational explanation we need to know what the agent wanted, as well as what was believed about the situation and one's ability to carry through with a particular action. For Szasz, it is enough that we can say of the mental patient that there is some set of beliefs and desires -- no matter how practically unrealistic -- furthered by the behaviour in question. If we can posit any set of beliefs and desires to explain an action, we may describe that action, and therefore the agent, as rational.

On such a view, there is hardly a consequence of any behaviour that could not be identified as an objective of sorts. We need only pick a set of beliefs by virtue of which we might say that it appears some consequence would ensue in order to judge the behaviour as rational. The following passage puts the absurdity quite eloquently:

The shedding of leaves by a tree, the falling of stones, the pumping of blood by the heart, and the most chaotic word-salad of a schizophrenic are all rational activities judged by such a standard. The 'action' of a tree in shedding its leaves is rational if we suppose that it desires to survive the coming winter, and believes that the only way to do so is to lower its sap level, thereby killing off its leaves. The same analysis can be

applied to stones, hearts, and schizophrenics.²⁰

Although the implied comparison between trees and human beings suffering from a schizophrenic disorder seems grossly insensitive, the writer's point is that such explanations can be manufactured willy-nilly. In order to overcome this relativism in explanation, individuals have to be denied the freedom to invent the beliefs and desires in terms of which the action is to be viewed, returning us to the baseline problem of evaluating what is rational, and what is not.

Unless we mean by rational only that a person has acted in the light of desires and goals, we cannot use it to describe the behaviour of many individuals who are mentally ill. It makes no sense to describe as rational an individual who, believing that it is possible to fly and to meet with God on the next cloudy day, leaps out of an apartment building window to an unexpected death. Nor does it make much sense to insist that the catatonic withdrawal of some schizophrenics is rational; in the absence of expressive gestures or signs, it is difficult to see catatonia as an action carried out for any reason at all.

We can and should begin to suspect that there is more to our ordinary notions of rationality than Szasz allows. While the problem of rational belief is a difficult one and will hardly be settled here, the empirical argument against mental illness is weak. The idea that the individual in the above case has had a certain set of beliefs and desires furthered by the action of jumping out of a

window is contradicted by the unexpected death. Our jumper mistakenly believed that it was possible to fly, unaided. The action taken was based on a serious error in practical reasoning.

The second case illustrates a subtle and misguided tendency in the writing of Szasz and similar-minded academics. No doubt the intention is good. However, the tendency to foist the concept of an ever-rational, authoritative self not only on the average person but also on the catatonic schizophrenic must be met with suspicion. This point will be taken up in detail elsewhere, but the refusal to see some people as less than rational, perhaps even without intention, may be ultimately damaging. At the very least, we can marvel at the contention that the problem of identifying who is rational and who is not is solved by claiming that everyone is rational -- even in the absence of practical reason. It is only by appealing to some (unexamined) ideal of the self, licensing himself to imaginative interpretations of his patients, and riding the wings of Liberty that Szasz is able to produce his position.

Finally, although Szasz makes no formal argument to this effect, it would not be unfair to say that he rejects mental illness as an entity or thing. One Chief Justice of the United States was so impressed by this idea that he commented, "...there is neither such a thing as 'insanity', nor such a thing as 'mental disease'". These terms do not identify entities having separate existence."²¹ Of course, we do not know the extent to which such an authority reflects or influences common

opinion and understanding, but the attitude may not be all that uncommon among intellectuals. It is not clear whether the suspicion is about entity-thinking in general, or just entity thinking without ostensive reference. Regardless, the question of the nature of our ontological commitment to the concept of mental illness seems to perpetuate an old chestnut. If mental illness does not exist, it is at least in good company with other things that have ceased to exist since the excesses of the analytic movement have done away with non-literal meanings. The claim that something does not exist seems to be a rather dramatic way to effect closure on a discussion. After all, as someone has commented, it makes the study of mental illness seem about as useful as the study of unicorns.

Despite his contribution to exposing the hypocrisies and tragedies of psychiatric practice, there is something unfortunate about Szasz's strength in the anti-psychiatry movement. His is a negative critique that leaves the therapeutic project without direction. Szasz leaves seriously dysfunctional people literally out on the street, with the absurd contention that they can and will 'pull themselves together'.

It is possible that mental illness can be a critical concept, provided those who use it are prepared to place demands on the existing organization of society. We cannot just abandon the concept of mental illness: it represents a complex of social meanings within which people currently understand themselves. Despite the mystifications that the medicalization process subjects us to, change may

require a clear politicization of medical goals, rather than a rejection of them. Without the concept of mental illness, we are unable to make what may be necessary demands on the health service facilities of our society. The suffering of people with mental disorders -- not just the suffering resulting from the marginalization of the mentally ill by society, but the suffering that results from the disorder itself, independently of what we do to people -- may justify keeping it within the medical perspective.

Against Szasz's primary argument, the relativism of the truth of mental disorder does not preclude an interpretation of mental disorder as mental illness. Although the process of formulating and deploying the notion of mental illness over society has been a complex historical process, the claim that this and all understandings of reality are socio-historical is not the same thing as saying that all meanings and values are historically relative. Cultural relativism has become a fashionable point of argument, buoyed by the popular liberal perspective.

To be sure, the system of meanings and shared understanding used by human beings to interpret experience are necessarily products of a culture, but this leaves entirely open the question of the legitimacy of such constructions. Admittedly, mental disorder does not fall unambiguously into the medical model. The possible usefulness of intervention by technically competent, medically trained professionals does not alone justify the re-naming of all mental disorder as mental illness. Even mental disorders that almost certainly do fall within the medical

model (for example, schizophrenia and bi-polar or manic depression) rest upon a social judgement that the condition is undesirable, and any such description does not isolate a special zone of objectivity.

However, the historicity of the concept of mental illness reminds us that, in the past, we actually created the institution of psychiatry -- that it is really a human creation, even if we can no longer easily recognize it as such. The spread of bureaucratization over modern society obscures the relation between human beings and the cultures they produce. It is easy to lose sight of the fact that the institution of psychiatry is not fixed for all time, but part of a long and difficult process in which we are always engaged. Szasz is right to posit mental illness as a societal event, rather than an intrapsychic process existing only within the individual. But he fails to formulate a theory of knowledge and power to guide his analysis of the political status of psychiatry as a science. Indeed, when we do this, we might discover that the values and ideals underlying the medical model of psychiatry rejected by Szasz has also shaped his own view, unawares. A critical approach to the emergence of the field of psychiatry and its effects requires us to examine the general consciousness of our age, as well as particular social dynamics.

There may be no psychologically interesting difference between a critical understanding of psychiatric practice, and an uncritical one. However, there is an important political difference. A critical approach frames its research program

and its conceptual framework with an eye to the aim and activities of those oppositional social movements with which it identifies itself. The questions that are asked and the models of action formed by this identification attempt to shed light on the character and bases of the subordination of one group to another. Assuming the empirical adequacy of what we know of psychiatric practice through the efforts of writers like Szasz, we need to ask some questions: To what extent does the anti-psychiatry movement clarify the bases of medical dominance (and patient subordination) in modern society? In what proportion does it challenge prevalent rationalizations of such domination and subordination? What is the role of the critic?

An adequate framework for raising these questions may be found in the critical approach of Foucault. Some of his work has been appropriated by the anti-psychiatrists, but it does not really lend itself to their purposes. Although we see in Foucault's thinking the collapse of the belief in a social consensus of objectively knowable norms, we do not see the radical isolation of individuals, thrust back on their own truth or liberty. The liberal-humanist conception of the self is put into question, and the issue of cultural relativism takes on a new perspective. What emerges is a clearer if not more complicated view of our situation, and the possibilities for change in psychiatric practice and understanding.

2 THE DISCOURSE OF PSYCHIATRY

In writing about madness,²² Foucault goes beyond the analysis of the concept of mental illness. By taking the marginalization of the mentally ill back to its historical beginnings, Foucault explores the emergence of a society that finds disorderliness unacceptable, and that labels some versions of disorderliness 'mental illness'.

Most commentaries on the work of Foucault begin with Madness and Civilization, but he was talking about psychiatry and the history of madness earlier than this. Two published works, "Dream, Imagination, and Existence", and Mental Illness and Psychology, both appearing in 1954, can be characterized as studies in existential-phenomenological psychiatry. We find Foucault himself claiming that phenomenology is the appropriate method for understanding mental illness, although it is not clear just whose phenomenology he has in mind, requiring us to do a bit of piecing together. However, one can easily detect the influences of Heidegger and his psychoanalytic representative, Binswanger -- so that is a start.

In a revised edition of Mental Illness and Psychology, Foucault explicitly states what was to become known as the result of his empirical critique in Madness and Civilization:

The preceding analyses have fixed the

coordinates by which psychologies can situate the pathological fact. But although they showed the forms of appearance of the illness, they have been unable to show its conditions of appearance. It would be a mistake to believe that organic evolution, psychological history, or the situation of man in the world may reveal these conditions ... But the roots of the pathological deviant, as such, are to be found elsewhere ... mental illness has its reality and its value *qua* illness only within a culture that recognizes it as such ...²³

And later:

The analyses of our psychologists and sociologists, which turn the patient into a deviant and which seek the origin of the morbid in the abnormal, are, therefore, above all a projection of culture themes. In fact, a society expresses itself positively in the mental illnesses manifested by its members; and this is so whatever status it gives to these morbid forms: whether it places them at the center of its religious life, as is often the case among primitive peoples; or whether it seeks to expatriate them by placing them outside social life, as does our own culture.²⁴

This is a rather stunning summary of what was to later become a 580-page inquiry. Two themes -- one explicit and one implicit -- can be identified from these passages. The first is the attempt to account for the cultural conditions that lead us to treat madness as mental illness. The second is the idea that power is positive, which is an idea that was also anticipated in Madness and Civilization,

but not yet theorized.

In Mental Illness and Psychology, Foucault situates psychoanalysis as the culmination of a systematic cover-up of the true meaning of madness, much the same way that Heidegger tried to show how the Western conception of being covers up the truth of Being. Against the claims of the human sciences, Foucault engages in the interpretation of social practices. The hermeneutics of the social became his life-long project.

In this early work, he argues that the science of the body is inadequate to the study of human beings. "My aim", he writes, "is to show that mental pathology requires methods of analysis different from those of organic pathology and that it is only by an artifice of language that the same meaning can be attributed to 'illnesses of the body' and 'illness of the mind'".²⁵ The natural sciences are seen to have arrived at relative autonomy because they use a level of analysis that authorizes valid abstractions corresponding to the causality of the physical world. Such apparent autonomy (left unexamined by Foucault) is not possible for the science of human beings because, following Binswanger and the existential psychiatrists, the psyche cannot be grasped as an organic whole, isolable into functional parts. Foucault explains:

The coherence of a psychological life seems, in effect, to be assured in some way other than the cohesion of an organism; the integration of its segments tends toward a unity that makes each possible, but that

is compressed and gathered together in each: this is what psychologists call, in the vocabulary that they have borrowed from phenomenology: the significant unity of behaviour, which contains in each element -- dream, crime, gratuitous gesture, free association -- the general appearance, the style, the whole historical anteriority and possible implications, of an existence.²⁶

Nothing in Foucault's later writings suggests that he abandoned this Heideggerian view of the relation between the natural and the human sciences. Where human being or experience is concerned, Foucault defends the perspicuous descriptions of phenomenology. The exploration of individual psychopathology involves the attempt to understand the particular way a sick person's world is structured: the particular way the individual gives meaning to experience. Each is to be understood in its originality.

However, in the second version of Mental Illness and Psychology, Foucault is found saying the following:

To be sure, mental illness may be situated in relation to human genesis, in relation to individual, psychological history, in relation to the forms of existence. But, if one is to avoid resorting to such mythical explanations as the evolution of psychological structures, the theory of instincts, or an existential anthropology, one must not regard these various aspects of mental illness as ontological forms.²⁷

The first part of this book uses Binswanger, a student of both Freud and

Heidegger, to critique psychoanalysis. In order to make sense of the apparent rejection of existential psychiatry, above, we might want to consider the following possibilities: (1) Foucault wrote a book comprising two parts that cancel each other out, both in content and epistemology, (2) Foucault wants existential analysis to be supplemented with a historical approach to meaning, (3) Foucault misunderstands the project of existential psychiatry, as espoused by Binswanger, or (4) Foucault does not adequately separate the influences of phenomenology and existentialism, either with respect to his own thought, or with respect to the thought of Binswanger. Now let us quickly run through these possibilities.

In the first case, it seems unlikely that such a gross error would be committed by the writer. This does not eliminate the possibility, of course, but we really should not appeal to it unless we fail to find some more comprehensible explanation of the problem.

The second case is plausible, but it would have been rather easy to just state this. One could retain the existential account of the invariant structure of human beings as self-interpreting creatures, and also say, with consistency, that the content of our interpretations cannot be studied in isolation from the sociality of meanings.

The third case seems a bit foolish, but we need to consider it. If Foucault misread the existential psychiatry of Binswanger, he is probably in good company. Heidegger himself was unclear about what Binswanger was doing with his ideas.

Nonetheless, Foucault wrote quite extensively on existential-phenomenological psychiatry (his introduction to Binswanger's essay was longer than the paper it was intended to introduce) with Binswanger's whole-hearted approval. Of course, Binswanger may have misunderstood Foucault.

Finally, we can consider the possibility that, then as now, there is some confusion around the stream of ideas included in a phenomenological-existential approach. The fact that these groupings of ideas often appear in a hyphenated form indicates that they are at least consistent. The problem is that when a term is given this dual scope, an emphasis on one or the other is lost. There is no doubt that Foucault is writing with the grain of Heideggerian hermeneutics. In a 1984 interview,²⁸ Foucault admits that when it came time to write Madness and Civilization, he was torn between existential psychology and phenomenology. In the same interview, he says that he 'discovered' that the subject would have to be defined in terms other than those of Marxism (which was the approach of the second part of the first version of Mental Illness and Psychology) or phenomenology (identified as the approach of the second part of the revised edition). In another interview where he comments on the need to get beyond the phenomenological subject, Foucault describes the latter as the subject that is "... either transcendental in relation to the field of events or runs in its empty sameness throughout the course of history".²⁹ These comments do not describe the subject in Heidegger's version of phenomenology, but they do describe the

constituent subject of Husserl's thoughts. It seems likely, then, that Husserl is the influence at work in the early writings of Foucault.

Foucault's later writings involve a shift to intersubjectivity -- a shift, I might add, that may not be out of reach of Husserl -- in an attempt to address problematics that are bracketed out in phenomenological psychology, namely power and history. The result is a body of critique that stresses the intimate connection between the production of knowledge as discourse, and the exercise of power. But what is meant by 'discourse'? What is meant by 'power'?

Discourses exist both in written and oral forms, and in the social practices of everyday life. They inhere in the very physical layout of institutions such as hospitals and law courts. Some are part of common sense, and some exist in the bastions of academic literature, their historical moment yet to come. To be effective, they must be activated by the agency of individuals whom they constitute and govern. The discursive constitution of subjectivity addresses individuals in body, thought and feelings. These meanings around the body, the mind and the emotions are realized in institutional practices as discourses, and this accumulation of meaning may be conscious or unconscious.

Power is a relation that inheres in difference, and is a dynamic of control and lack of control between discourses and the subjects constituted by discourses. So, it is exercised within discourses in the ways in which discourses constitute and govern individual subjects. It also structures relations between different subjects

within or across discourses. Power is an always present structural feature of human societies.

Already, given such a definition, we feel surrounded by power -- though not yet sure what it is. Foucault's meaning will become clearer as the discussion unfolds, but we can identify several important features of his theory. In the first place, it does not prescribe what forms power will take in a particular society or area of social concern. This is not to say that it fails to address the forms taken by economic power relations and the importance of these in maintaining social control; however, the specific forms taken by economic power relations in any analysis cannot be specified in advance. In the second place, it allows for resistance to authority. For example, in psychiatric practice, power lies with the psychiatrist or health professional. If enough patients do not accept the psychiatric account of their experiences or the treatment strategies the psychiatric view deploys, this will produce resistance. A legitimation crisis ensues, putting the morality of psychiatric practice into question. And in the third place, the theory denies the researcher a privileged (epistemological) viewpoint.

It is also worth noting that the hermeneutics of suspicion employed by Foucault in the early writing on mental illness is abandoned in later writings. The claim that madness has been silenced and must be allowed to speak its truth, and the idea that society covers up silenced truths, is no longer made. Foucault moves to an interpretation of historical practices as strategies without conscious or

unconscious intention. The result is an analysis of modern norms: their grounding in science, their tendency to cover all aspects of behaviour, and their normalizing or flattening effect on anomalies. But before taking up the critique of instrumental rationality and what I take to be other important implications of Foucault's analysis, it is necessary to briefly outline his approach to historical interpretation, and to discuss his theories of power and discourse in more detail.

The Nietzschean legacy in Foucault's thinking is substantial. He is indebted to Nietzsche for a conception of history and historical analysis as genealogy, which rejects totalizing approaches in favour of a view of historical beginnings as complex and inconspicuous. Against the perception of uninterrupted continuity, genealogy returns us to the significance of singular events. Its point of departure is the claim that structures of history are shaped by forces of instability, not by structures of stability. As such, genealogy can renew our awareness of the contingency and originality of historical forces.

Moreover, it is an approach that is concerned with examining particular stages of history as stages of struggle. Historical developments are interpreted and explained as transitory periods that manifest the flux of forces of domination and subordination, although the focus is on the emergence of domination and the conflicts and struggles that produce historical events. A subject of oppression or an agent of domination is not emphasized; it is the relations between the underlying forces of an event that are important. No grand historical process or

design is presumed.

Foucault tries to show that historians have long abandoned the analysis of events or singularities for the extra-historical structures to which the former are subordinated. Working in the direction of what he calls 'eventalization', Foucault argues:

... things weren't as necessary as all that;
it wasn't as a matter of course that mad
people came to be regarded as mentally ill;
it wasn't self-evident that the only thing
to be done with a criminal was to lock him
up; it wasn't self-evident that the causes
of illness were to be sought through the
individual examination of bodies.³⁰

Genealogy seeks to expose the multiplicity of factors which have constituted an event, and to disrupt the self-evident quality of events presupposed in the notion of historical constants. History is assigned no essence. And by setting out to reveal those qualities and properties that have traditionally been considered ahistorical (for example, feelings, morality and ideals), genealogy attempts to see the neglected, lowly and discredited events and forms that are constitutive of history. It begins and ends with the perspectivity of knowledge.

By giving voice to 'subjugated' discourses, Foucault's approach puts itself in opposition to authoritative forms of knowledge, such as the scientific knowledge of our time. However, the object of criticism is not so much the content of these knowledges as the effects of their institution and functioning.³¹ For Foucault,

power is not possessed or appropriated by individuals. Instead, individuals constitute its effects: they are "the element of its articulation, its vehicle".³² Power is given the character of a network, and specifically the network of discourse.

When Foucault relates power to discourse, the play of power in this complex is conceptualized as characteristically positive, creative and productive--a continual process of proliferating tactics and techniques. The point of discourse is thus not suppression, but the incitement of discourses about sex, about mental illness, and so on. The question then becomes one of the origin and meaning of 'speaking sex', or 'speaking mental illness'.

At the same time, Foucault argues that the boundaries of discourses are demarcated by practices of exclusion: certain types of discourse are prohibited (for example, 'sex-talk'); certain individuals are radically disqualified as speakers ('the mad', for example); and there is within discourse the basis for identifying certain statements as 'false'. Qualifications are demanded of the speaker in a discourse so that participation is a ritual, and involves such things as admission to a group, or acceptability in terms of class.

Within the context of discourse analysis, Foucault is able to develop a methodological approach to the study of power. By locating power at a micro-level (what Foucault has called the 'microphysics' of power) he is able to talk about how the mechanisms of power have been colonized by homogenizing or

'macro' forms of domination. On such an analysis, power is ascending rather than descending. We can then examine how the techniques of power operating in ordinary life are appropriated by more general powers or economic interests.³³ As distinct from, for example, a traditional Marxian analysis, power is not conceptualized as something located at the upper level of the social order such that control is exercised in a downward fashion, stretching over and throughout the social domain.³⁴ The order of analysis is reversed, and we begin with 'power at its extremities' rather than with a notion of power as centralized. The latter type of analysis claims to track power's effectiveness throughout society; the former type tries to uncover the conditions on which the mechanisms of power depend.

It is not, however, that we can pick one type of analysis or the other, depending on the type of questions we want to ask. Foucault argues against any approach to the study of power that retains a conception of power as condensed at or within the centre of social processes or social practices. Within Marxism, power has been conceptualized in this form as resting with (and serving the interests of) the bourgeoisie and/or the state. But as Foucault expresses the concern, "anything can be deduced from the general phenomenon of the domination of the bourgeois class".³⁵ The Marxist attempt to provide a material explanation of the human past considered as a whole leaves its explanation vulnerable to charges of selective guesswork and dogmatism, especially since

Marxist theory is an adjunct to a particular political program. Whereas a Marxist would view the mechanisms of power in capitalist societies as a creation or invention of the bourgeoisie, or as revealing the intentions of a class seeking to exercise effective forms of domination, Foucault's view is that specific mechanisms of power were adopted by the capitalist class when these mechanisms revealed an economic and political utility for people engaged in certain activities. While it accepts that there may be an explanatory connection between power and economic processes, it is a view that rejects a general theory of this connection. These connections have to be disclosed through analysis of effects. Where no rationality of the historical process is assumed, no predictions about future effects are made.

One way that Foucault suggests power has been exercised is through disciplinary techniques (and their associated discourses) that emerged with the human sciences in the seventeenth and eighteenth centuries.³⁶ Again, 'discipline' is not identified with a particular institution or political apparatus. It is a type of power, a modality for its exercise, comprising a whole set of procedures, instruments, techniques and levels of application: what Foucault calls a 'physics' of power. Of course, these procedures may be taken over by specialized institutions such as the penitentiary or asylum. They may be employed (or 'deployed') by institutions such as schools, that have a particular end in mind, or appropriated by state apparatuses such as the police, whose major if not

exclusive function is to assure that discipline reigns over society as a whole.

Tracing the displacement of pre-seventeenth century sovereign power to a new mechanism of power that has effected an increase in economic utility and political docility, Foucault introduces the idea of disciplinary power when he writes, "[Power] can no longer be formulated in terms of sovereignty ... it has been a fundamental instrument in the constitution of industrial capitalism and of the type of society that is its accompaniment. This non-sovereign power which lies outside the form of sovereignty is disciplinary power".³⁷ The growth of discipline through the social domain is exemplified in the multiplication of physical institutions such as factories, schools, prisons and hospitals, where social forces are diffused through various modes of training or treatment. The extension of these mechanisms marks the growth of a society that is primarily interested in useful individuals.

Foucault's analysis undermines the writings of the anti-psychiatry movement in several ways. Like Szasz and his associates, Foucault is centrally concerned with the social interests that inhere in particular strategies of governing individuals. However, by relying on a broad analysis of the historical context -- the state of the mentally ill as well as institutions of law, medicine and politics -- Foucault stresses the unevenness in the social and economic shifts which mark the transition from madness to mental illness. His empirical critique is, on his own view, only a version of history (albeit one with much explanatory power). By

focusing his attention on the administration of the social world and by linking power with bureaucratization, Foucault is able to sidestep the dominant discourse in Western society, namely liberal-humanism.

Liberal-humanism assumes the unitary nature of the subject and its conscious activity, or at least the appearance of unity. Foucault directs our attention to the appearance of the unitary subject, based on misrecognition of the self as the authoritative source of meaning, as precarious and open to change. There may be an invariant structure to human consciousness (certainly Foucault's early writings suggest that he thinks this), but cultures always restrict the space of human possibilities, so that any given variation of the concept of the self may count as constitutive of the person in one culture and not in another. What emerges is a historical vision of the battle for self-definition, and it is a vision that undermines the presuppositions of modern epistemology from Descartes to Kant.

The Enlightenment self includes the property of a form of reason capable of privileged insight into its own processes and into the so-called laws of nature. Moreover, the insight or knowledge acquired via a right use of reason will be true i.e., it will represent something real and unchanging about our experiences and/or the structure of the world. Finally, freedom will result from the right use of reason. The assumption is that the rules that are right for one rational being will be right for all other such beings. By using such rules, I am obeying the superior, trans-historical part of myself; I am exercising my autonomy and confirming my

existence as a free being. To be inconsistent in our society is to be unstable.

This ideal of the self, implicit in the libertarian impulse that has fuelled the fire of the anti-psychiatry movement,³⁸ grants the mentally ill the authority to question the system. However, they have emerged with no real right to speak. They are still marginalized relative to other groups, and although the attainment of legal rights has produced a moment of contradiction visible in the disarray of current mental health legislation, they possess no real voice that will change the social and economic power relations which exclude them. Writers like Szasz foist the conception of a rational, reflexive subjectivity on the mental patient, in an attempt to preserve the value of liberty. Paradoxically, this excludes the mentally ill from a positive position in liberal discourse; they are really left with no position at all. In attempting to speak for the mentally ill, the anti-psychiatry movement often presupposes that it knows what madness is. But such an assumption is foolhardy, given that our source of knowledge about this has been shaped by the medical model, and our notion of selfhood has been over-determined by Enlightenment ideas. The self-definition of the situation of the mentally ill is grounded in a concept of the self that must be transcended and examined.

It is not that the value of liberty, conjoined with the rationalist conception of the self, is wholly misguided. But an investment in its absolute value, such as we find in the thinking of Szasz, conceals the social relations and practices through which the human condition generally, and the situation of the mentally

ill specifically, has been subject to the exercise of some forms of power.

Although the principle of liberty appears to prohibit paternalistic interference with anyone's liberty of actions for reasons other than those of protecting innocent people from harm, there must be room for a measure of justifiable paternalism in modifying and improving the behaviour of less than competent individuals. The difficulty is to avoid erring in either of two directions: being too paternalistic and therefore unjustifiably coercive, or being too permissive, thereby opening the doors to confused and tragic actions. The one consists of violating the value of individual freedom, the other of allowing harm and even death to befall a helpless human being. Of course, there may be disagreement over the question of whether individuals ought to assume responsibility for others (aside from their children and perhaps adult relatives) who cannot care for themselves. But if the notion of being humane has any moral force at all, it seems to apply to situations where those who are clearly psychologically incapable of making competent choices are not left to fend for themselves and perish. There are moral principles we can look to -- principles of humaneness, benevolence and concern for the interests and well-being of others, for example -- that might yield solutions that are superior to current psychiatric practice.

The point is that so-called liberating reason needs to be mediated by an acknowledgement of the historical contextuality of knowledge. Failure to do this

perpetuates another myth, namely the absolute value of reason. Because of the logical connection between a view of the nature of the self and social practice, it is not surprising that the dominant process in modern society is one of rationalization. Linking the exercise of power and instrumental reason, Foucault argues that power has become creative and productive. On the surface, such a notion may offend our political sensibilities; certainly, it ignores some features of the exercise of power noted by Foucault himself in his discussion of systems of surveillance and control. But we can understand this claim in relation to the means-end rationality of the modern world, as an acknowledgement of bureaucratization and the dependence of power on administrative processes. Discipline and Punish highlights this such that the social forms engendered by instrumental rationality, and the indifference of these, emerges as a profound threat to freedom.

It is its combined relation to instrumental reason and the medical model that gives psychiatry its cultural significance as a social science in modern life. Support for psychiatric science lies in its promise to provide the sort of information needed to organize and administer people in society. Although instrumental rationality can be traced back to its beginnings in the exploitation of nature for the production of goods and services, it has extended itself into those areas which are immediately needed to support the continuation of the production process (for example, the network of communication, the organization of labour

and the school systems that supply trained workers). As this process has continued, another factor, namely the growing status accorded to this type of thinking, has assumed importance as well.

The instrumental reason of the scientific view appropriated by medicine and then by psychiatry has thus directed, and continues to direct, the goals of psychiatric practice. An important implication is that the 'value-free' view of science obscures areas open to democratic debate. Modern medical science has provided psychiatry with the knowledge of how to induce altered states of mind in mental patients. We know how to employ drug treatment and other behaviour control mechanisms with considerable efficiency. But should we be doing this? What else might we do? Instrumental reason is concerned solely with practical purposes, and with the utility of accomplishment. It can deploy our knowledge in a technical way to alter this or that, but it cannot bring about any fundamental change in the consciousness of the mad. Madness steps outside the instrumental relation between subject and object, so the functioning of modern medicine's instrumental rationality may be particularly inadequate, here.

Our current understanding of mental disorder as mental illness may have value. I have argued that it does. However, since current psychiatric understanding and practice largely reflects the instrumental rationality of modern culture, it is unlikely that this value can be properly sorted out from the negative results of its use. The thing is messy. But we can at least identify the possible

implications of a critical approach to psychiatric practice.

We can consider how we might articulate an opposition to the apparatus of psychiatric knowledge, and its mechanisms of power. If we accept that mechanisms of power are both more complex than the anti-psychiatry movement has allowed and in addition are positive, productive and creative rather than purely negative, then we can no longer think of power as simply a property to be seized or acquired. Thus the anti-psychiatry movement's vision of a global opposition between the interests of the mentally ill and psychiatric institutions at the foundation of the problematic is called into question. Instead, Foucault recommends that the direction of analysis be reversed, so that the domination of the medical model generally and of psychiatry specifically is conceptualized as being an effect of the field of ('micro') powers. This means that the objective or aim of oppression cannot realistically be attributed to psychiatry: power is not the product of the intentionality of the agent. Nor can an independent moment of critique be attributed to the critic, because so-called liberating reason cannot be grounded epistemologically in a form that is clearly distinct from ideological forms of knowledge.

If, as Szasz would have it, liberating critique and repressive ideology are to be theorized as distinct historical realities, then theoretical criteria must be established for distinguishing them. The solution seems to imply the abolition of any distinction between critique and ideology, especially since Foucault offers no

foundational guarantees: no articulation of historical or economic necessities in society. However, what is really implied is that the political choices within and without the anti-psychiatry movement cannot be justified either by material or theoretical necessity. We must then be very careful not to put forth a new subject of resistance or revolution in the guise of a coalition of the oppressed. And there will be a certain indeterminacy when we turn to practical deliberations about what we ought to do. The exact form that change will take cannot be known in advance.

The very presence of power relations presupposes the presence of resistance, not as an effect, but as an inherent feature of the multiplicity of force relations. Where there is power, there is resistance. The relational forces that are at the moment producing the effect of psychiatry's domination of the mad can be interrupted and changed.

The belief that a society structured around Enlightenment thought is a society in which reason will triumph over injustice is attractive. After all, if there is no objective basis for distinguishing between true and false beliefs, then it seems that power alone will determine the outcome of competing interests -- and this is a terrible prospect for those who lack power, as well as anyone who seeks social justice. Even if domination does depend on the deception or false-consciousness of those over whom it is exercised (something that Foucault in fact neither denies nor problematizes), it seems unlikely that a particular

understanding of the historical situation will be sufficient for the mentally ill to overcome the conditions of their oppression. They may be better informed while continuing to lack the material means and personal ability to move beyond the immediate reality that is the struggle for existence. Poverty, segregation and mechanisms of medical social control combine to preclude the enlightenment required to effect change. The general malaise of enlightenment-influenced political thinking, combined with the particular inapplicability of the traditional concept of rational selfhood to the mentally ill, requires us to re-evaluate the possibilities for change in psychiatric practice.

Amidst the discussions in academia over the nature of madness, the rights of the mentally ill and the status of psychiatry as science, it is easy to overlook the important point that the situation of the mentally ill has been thematized. The claim that individuals with mental problems cannot or should not participate in society emerged out of two basic circumstances: the presence of structures of marginalization, and the absence of an active anti-psychiatry movement. What the academic anti-psychiatrists fail to recognize is that their attention to the interests of the mentally ill is rooted in social transformations that challenge widely shared categories of meaning and explanation. Among these important transformations we can include the emergence of political groups with increasingly divergent ideas and demands concerning justice, social policy and the role of government. Also emerging in the Western world are significant changes in the

structure of the family, and the declining authority of such traditional institutions as the Church. It is not surprising, in such a climate, to find the libertarian right advancing its values under the guise of critique. But it is possible to take up another stance in the face of such disarray, namely, a self-conscious questioning of previously unnamed facts and explanations. This is what Foucault asks of us.

The uncritical appropriation of Enlightenment ideas only gives the appearance of resistance. It perpetuates the (false) assumption that the oppressed have a privileged relation and ability to comprehend a reality that is 'out there', waiting for our representation. The mentally ill are forced to rely on the claim that there is a higher rationality or liberating reason which is to be nurtured by an intellectual vanguard, on their behalf. Given the tenuous reasoning abilities of many individuals experiencing mental problems, this relationship is deeply suspicious. Moreover, it perpetuates the primacy of social relations in which there is a category of beings who are fundamentally like each other by virtue of their superior rationality. The mentally ill become 'other'. Of course, if mental patients are fully as rational as everyone else, as Szasz claims, then this asymmetry is not a serious problem (even if it then becomes less than obvious why he thinks he must act as representative).

If a movement is to represent the interests of a group, it must depend on and reflect social experience. As soon as we assume, with Szasz, that there is a reality outside our social relations (for example, reason or liberty) that will rescue

us from partiality, we have lost our way. The critique of psychiatry must be the critique of ourselves, of our participation in the motives and vision of modern society. Failure to recognize this will likely result in the failure of resistance. The solidarity of the mentally ill with others abandoned in the discourse of modern rationality seems necessary; it is unlikely that anything but a radical shift in social attitudes about human being is going to improve their participation in society. As long as the modal person in Western thought is a self-sufficient, rational and autonomous unit of consciousness, the situation of the mental patient will remain merely problematized, rather than changed.

Besides giving an historical account of how the mad became mental patients, it is necessary that we come to understand these individuals from their own point of view. The articulation of interests must be better than just a utopian vision which attempts to get people to adopt self-understandings which are foreign or threatening to them. We need to know more about the experience of being mad -- not just the experience of being mad in a society that labels the mad mentally ill. Of course, I am not assuming that the social experience of these individuals leaves them unchanged. But a phenomenology of mental disorder is the starting point, and when we acknowledge that the suffering of the mental patient is largely due to a conceptualization of the self as autonomous, rational and authoritative, it seems wise to return to that point. The next chapter defends the phenomenological approach.

3 PHENOMENOLOGY AND PSYCHIATRY; BACK TO HUSSERL

The use of a phenomenological standpoint was anticipated in the work of Karl Jaspers,³⁹ and its use in some circles of psychiatry and as a broad methodological approach in psychology is not wholly uncommon today. It has gained some acceptance as a favourable device for exploring the inner domain of subjectivity. However, when discussed philosophically, 'phenomenology' may include variations on the theme of human self-consciousness that, though having points of contact, do not clearly represent the same or perhaps even similar ideas. In the writing of Heidegger, for example, self-consciousness is conceived as a permeable structure open to Being; for the French school, intentionality is linked to the Hegelian dialectic of consciousness and nature; and in the original work of Husserl, knowledge is grounded in the pure consciousness of subjectivity, or the Ego. It is difficult to say whether it is the similarities or the differences that run deeper when the term phenomenology is used in a non-restrictive sense.

Additionally, the appropriation of phenomenology into the field of psychiatry has influenced the development of a divergence of interactive approaches to therapy. Among these we can include the approach of the British psychiatrist R.D. Laing, who is well-known for his writings on schizophrenia and for the opportunities he has been able to create for the mentally ill in his own country. As an advocate for the rights of mental patients, he has foremost

pressed for their right to be understood. By systematic interaction with schizophrenics, Laing argues that we can learn the particular rules of meaning and understanding used by the individual.⁴⁰

However, as an approach to therapy, phenomenology is only that -- an approach or method for understanding subjective experience -- and it needs to be supported by an interpretive framework. We cannot assume that personal meanings can be understood without further ado, or at least from careful translation into the psychiatrist's own manner of knowing the world. And the problem is exaggerated in the case of an individual with diminished capacity for clear expression, as in schizophrenia. We cannot understand the world of a schizophrenic by a straightforward appeal to shared meanings, just as we cannot really understand a foreign world by means of the concepts of our own culture. Even if we could position ourselves in a schizophrenic's world and view it from within, in the absence of a theoretical framework we would have no standpoint from which to understand it any better than does the individual. In order to gain an understanding of a world, we need to see it from within, but then withdraw from it, and see it from without. The phenomenological method alone does not demand that we take the step of comparing the experiences of schizophrenia to the experiences of an average or 'normal' consciousness. But such a step is necessary as a basis for the identification and evaluation of disturbed experience. Without it we are left with the simple impression that, if only we can talk to the

mad, the world will be a better place. Biases in interpretation and understanding are left unexamined.

Where phenomenological description is supplemented by an interpretive framework, existential concepts are often used. Indeed most of what is called phenomenology today, within and without psychiatry, involves the influence of existentialism. Taking its impulse from Heidegger, existential psychiatry seeks to lay bare the existing individual by concentrating on the various modes of human being: we first exist, and then later decide who we are and who we will become. Even in combination with the theory of Freudian instincts, the emphasis is on the radical freedom of the individual. Since the process used to understand the individual is empathic, it lends itself to the claim that it is also phenomenological.

Still, it is unclear just what it is that an existentially-oriented helping professional actually does in the therapeutic encounter -- or what Binswanger and his colleagues actually did.⁴¹ The existential analyst studies the patient's behaviour, speech and so on, while classifying these observations within the framework of existential concepts such as 'anxiety' and 'authenticity'. It is difficult to criticize existentialism in relation to theoretical issues, because it is first and foremost an attitude to living rather than a rigorous philosophy. And we do not want to reject methods that emphasize the sphere of subjective meanings, and confirm experience. However, it is not evident that the work of Husserl is completed by this school.

In my own use of the term phenomenology, I mean to restrict myself to the lines of thought that flow from Husserl. The life-world is conceived by Husserl as the universal philosophical problem, and thus the problem in terms of which his fundamental science is to be understood. The discussion of the life-world in the Crisis stands in the context of the critique of objectivism as the root of the crisis.⁴² We know, with Husserl, that science has generally always had as its goal the construction of an objective empirical foundation for knowledge claims. Particularly in its association with positivism, science restricts the range of possible experience admitted into inquiry by associating knowledge with technically useful information. Experience is identified with controlled observation because the methods which it considers rational, and therefore scientific, are those that allow for the gathering of knowledge useful for prediction and experimental operations. For the scientist, it follows that the world is ultimately composed of facts given in observable experience, so that observations are taken to be copies of a given object world. The sense in which Husserl accuses science of being objectivistic, then, is that sense in which science is held simply to describe and correlate these so-called facts. The world of meaning remains unthematized, much less accounted for.

Husserl's demand that objects be treated in accord with their meanings requires an abandonment of realist presuppositions in the descriptive return to experience. The science of the life-world deals with the subjective aspects of

appearance: it describes the way in which this subjective aspect "makes things there for us", and has done so all along in a manner which we can all confirm in our own particular case. The sphere of subjectivity is revealed as a place of continual change, and the science of the life-world the task of comprehending "precisely this whole merely subjective and apparently incomprehensible 'Heraclitean' flux".⁴³ The program of Husserl's science is captured in his question, "Can there be, next to objective truth, yet a second truth, the subjective?".⁴⁴

In order to discuss the practical and theoretical import of such a program, especially within psychiatry, we need to be clear about what Husserl means to refer to by 'life-world'. It appears to be a dual concept for Husserl. In the first place, it is related to what Husserl refers to as the natural attitude, or the world of experience as something that we presuppose as a matter of course and as the ground of our questions. When assuming the natural attitude, we take the self-evidence of the existence of the world into our everyday lives. We just accept it. Under Husserl's direction, phenomenology is given the task of explicating and analyzing the obviousness of the existence of the concrete world, in the manner in which it exists for us. The term life-world thus refers to the concrete world in which we live and in which we comprehend our experiences: the horizon of social and cultural meanings. It is in this sense that Husserl recognizes it as a universal philosophical problem. The functioning of language is identified as the

fundamental medium for all interpretations of experience as a process-in-the-world:

One is conscious of civilization from the start as an immediate and mediate linguistic community ... Thus men as men, fellow men, world -- the world of which men always talk and can talk -- and on the other hand, language, are inseparably intertwined; one is always certain of their inseparable unity, though usually only implicitly in the manner of a horizon.⁴⁵

The life-world is the natural attitude in its full concentration, constituted through and with language.

It should be emphasized that our belief in the world of the natural attitude is not just an obtuse belief in the external world's certainty. Husserl recognizes it as a belief that has its own inner structure, highly differentiated and full of content. It is as given in this certainty that the world is the life-world. And since the life-world is taken to have this general structure, the theme of the philosophical science of the life-world becomes "what is formal and general, what remains invariant throughout all alterations of the relative".⁴⁶ Husserl maintains the demand that his method involve propositions which make the same claims to universal validity as do the so-called objective sciences, and so describes this general structure as an *a priori* for the empirical investigation of the life-world. Indeed, he thinks that "It is only through recourse to such an *a priori*, unfolded in

an *a priori* science of its own, that our *a priori* sciences, the objective-logical ones, achieve a truly radical, a seriously scientific grounding".⁴⁷ The common structure of the life-world -- whatever this might be shown to be -- is the condition of all experience. Husserl goes so far as to describe it as a 'pre-logical' condition.⁴⁸

However, Husserl's writings indicate that the term life-world refers to more than just this concrete *a priori*. He makes the brief statement that "Even without any transcendental interest -- that is, within the 'natural attitude' ... -- the life-world could have become the subject matter of a science of its own, an ontology of the life-world purely as experiential world".⁴⁹ Accordingly, it seems that we can take the life-world to involve both a concrete *a priori* and a transcendental *a priori*, either of which might be the subject of investigation.

It is not clear what we should make of this, but we can consider the implications. The program of a purely descriptive phenomenology i.e., empirical phenomenology, has been the impetus for much work in comparative cultural anthropology, cultural history and sociology. It has given us a method for collecting information that is subjective and psychological, even if this alone was not Husserl's intention. Using a phenomenological stand-point, we are better able to understand motivational meaning because we have set aside common prejudices of expression and communication in an effort to share the perception of meanings significant to someone's actions. (I speak of 'perceiving' meanings in anticipation of examining the role that distorted sense-perception plays in the

construction of meanings for schizophrenics. Perceptual hallucination is common in schizophrenia. However, since phenomenological description sets aside the question of the real existence of objects for consciousness, we can still appreciate the resulting meanings. The object of study is not what the individual believes *per se*, but how the individual comes to believe it.). The project of an ontology of the life-world seems plausible, and provides a way of viewing things.

However, this alone was not Husserl's intention and it may not exhaust the potential of phenomenology. The appropriation of phenomenology into existentialism seems to have popularized a method of attending to and gathering evidence from within, so to speak. Although these sorts of investigations are phenomenologically sensitive, they are not phenomenological in the fullest sense that we might use the term. In pursuing his primary aim of a philosophy of essences -- a philosophy which would clarify and set down with rigour all of those general features of experience that, because of their logical independence, could be considered objective -- Husserl's project led him to a preoccupation with the idea that consciousness is an absolute existence, in no way dependent on the existence of the external world. It is Husserl's view that, from the phenomenological stand-point, we can isolate consciousness as 'pure' consciousness or transcendental subjectivity.

This priority of consciousness is at least phenomenological, but it is also metaphysical. With or without the belief that the external world exists, the fact

of this stream of experience is certain. Physical objects have existence, but they are not in the world as experience without being the result of interpretation. Thus, existence is mind-dependent, but the world is not. The transcendental idealism which underpins Husserl's phenomenology is the basis for his attempt to identify structures definitive of the essence of consciousness. When the thesis of pure consciousness is abandoned by students of Husserl in favour of the primacy of the subject (as in existential-phenomenology), it is assumed that descriptive observations can be separated from the metaphysical-theoretic basis of the method. Husserl's own ambiguity surrounding the key concept of the life-world probably contributes to this assumption. However, by distinguishing between empirical phenomenology and transcendental phenomenology -- between the empirical Ego and the transcendental Ego -- Husserl separates himself in principle from the existentialists.

Husserl's formulation of the empirical Ego or self in relation to its world is not really different from the existentialist conception of human existence. The empirical self is, for Husserl as for the existentialists, deeply engaged or immersed in the world. "Human existence ... ", he writes, "is always related to this existent practical world as a surrounding world already endowed with humanly significant predicates ... " and "Every imaginable sense, every imaginable being, whether the latter is called immanent or transcendent, falls within the domain of transcendental subjectivity, as the subjectivity that constitutes sense and being".⁵⁰

Although transcendental subjectivity constitutes self and world, then, the implication is that if one wanted to study the features of the everyday world -- if one wanted to restrict oneself to the natural attitude -- one could do so, without contradicting the phenomenological stand-point. This is possible because phenomenology is not a radical scepticism or doubt, as for Descartes; the existence of the world of common sense is never really questioned or rejected. Relief in the everyday world is suspended, as a methodological device for exploring experience.

The method of phenomenology forces us to question all of those silent presuppositions whose acceptability is taken to be self-evident. Of course, traditional transcendental reflection does this as well, questioning features of the world that we generally take for granted (for example, that the world is composed of physical objects extended in space and time that exhibit a regularity of behaviour, and that there are people in the world, different from physical objects, that we can recognize as other selves). But unlike traditional transcendental philosophy, the special aim of phenomenology is to explore how the features of the world are given to awareness. Phenomenology's point of departure is experience itself: that we experience, and that this experience leads us to believe in a world. The idea that there is someone experiencing the world is the problematic providing common ground between the concerns of phenomenology, and the concerns of existentialism. However, the move to existentialist

phenomenology misses the difference of Husserl's transcendental-phenomenological approach. Beyond the earlier metaphysical tradition, phenomenology implies a universal critical attitude. The theoretical stand of the philosopher (and of the phenomenologist, if we follow Husserl) is shaped by the medium of critique. The transcendental is the focus of this critical attitude, as a source of immediate clarification. Such clarity is achieved by means of a break with philosophy's self-understanding in the form of the recognition of the primacy of consciousness, both for the individual subject, and for the subject of our species-being.

What emerges is not just a touchstone for existential philosophy or a method for collecting information useful to psychological researches. The phenomenological approach takes the reflective moment to be decisive, so that reflection determines the nature of knowledge as well as its uses. Although phenomenology advances the necessity of critique and is a *bona fide* departure from positivism, it does remain within the traditional discourse of objectivism. This does not mean that it subordinates practice to theory: Husserl never speaks of a disengagement of theoretical from practical life. A phenomenological approach will both begin and end with felt experience. However, reflection does remain central to this philosophy of consciousness, and this is not consistent with a merely descriptive psychology. The foundation of reflection in phenomenology is the apodicticity of the self, where 'self' refer to more than just a psychological

moment. As a reflective epistemology, Husserl's phenomenology provides the necessary explanatory framework for clarifying the concepts of subjectivity.

Husserl states in the Crisis that an ontology of the concrete *a priori* of the life-world is not his task: that his goal is "a task much greater than this".⁵¹ As I have suggested, Husserl's own comments about the design of this task indicate that the life-world is a mere component within concrete-transcendental subjectivity: its *a priori* is just a 'stratum' within the universal *a priori* of the transcendental. If we want to know what is universally human, in other words, we need to go beyond the self-evidences of the natural attitude. Only if there are invariants is it possible to speak of the world as one single world, and of a world-history of humanity. I take it to be the case that we do speak this way, or at least that the notion of a world in common with other human beings is there for us to speak about. The question is, then: what is meant by the world-history of humanity? This is exactly what it is the aim of phenomenology to question. We can gather up the impressions of everyone who is asked what a world is, but what we really want to know is what might be the essential characteristics of the sense of human being given directly as something that shows itself with all its immanent characteristics. The thesis of the life-world gives us the life-world first in the singular, as the one in common, and then in the plural, as a multiplicity of life-worlds.

Husserl does not give us a compelling motive for the transition to the

transcendental-phenomenological attitude, but his own thesis seems to require it. The life-world as shared horizon or common world must be everywhere available and immediately accessible, yet the establishment of such a universal in theory seems possible only on the basis of a comparison of individual life-worlds, which in turn are always in process (or at least, might be). This is the dilemma, and it is not obvious how the transcendental-phenomenological reflection might resolve it.

What makes comparison of life-worlds possible is that which allows us to speak of the common world of human beings. The idea of a realm of transcendental-constituting subjectivity suggests an invariant in all worlds that, in spite of differences among them, is present as a common structure providing the basis for the initiation of communication. The fundamental structure that allows us to have impressions in the first place also allows us to communicate about such impressions in an essential moment of consciousness. Only on this basis is a being recognized as a *human* being, or as 'one' of 'us'. Moreover, it is only against the possibility of 'ones of us' that we can speak of having a world, at all. The capacity to recognize others and the faculty of communication seem to belong inseparably together.

It is this fundamental condition of having a world and of comparing worlds that is the real problematic of the life-world. The horizon of the life-world is initially present to us in the manner of corporeal sensibility; it is in hearing,

seeing, touching and so on that we first become acquainted in an elementary manner with our world as the world that exists for us. These are essentially pre-reflective functions. Young children do not focus on the way they attain something they want; they have in view only the goal. But later in development, perceptual and mental functions can be thematized in reflection. When we are able to deliberate, we are able to compare this course of action to that possible one, and so to be aware of ourselves *as selves*. Still, what constitutes the sense of self, and how is it related to reflection? What is *it* that has a world? And what is the source of this?

Within the natural attitude, reflection can make reference only to that which is observable in the world, particularly if it is to be scientific. But the self that is there for itself and that is the initial source of all evidences is not directly observable to itself. To be sure, the self that constitutes my relation to my own world is included in the fact of myself. However, when we bracket the thesis of the world, as Husserl does, we begin to have a sense of that which allows us to speak of the formation of a common world, not just in the sense of shared tradition and history, but in the sense of that being for whom there is history. The possibility of history depends on there being individuals 'there' with others: individuals holding on to their 'being-there' in self-presence, and in such a manner that it becomes communicable. The idea that one can be there with others through history implies that the construction of intentional meaning

structures immanent and accessible to individual consciousness is part of that process which makes it possible to speak of a common world, and to communicate.

I should emphasize that the notion of transcendental subjectivity involves actual consciousness and not just a logically conceived consciousness. For Husserl, phenomenological reflection yields the region of absolute being -- a region that is all worldly transcendence in itself, and that constitutes these transcendences. The content and meaning of pure experience is the theme of his descriptive analysis, with the result that experiences are not fitted into a decisive reality; reality is a concern only in so far as it is meant, perceived or conceived. We want to explore the 'things themselves' i.e., the inspection of knowledge itself, given to us directly, without theoretical mediation or prejudice, so that we can apprehend the intentionality of consciousness. Consciousness can direct itself to objects of meaning without the object (physically) existing, because objects are not the physical causes of intentional acts. Feelings, for example, involve meanings that are not instantiated in physical form. This does not make them any less real. Similarly, the realm of the transcendental is real, and is the basis for the constitution of meanings. It is not merely a logical postulate or a heuristic for purposes of explanation.

This will become clearer as we consider the concept of self, without which the problematic of communication with other selves is moot. The notion of

transcendental subjectivity or the transcendental self cannot be separated from the notion of the empirical self. This is because constructions of meaning emerge from the transcendental conditions of the possibility of discovering facts in the first place, and of being able to look back on a world already unfolded. The connection between the transcendental self and the empirical self is necessary, because reflective thematization or objectification of the experiencing self involves what the self already knows itself to be. It knows itself to be related to that which has just occurred as an act of self, or performance. When we are aware of a thought, a feeling or a response, we know this to be an awareness *post facto*. In a sense, the self of which we are aware hurries after what has already taken place, and attempts to get hold of it. It is this awareness after the fact that seems to constitute the existence of the individual self, and which lends itself to phenomenological investigation.

Description occurs when we designate something, when we say "This is *my* feeling", or "*I*" think that". But it is really a description of the transcendental constituting subject that is reflected in the designation of meaning, in so much as temporal relations are fixed in the movement from the transcendental self to the empirical self of which we have an objective awareness. The empirical self does not just appear or burst into the order of time; it is not some sort of addition to the flow of time, riding the tide of history. Rather, the notion of time presupposes that the self is there, with other selves. What 'time' might mean

in the absence of being-there is meaningless. Time must always be time-for, just as sense is always sense-for. When we achieve the fulfillment of a meaning, we are constituting time. The historical time of an individual's life-world is thus a co-accomplishment of the transcendental self and the empirical self. The two are related in the process of giving the one who sees, hears, touches, feels and thinks a performatory function, and the constitution of time is the finishing step in this process of bringing the self to awareness.

When Husserl speaks of the transcendental and empirical Egos⁵² or selves, then, he is not confronting us with two different things, as is commonly argued. We are not confronted on the one hand with the experience of transcendence, and on the other with the experience of the empirical self. Although the transcendental Ego and the empirical Ego are polarities of a sort, the self does not appear in any other manner than as awareness of one's self as both subject and object of reflection. The history of oneself is itself the transcendental *a priori*: time flows, history flows, because it is recalled as one's own pre-history. The phenomenological reduction does not remove the significance of having a history, even though it suspends beliefs about the existence of this history and about the meaning of this history for the self. It cannot remove these significances. The sense of self as awareness that the world so suspended has meaning for *this* stream of consciousness rather than *that* one remains after the reduction, because this awareness is the *a priori* of one's own

history. This history is not merely present to pure consciousness but superimposed by it on those objects and events whose existence is being suspended. What it is to experience the world (where 'world' is here, as for Husserl, a collection of meaningfully organized and interrelated events) is intimately connected to having a history as a self. And in recognizing the *a priori* of one's own history, one is also recognizing a history which includes the experiences of others in the horizon of the life-world belonging to oneself, and also in the universal horizon of the life-world.

A familiar objection to the concept of the transcendental self is that, even if an experience of the sort claimed by Husserl is possible, it is incommunicable and therefore not universally valid, since this would destroy the immediacy that was supposed to be its essence and value. In other words, the claim against Husserl is that transcendental subjectivity cannot give us the ground of intersubjectivity. But this overlooks the special sense in which this certitude involves the self, independent of our status as biologically, culturally, and historically determined beings. Like the constitution of the world, the constitution of the transcendental self is mind-dependent. The significance of pure consciousness is given in the primary processes of anticipation and recollection of meanings, for the empirical self. Even though transcendental subjectivity is a decisive moment of reflection that resists presuppositions -- including beliefs about existence -- it is not an isolated moment.

The Husserlian doctrine of the intentionality of consciousness -- the claim that consciousness is always consciousness *of* something -- has been mined by many since its introduction, but its remains are mostly knowable through the writings of the existentialists. Unfortunately, the notion of the transcendental self is rejected in most of these appropriations of Husserl, and because of this the doctrine of intentionality may have been *undermined*. The mistake seems to be in the interpretation of the transcendental self (or what I will later call the ideal self) as somehow a shadow of the real thing. Especially in the work of Sartre, the self of consciousness is taken to have a non-substantial presence to the world: consciousness transcends itself toward objects, but does not fall back upon itself. The assumption, wrongly made, is that the Husserlian self is trapped in immanence. However, without the transcendental self, the doctrine of intentionality loses its metaphysical basis.

The concept of the transcendental self suggests what is implied but not explicitly claimed by Husserl, namely, that the self of absolute immediacy is more fundamental than the self as object. Although we only know of this more fundamental identity in connection with objective being, anything we can say about the self as object of its own gaze is necessarily connected with the self as primary subject. So, for example, if we try to follow the traditional route and explain that this self is the self to which this arm, this nose, this leg and so on belong, it is not long before we are faced with the problem of why these are

always connected' in some more fundamental way: a way more fundamental than just psychological structures. The unity of intentional action is highlighted by objective knowledge. Objective knowledge places it in view, so that it might be recognized and studied.

Since the immediacy of experience is always recaptured in language, we can also acknowledge that the assignment of meanings will be a mediated activity. However, allowing that any attempt to hand over the experience of certitude claimed by Husserl will be so mediated, it does not follow that it is no longer certitude. What does follow is that certitude is a constitutive experience: a condition of the possibility of meaning, not identical to biology, culture and history -- although not without intention toward these.

The universal validity that phenomenology points to seems represented in the desire to communicate, and particularly in the will to express oneself. Whatever the difference in the constitutive functions of awareness and consciousness in disorders such as schizophrenia -- whatever we discover about this -- the relation between consciousness and expression provides us with the possibility of phenomenological investigation. Although our difficulty in understanding the schizophrenic is sometimes attributed to an unwillingness on the part of the schizophrenic person to communicate with us, we have no reason to think that the will to communicate is lost. Schizophrenic utterances are at least descriptive, and seem often to be directed at communication with objects of

personal meaning. What is lost is the ability to engage in discourse: to have reciprocity in communication. In schizophrenia, the individual is often responsible for both sides of the dialogue. Communication becomes autistic at best, and impoverished, although not abandoned, at worst.

It may yet be unclear how Husserl's original theory is conceptually transformed in the context of the problematic of communication. We may be able to preserve what we can take to be sound in the traditional program of transcendental philosophy i.e., the program of reason reflecting on the universal conditions required for its employment, and tie this to the philosophy of consciousness through language. Ordinarily, the so-called linguistic turn is taken to replace the philosophy of consciousness and to provide the requisite passage out of the philosophy of the subject, because communication is taken to be intrinsically dialogic. However, phenomenology suggests the idea that there are basic structures and rules that are presupposed by rationality and communicative interaction, and that these are identifiable features of human consciousness.

The potential for relating phenomenology to discursive practice can be emphasized via a consideration of the basic framework of self-reflection. With his theory of pure consciousness, Husserl elucidates the character of consciousness presupposed by the self-reflection of reason upon the conditions of its employment. Reflection in the Kantian sense implies a non-fallibilistic element of epistemological fundamentalism, but such a notion has been in the slow process

of decomposition since Hegel. Particularly given the elaborations of Foucault, a non-fallibilistic conception of knowledge seems almost trivial. A critical approach that seeks to develop genuine empirical hypotheses breaks with the notion of pure *a priori* reflectivity by rejecting totalizing approaches in philosophy. At the same time, it would consider it innocent to speak of a systematic approach in the field of phenomenology (as distinct from an historical approach, for example), because regardless of the content given to consciousness -- by culture and the development of personal history -- it also has invariant structures. The primary source of inspiration for phenomenology remains the theory of consciousness and not the philosophy of language, because language only recollects the immediacy of experience. However, since consciousness is linguistically organized, we can concentrate on the idea of expression: on the way in which consciousness manifests itself in language.

The language of schizophrenics suggest something like an incomplete recollection, or a cleavage between perception and the intentionality of consciousness. When we take the opportunity to study cases where the conditions of inter-subjectivity are absent and where language is employed idiosyncratically, as in schizophrenia, it becomes evident that we can speak of the disturbance of these organizing structures, and thus of a pathology of consciousness. Case studies of schizophrenia are not interesting for their pathology alone (as important as that is), but for their wider revelation of the pre-perceptual structure

of consciousness and its presence to the world. For the schizophrenic, consciousness does not seem to have a unifying and individuating function. The conscious experience of the individual is meaningful, but the self of this experience is not a being for whom experience is sequential, with a past always behind and a future always ahead. Although some of the organizing structures of consciousness are functioning in schizophrenia, we need to consider the way(s) in which these are inadequate as a basis for the formation of the self. However, in the order of inquiry, the experience, not the explanation, comes first. We turn next, then, to the problem of language in schizophrenia, as a means of entry to the experience.

4 STRANGERS IN A STRANGE PLACE

We know that language is a very complex affair. Besides audible signs of thought such as words and sentences, in its broadest sense language might include other ways of communicating, such as gestures, postures and facial expressions. Although these are all important sources of information and understanding, it is the verbal language of schizophrenics that I want to consider.

Indeed, the language of individuals suffering from the disorder easily attracts our attention. Particularly in acute forms of schizophrenia, the person often uses words and phrases which have no immediately intelligible meaning for the average listener. Many of these words are assigned an idiosyncratic meaning, one peculiar to the individual, so that the functioning of language as communication is diminished. Because they have no obvious articulated structure of intentional meaning, schizophrenic utterances and modes of expression are sometimes described by psychiatrists as 'word salads' or 'word hash'.⁵³

When language is only the instrument of individual expression, it becomes just what the user makes it. However, we generally share language. We may all possess faculties and capacities that can lead to singular, creative productions of thought and speech, but these individual capacities are one thing and the elaboration and complicated functioning of language is perhaps another, at least in terms of our ordinary notions of language. It is possible to question whether

the schizophrenic really is using language, because the world of meaning expressed in words is taken to be the world of *our* meanings -- of our shared experiences and local knowledge. Language is the product of social activity. And since the social world is constituted by the shared understandings of individual members, the expressive capacity of language is a matter of convention.

However, the unusual experiences of the schizophrenic make conventional channels of verbal expression unsuitable for the communication of these experiences. These individuals are forced to build up a non-systematic language in order to verbalize what is happening to them, and how the world takes shape for them, making ordinary channels of communication with others difficult in so far as these are based on shared meanings. Among the experiences common in this connection are the following: paranoid delusions, with a strong sense of something wrong or unusual in the environment; active hallucinations and false perceptions; erratic shifts of emotional reaction, and inappropriate emotional responses (for example, laughing hysterically after falling down and breaking an arm); feelings of being made to do things against the will or desire, of being 'programmed' or of the mind being 'read' (especially via electrical currents -- although this would take on different contents according to historical culture); and transformation experiences, particularly those involving the individual in a messianic mission. This is neither a systematic nor a comprehensive list, but it does give us some direction.

Although these and other experiences of the individual are typically reflected in words and phrases that have no apparent reference, in the thoughts of the individual the words may have meaning, and these meanings may be connected. A description of these experiences may be impossible during acute episodes of the disorder, when the word salad is the only means of individual expression -- but this serious distortion or even absence of language is not present in all schizophrenic experience. Where it is present, it is often episodic, allowing the person to describe the experience to another, after the fact.

Unfortunately, it is not always the case that someone is listening. It is still common to encounter the view, held by professionals and laypersons alike, that schizophrenic speech does not mean anything. The word salad should interest us, though, both at the level of theory and at the level of sympathy with another's experiences. Schizophrenics may speak in a different voice about things we can only barely understand -- but they do speak, and we can understand. I am not suggesting that there is something revelatory about the experience of madness. It is just different.

Many of the strange words or word patterns of schizophrenic expression become intelligible when considered in relation to the situation which the individual experiences at the moment and tries to express. Generic words i.e., words that are used to signify the categories, classes or rules of conceptual thought processes, are rarely used.⁵⁴ When such words are used, they do not

correspond to generalizations. The character of the word reflects the singular way in which the individual is experiencing a particular object or situation, so that a definite aspect of the object or situation becomes the basis for the choice of words. A word appears as part of the thing, rather than as representative of it. For example, in one psychiatrist's case-load there is an individual who calls a bird a 'song', the summer 'warm', the cellar 'spider', and the psychiatrist 'dance' (because, during visits, 'the physicians skip around the professor').⁴⁵ The phraseology 'kiss dance' is used to express this person's experience of watching the psychiatrist's lips move in conversation during an examination. Obviously, the meaning cannot be grasped unless we have some sense of the concrete situation in which it belongs for this speaker. The unconventional verbal expressions of the schizophrenic make it difficult to appreciate the experience to which the words correspond, but if we succeed in finding out, we begin to close the gap between 'us' and 'them'.

I want to suggest that the tendency of schizophrenics to speak in more concrete, matter-of-fact terms in which things have a strongly original rather than a shared or symbolic meaning indicates the nature of the disturbance. Since the capacity to use language in a social context can be related to the ability to form abstractions and generalizations, or to think conceptually, we can guess that individuals suffering from this disorder are no longer grasping ideas according to principles, rules or other classifications. Instead, the individual appears to be

perceiving things under their immediate aspects. Perception may be governed to an abnormal degree by the outer-world stimuli that present themselves to the person, and by the impressions, images, ideas and thoughts of the moment. The result is a fundamental change in the boundary between subject and object of consciousness: in the relations between self, world and others. I want to go further than this, however, and suggest that schizophrenia involves a disintegration of the self. Before considering how self and world can fail to come together in consciousness -- which will take us back to Husserl -- brief mention needs to be made of an interpretation favoured among some psychiatrists who, focusing on the state of the self in schizophrenia, argue that it is a regression to an earlier aspect of psychological development.

This psychological view stresses the importance of mental variables such as conflict, frustration, anxiety, fear and unconscious motivation. As such, the schizophrenic's disabled use of language is taken to be evidence of the individual's preoccupation with painful experiences from the past. The logical mental stream is seen to be interrupted by emotional pressures which distort structures of rationality, and create the ellipses and odd ideas which characterize schizophrenia. As one writer puts it, "The emotions gain dominion over the train of thought", and ... "wishes and fears control the trend instead of logical connections".⁵⁶ Because the conceptual process of judging logical connections is compromised, apparently leaving only the immediacy of emotional responses, it is common to

find adherents to this view, making the claim that schizophrenic thinking resembles the pre-logical thinking of children, and that we should therefore describe schizophrenia as a regression. From this psychodynamic perspective, the word-salad is not an attempt on the part of the individual to give expression to subjective experience, but a reflection of unresolved (and presumed unconscious) complexes.

However, it is not obvious what could justify the idea that the schizophrenic acts on a much earlier level than the average person. What level is this, exactly? How does it function? Is there no significant difference between the particular situation of an adult schizophrenic (with years of accumulated development, regardless of how this has been changed by the disorder) and a one-year-old child? What do we know about the experience of schizophrenia that would lead us to such a view? Such questions remain unanswered by the psychodynamic claim. And a phenomenological approach seems to suggest something quite different.

If we follow Husserl in his attempt to describe perception, we have an interesting claim about the true world as a pure mode of appearance, or phantom.⁵⁷ Whether there is a physical thing there or not, what Husserl calls a phantom is presupposed by the perceptual process. It is in a sense the momentary condition of physical properties. A thing appears in the first place as a so-called phantom, which in turn appears in a process of change. Sense-things

with their changing orientations present us with infinitely many modes of appearance. Things can and do appear in changing aspects, because a perceptual object is necessarily an object in a particular mode of appearance; an object is always given one-sidedly. Yet, even while we are aware of this, we regard the entire continuous thing in all its aspects. Why?

The question does not concern a mere factual occurrence, but rather the functioning of intentionality in perception. In the perception of spatial objects, we are aware of both a perceived and an unperceived side. Although an all-sided perception cannot be directly experienced, consciousness gives this to us. The perceptual sides of an object are unified in the process of perception such that the whole thing is delivered to consciousness. By means of an intention which directs itself to the occasional aspects of the object, the perceptual process gives us both the definiteness and the open horizon of the object world; an aspect of an object is given to us as actual, and from that point out a horizon also gives us a multiple continuum of possible perceptions. The possible perceptions are not there for us as real, but as 'indication', or empty intentions. These are fulfilled in acts that allow us to perceive further, and this actual perceiving further -- which occurs when we 'attend' to an object -- amounts to following up the object in a series of perceptions. While we have an aspect of an object, we have also a consciousness that reaches out to demand that the object display itself from ever new sides. In the striving process of perception, intentionality is revealed as a

tendency to fulfillment.

Whereas the average person's experience of sense tells them that the unseen side of the object is not really empty -- that it is an emptiness that to a certain extent demands a content -- the schizophrenic perceives an aspect of the thing as the thing itself. There is no intention by means of which the perceptual side of the object is seen as a mere side: nothing by which perception points beyond itself. The unseen side of an object may in fact be empty for such an individual. Although the abnormal concreteness of perception might render experience dynamic, it might also render it flat. Meaning is no longer filled out by the striving of perception's tendency towards fulfillment. The transcendental quality of consciousness appears absent.

In addition, I suggest that there is not the usual polarity and resulting coherence of subject and object.⁵⁸ An appearance is typically an appearance of a particular object 'for' the consciousness of a particular subject. There is the individual consciousness that objects are for, and that consciousness that is an object of consciousness, namely 'self'-consciousness. Just as perception unifies the various aspects of an object for consciousness, it unifies the various aspects of self, for consciousness. Consciousness reflects an abstract attitude that not only transgresses the immediately given aspect of a sense impression, but that also delivers the subject of experience, as object. The all-sided self, like any all-sided perception, is inexperienceable. Yet the intentionality of consciousness

gives us an intact experience of ourselves as separate from (other) subjects of perception. In schizophrenia, this separation is tenuous. As with classifications of other objects of experience, the category of self may not be available to the individual's perception. If this is the case, a history of objective self is lost.

In saying that the schizophrenic loses (objective) self, I am neither denying this human being the moral status of other human beings, nor am I denying the individual the experience of a subject. Rather, the claim is that consciousness requires an appeal to some sort of holism in formulating the proper scope of the self, since it is only in the context of the self-formative process as a whole that notions of this or that self seem to make much sense. Individual selves are really individuated historical processes. The sense that we make of our lives rests upon what interpretations we bring to bear on the disorderly crowd of experience. Different motives may seem to have driven us at different periods, but the overriding purpose of one's own life may yet retain a certain unity. As with other assignments of meaning, those made about one's own self may -- indeed must -- change over the years. With new experiences, people discover new aspects of self in their life-plan, and old aspects of self previously not brought to awareness. The feelings of continuity and identity that constitute the experience of self turn upon a whole framework of perceptual terms within which otherwise discordant things can be reconciled and related. Past purposes, commitments and beliefs may be challenged and abandoned, but when viewed from a larger temporal process, we

are not ordinarily plagued with feelings of self-betrayal. We may still have feelings of personal discontinuity, of wrecked or abandoned projects, and of certain periods of life as wasted, senseless or leading nowhere. But these experiences can be reconciled and made to appear uniform despite their apparent diversity because we encompass them in a unified sense of self. There is a sense of continuity that is properly meant by the notion of self. The terms of the self, like the terms of objects of perception generally, are never over and done with, and they cannot be hypostatized into a property of concrete experience alone. The complex experience of one's own identity seems to leave room for degrees of selfhood and for notions such as autonomous or compromised experience. However, the language and behaviour of schizophrenics reveals an abnormal concreteness of experience and a diminished or changed ability for abstract thought. Their perceptual processes apparently lack the intentional or transcendental qualities required to go beyond the concrete in a synthesis of experience. The result is that individuals suffering from schizophrenia may not have that sense of historical self represented in self-consciousness.

Still, even if schizophrenics do not grasp the meaning of objects according to the general principles employed by others, and accepting that such grasping seems necessary for the construction of the self, we might think that the individual is simply employing different principles in the perception of self and other objects for consciousness. One (human) body always equals a self, of some sort.

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However this idea of the self, dominant in traditional philosophical and psychological systems and emphasizing the third-person point of view, is not what I have in mind by speaking of the sense of self. The sense of self reflects the experience of one's own consciousness. Because consciousness is fundamentally and always ahead of the self, we can talk about its anticipation of an ideal -- although not one that involves a notion of the perfect self, the authentic self, or any other self lurking behind the lived self. Kant has been influential in encouraging the view of the authentic or fully rational and autonomous self that checks and balances the ordinary thoughts, feelings and activities of the experiencing self.⁵⁹ It has never been clear to me just where this 'real' self is supposed to come from, but the appeal of this sort of talk seems to be its undaunting optimism: its ability to reinforce faith in the best of all possible worlds, where the Spirit of Liberty is realized in pure Reason.

The ideal self as it relates to the sense of self reflects that tendency of consciousness to collect the various impressions or aspects of first-person experience into a unity. In self-givenness there is the moment of anticipation, the eternal possibility of being different, of being-not-what-it-seems-to-be -- and even of not-being. Such breaks in the unity of the self are experienced precisely because unity is anticipated. Doubt and disunity are part of the perceptual process because the individual has a conception of a 'true' world (of self) that does not need any corrections. Such a notion is only an ideal, but it is an ideal

against which we judge the instability of appearances. If the world of appearances did not carry within itself a true world as an ideal-approximation, then perception would never suspend judgements or change meanings. But it does. We know the process to be open-ended, and there are always new corrections. There is a speculative quality to acts of cognition, and a point of view from which individuals not only assess what they think, but also from which they are aware of the consciousness that is doing the thinking. It is the same process that separates objects of perception from the self -- a process that involves assembling or classifying the various sense impressions within a closed or delimited field. In the case of the self, however, it cannot be separated or individuated before the act of perception, or even as part of the act of perception. And this raises the question of individuation of the self.

Unfortunately, Husserl does not help us here. Although he does not give undue emphasis to the sense of the self as a body referred to, he does repeat the error of Descartes, and just assumes that consciousness exists as a separate substance pointing out itself in exactly the same way that it points out other objects of experience. For Descartes, Mind apparently does the pointing out, although self is taken to be a composite of mental and physical substances.⁶⁰ For Husserl, selves appear out of transcendental consciousness, but he does not really consider how this is so. Perhaps he does not take up the problem because the identity of the corporate person, or the person as social and cultural

phenomenon, is taken to be the more fundamental identity. However, we have reason to believe that this is not what he thinks. And placing consciousness in the world -- in the empirical world, in human psychology and history -- does not resolve the difficulty.

How does a self pick out another self? Itself? There seems to be more to the recognition of a self than objective knowledge can tell us. When faced with the problem of accounting for the unity and individuation of the self, much goes awry. Philosophers are often puzzled by the existence and use of the personal pronoun 'I', and especially by its use as subject. It is quite often claimed that a subject just cannot be object to itself: that this is not the source of these pronouns, and of their meaning. At least, it seems that if the explanation is set up along these lines, we are involved in an infinite regress, since we then have to explain the self that recognizes itself as object to itself ... and so on. And this begs the question of how the recognizer recognizes itself as the one with a relation to its consciousness, distinct from its relation to the consciousness of others.

Admittedly, if we take the notion of being object to oneself in a certain way -- in the way that we are used to taking it, namely as an act of perception -- the notion of being object to oneself seems neither immune from error, nor the basis for the sense of self. However, the concepts of the transcendental and empirical Egos do not involve perception in this way. Nor do I have this in mind

when I suggest that the schizophrenic is without an objective self. One does not perceive the having of a self -- one does not have a sense of self -- in any way comparable to the way in which one perceives a daisy amongst the other weeds in the field. If we use the language of perception to describe self-consciousness, we need to be mindful of using it in a special way.

There may be something about the encounter with another that is at the heart of self-consciousness. Rather than trying to derive awareness of others from self-awareness, perhaps we go the other way around, as Hegel thought.⁶¹ The idea pursued in the master-slave story is that there is an unavoidable power struggle involved in self-consciousness. Confronting the other, each asserts the right of being an individual self. Indeed, the appearance of the other is indispensable to the very existence of self-consciousness, so that self-consciousness cannot be attained simply by looking into oneself as in some fantastic intellectual contortion where subjectivity becomes the object of its own gaze. The other is both the same as me, in being a self, and not the same, in being another self. Thus to be conscious of the other is to be conscious of what is not me, and to be conscious of myself is to be conscious of what is not the other.

However, this idea is also problematic. If the self arises only when it recognizes another self recognizing it to be a self, this seems already to presuppose that there is an individual self doing the recognizing. So how does the recognition that another is like myself constitute my self-awareness, exactly?

It seems that an encounter with another self is an occasion for reciprocal understanding, and not just recognition. This means that when we encounter other beings that we take to be like ourselves, we take them to be like ourselves in the roles of speaking and listening, expressing and receiving meanings. When I encounter a self, I recognize it because I attribute to this self the same processes of animating the object world with meaning that I myself experience. This presupposes that I know what this experience is: that it is already familiar to me. However, it also indicates the heart of the matter, in so much as the self of one's own awareness is experienced from the inside out. My perception of another self, unlike my perception of other objects of conscious experience, marks a special occasion of awareness because I am conscious of others seeing me as a self, too. Another self is recognized first as not belonging to myself, in the same way that other things in the world are recognized as separate from me. However, I take some things and assign to these the properties of ... myself.

Anytime we perceive an object for consciousness we are aware of limit, and experience some degree of self-consciousness. But within the perceptual field the encounter with another human being seems to excite a special case of this sense, because the difference also points to a sameness. This encounter with difference does not require the individual to 'perceive' the self of self-awareness in the ordinary way. Indeed, it is unlikely that we perceive ourselves in a way that is equivalent to the perception of other objects for consciousness, including other

selves. The recognition of another self seems to be the same sort of cognitive act or classification that is involved in the final stages of perceiving any object of meaning. However, it also provides the strongest sense of self: an encounter with difference that makes one aware not only of the boundedness of experience, but of one's relation to others. When the sense of self is itself object for consciousness, it is not an object for consciousness in the same way that something clearly in the perceptual field is an object separate from the subject of experience. The ordinary capacity of consciousness to objectify or fall back on itself occasions the formal possibility of the self.

Now when we consider the problem of self in relation to schizophrenia, we are newly struck by the individual's inability to separate the elements of subjective experience from the perception of objects for consciousness. As noted earlier, there are two features of the language of schizophrenics that are remarkable. The first is that individuals suffering from the disorder evidence an abnormal concreteness of language, indicating that the perceptual field is flattened and that the manifold aspects of an object are not taken into consciousness. Associated with this is an unusually dynamic field of perception in which self and the perceived aspect of an object are fused. The second is the inability of the individual to employ conceptual or abstract thinking. In the abstract attitude, the immediately given specific aspect or sense impression is transcended by a process that synthesizes the various properties of the thing. Ordinarily, perceptual

experience is oriented by a unified viewpoint, and the result is that we can appreciate the general meaning under which a particular object before us falls. We detach ourselves from the given sense-impression, and the whole object is taken to be representative of a conceptual category. If such an ability is required for the recognition of difference, as it seems to be, then the schizophrenic will be prevented from experiencing the self as separate from the world of objects and others. Relations of self to objects, self to others, and self to self are not the same as for the average person. The latter is capable of both a concrete and an abstract attitude, and shifts from one to the other in the process of perception. The adequate formation of a self seems to involve an interplay between these two attitudes.

The possibility of objectifying the self in relation to things and others gives the subjective experience of the individual a life. The world of everyday living is far too dense and multi-layered to be a thing of 'pure' consciousness. The ideal self never comes to us in a single, unifying moment of consciousness that is identical to the individual self. However, together with the experience of difference or boundaries that comes from the outside, it delivers the sense of self. The identity of an individual self is acquired continuously, established and re-established, with the recollection and anticipation of experience. The theoretical formulation of the ideal self cannot alone give content to our notions about the meaning of self-consciousness. Rather, it is an ontological ideal: an ontological

prerequisite for the lived self. The concept of the self, conceived phenomenologically, need not be consonant with a theoretical formulation of consciousness in some positive and pure state, without a history or a future. However, the idealization of experience has a functional role in the self-formative process as a whole. Without it, the individual -- deprived of a sense of self, of an open relation to the world, and of communication with other -- is a stranger in a strange place.

CONCLUSION: NEW DIRECTIONS IN PSYCHIATRY

The subject of madness often reveals a scapegoating of this particular mode of human experience. Foucault's study of the history of psychiatric discourse and the strategies of power highlights this. Yet we have failed to rehabilitate our understanding of madness from the benign neglect to which modern epistemology generally and psychiatric knowledge specifically has consigned it. A comprehensive picture of the problem requires that we supplement the scientific method as a means of understanding and evaluating human behaviour. We can use a strictly phenomenological method to see what is actually there, and to describe the experience of the schizophrenic in concrete terms. Beyond this, it seems possible to retrieve the metaphysical basis of phenomenology and direct it to our understanding of mental illness. In this concluding section I will sketch the implications of these new directions for psychiatric thought, and social thought generally.

We should already be suspicious of the usual primacy assigned to normal over 'abnormal' cases of human experience. The problem is not that we cannot and should not make such distinctions; modern epistemology has not been wrong to think of madness as a failure of something. However, the process by which a separation has been made between the sane and the mad -- between the mentally normal and the mentally abnormal -- is a process that has

inadequately addressed the realm of values. The process of rationalization evident in modernity seeks to refine and develop the means by which specific goals (themselves not subject to inquiry or investigation) might be realized. The pursuit of these goals has created disenchantment at the same time that it has held out the hope of a better future.

The impulse to efficiency has served to exclude certain types of discussion, including discussion of the value of efficiency, and the consequences of social technology. In so much as the atmosphere of modernity is largely restricted to technical questions about the most efficient means of achieving a goal, analyses that challenge the style and substance of the scientific approach remain largely ignored, omitted from serious consideration. Questions about the worth or value of a technocratic social order are denied validity -- and of course, this reinforces the continued existence of such a society.

The idea that the power structures of a particular social order are best characterized in terms of relations of domination and submission may be misleading, however. There are clearly inegalitarian structures, but these conditions give rise to certain forms of action, rules and common meanings: to certain discourses. Because consciousness functions as a mediator between the conditions of inequality and actions that maintain this inequality, we can really only view the surrounding economic, psychological and political factors as partially determinant. In other words, people act in terms of their interpretations of -- and

intentions towards -- their external conditions, rather than being governed directly by them. Power lies in the capacity of agents to justify their actions, given a set of desires, beliefs and expectations. The point is to question the terms of justification. And when there is a gap between an action and the sense of its justification, we have a powerful act of resistance, more fundamental than the mere questioning of material conditions. Such a gap seems to be in evidence today in assorted ways, and we are beginning to suspect that modern instrumental reason does not represent moral progress.

We cannot assume that there is coherence between the self-understandings of people, their common meanings, their social practices and their actions. Although we act in certain ways, follow certain rules and operate in terms of certain meanings, we are also creating consequences that affect our needs, interests and capacities. By showing how our present social order came to be what it is -- and specifically how the institution of psychiatry came to be what it is -- we can consider how it can change. When we acknowledge that history embodies unacknowledged conditions, we are forced to examine possible structures of conflict, structures which would generate change, and thus standards of criticism.

The idea that there can be standards of criticism goes against the grain of the relativism so fashionable today. However, I am suggesting that we embrace an essentialist notion of consciousness as a strategy of correction. As long as we

see that claiming such a positive subject-position does not imply the establishment of an inalienable and final truth of things, we will not separate critique from information about a specific society under given historical conditions, and we can privilege a certain moral and political awareness.

A deeply phenomenological approach to examining social life would not simply reproduce the accounts given by many of the theorists and researchers who self-consciously identify themselves by means of this name. It would not, for example, merely regurgitate the vicissitudes of descriptive phenomenology. Rather, it attempts to give a universal exposition of the nature of social and personal meanings by appealing to structures of consciousness. Phenomenology in this sense not only examines important features of neglected experiences, such as madness, but also challenges us to explore the historicity of consciousness.

Even as the experience of madness is a specific failure of something, it is ontologically instructive and contains neglected information about ourselves. As an oddity, it suggests regular features of self-consciousness. The experience of madness does not represent a world all on its own, but the breakdown of a fundamental relation between consciousness and the self of consciousness. The Husserlian project, returned to its philosophical basis, can provide a concrete analysis of the meaning-structures involved in disorders like schizophrenia, as well as an analysis of the consciousness that animates these. It marks a return to the subject of experience, as both particular and historical.

By insisting on a scientific description and explanation of psychological life, the medical model has undermined the subjectivity of the patient. Within its framework, the psychiatrist cannot faithfully conceptualize the patient as subject. To do so requires a theory of consciousness, such that the interplay between the psychiatrist and the patient can be characterized. It is possible for a less rigorous approach to produce a theory of this sort, but it can only amount to a reconstruction of meaningful human involvement, because it would not attempt to describe original phenomenal characteristics in an unbiased i.e., non-naturalistic, non-Rationalistic, way. One might even go so far as to say that phenomenology in its present state, when applied to psychiatry, is just an ineffective correction of objectivism. The only obvious way to avoid the homogenizing effects of modern reason is to do away with the presuppositions it supports and requires.

The transcendental-phenomenological perspective should not be misconstrued as an appeal to radical subjectivism. It is an appeal to the complexity of meanings, not just for a particular self, but for others as well. Against the singular, non-systematic inquiries of a purely descriptive phenomenology, a transcendental-phenomenological approach is historically conscious, and conscientious. Just as the medical model contains within itself a view of the relation between theory and practice, namely the goal of technical control, so also phenomenology is conceptually linked to a notion of theory and

practice. By revealing what it is that the schizophrenic is doing i.e., by revealing the meanings upon which the individual is acting, it makes it possible for us to engage in a dialogue. We understand, as it were, the language of the person's life. Admittedly, the possibility for discourse is limited by the difficulties involved in learning how to speak and act there. But by removing the assumption that the actions and verbal expressions of schizophrenics are arbitrary, we arrive at a position in which we can conceivably speak and act with them.

The point is not just being able to communicate with the mentally ill, but also opening ourselves up to their influence. Because we are pressed to develop concepts to understand their experiences, we are afforded a new means of self-comprehension, and therefore new possibilities. It is not, as I commented earlier, that the phenomenon of madness contains within itself a silent but profound truth. Rather, it is a different way of constructing the world, and living in it. Because of the special difficulties involved in understanding the significance of schizophrenic speech, we are forced to re-examine and re-define our assumptions about meaning.

The knowledge gained from the phenomenology of mental illness is useful to us, because it can be translated into conditions for mutual understanding between different members of society. It makes possible understanding where none existed before or where, if it did exist, it was severely prejudiced. Moreover, in so far as it opens channels of communication, such knowledge expands the

horizons of those who are now able to speak.

It is important to see the socially relevant dimensions of knowledge. The point has obviously been recognized by those in the Marxist tradition, but phenomenologists have generally shied away from these concerns. However, a refusal to consider the connections is misguided. What is at stake is a view of human beings and social life which has profound political consequences. Phenomenology really gains its deepest human meaning when set inside the broader framework of political thought.

Does this mean, then, that psychiatrists must be philosophers of psychology, and of social history? In a word -- yes. Psychiatrists, no less than others in positions of epistemological or material power, have a responsibility to question the world of our creation -- and where necessary, to participate in changing it.

ENDNOTES

- 1 This is a general figure that makes no separation between individuals diagnosed with psychosis, neurosis, personality disorder or depression. It includes stays in both general and psychiatric hospitals. Canadian Mental Health Association Annual Report, 1990.
- 2 Among psychologists, see for example S. Chorover, "Big Brother and Psychotechnology", in *Psychology Today* (Oct.), 1973, and M. Gross, The Psychological Society, New York: Random House, 1978. Among sociologists, I. Zola, "Medicine as an Institution of Social Control", in *The Sociological Review* (Nov.), 1973. Also J. Reynolds, "The Medical Institution", in L. Reynolds and J. Henslin (eds.), American Sociology: A Critical Analysis, New York: David McKay, 1983.
- 3 Besides pointing to the importance of studying unconscious motivation, Freud emphasized infantile sexuality, dreams, and anxiety. He also created a new way for dealing with mental disorder, namely psychoanalysis. R. Waelder, Basic Theory of Psychoanalysis, New York: International Universities Press, 1960, is a good introduction to Freud's ideas and methodology. For a more expansive discussion of Freudian thought, P. Rieff, The History of the Psychoanalytic Movement, New York: Collier Books, 1963.
- 4 The title of K. Menninger's The Crime of Punishment, New York: Viking Press 1968, neatly captures this shift from punishment to therapy or treatment. Menninger is one of the better known psychiatrists in the United States, and his indictment of traditional penology topped the best-seller lists when it was released.
- 5 The development within Western culture of the exercise of control over nature and culture was not regarded by Weber as representative of an advance in our understanding. Rather, he took such a development to signify not only a lack of understanding about the limits of our ability to exercise control over nature and culture, but also a lack of understanding about the effects of our attempts to extend control over life. The result, he thought, would be increasing irrationality, and a further alienation of the human condition. He writes: "After Nietzsche's devastating criticism of the 'last men' who invented happiness, I may leave aside altogether the naive optimism in which science -- that is, the techniques of mastering life which rest upon science -- has been celebrated as the way to happiness". From Max Weber: Essays in Sociology, ed. H.H. Gerth and C. Wright Mills, London: Routledge and Keagan Paul, 1970, p. 143.
- 6 The problematic of instrumental rationality -- its emergence and its effects -- is the subject matter of many critical theorists. An excellent overview is given in D. Held, An Introduction to Critical Theory, Los Angeles: University of California Press, 1980. See especially, J. Habermas, Towards A Rational Society, trans. J. Shapiro, London: Heinemann, 1971.
- 7 For a historical review of criminological theories focusing on the philosophical search for insight into the problem of crime, S. Schafer, Theories in Criminology, New York: Random House, 1969.

- 8 Numerous studies have been done on the effect of various programs on recidivism. Although rehabilitation programs are found to benefit offenders in a variety of ways, in general these programs do not appear to affect recidivism. For a broad study, see D. Lipton *et al.*, The Effectiveness of Correctional Treatment, New York: Praeger, 1975.
- 9 It is not always the individual who is presumed sick in explanations of the phenomenon of mass or serial murder. In a recent book, anthropologist E. Leyton argues that the perpetrators of these crimes cannot be dismissed as freaks or aberrations: that the cause of the aggression is in the human community, and specifically in the de-humanized industrial system. Hunting Humans: The Rise of the Modern Multiple Murderer. Toronto: McLelland and Stewart, 1986.
- 10 R. Friedson, "You Are Dangerous to Your Health", in *Social Policy* 8, no. 4, 1978.
- 11 In a provocative and controversial book, Illich describes this process as 'the medicalization of life'. He argues that the dominance of medical experts over the lives of others creates what he calls 'clinical iatrogenesis', which are medical problems actually caused by the physician or by the physician's treatment. This unintended consequence is taken to weaken the populace through therapeutic side-effects. I. Illich, Medical Nemesis: The Expropriation of Health, New York: Bantam Books, 1976.
- 12 The assorted legal, ethical and scientific issues are examined in B. Brody *et al.*, Mental Illness: Law and Public Policy. Boston: D. Reidel, 1980. For a less involved discussion with emphasis on the role of the psychiatrist in deciding mental health or illness, see "The Psychiatrist and the Legal Process" by S. Hallack in *Psychology Today* 2, 1969.
- 13 These writers include, among psychiatrists, T. Szasz and R.D. Laing, and among sociologists, T.J. Scheff and E. Goffman. Foucault is perhaps the best-known philosopher to write on the topic, although there is also Sartre's implicit critique in Being and Nothingness.
- 14 Although Szasz has published prolifically, his arguments are often nebulous. However, there are basic themes that appear and reappear throughout his work, and these are identified and discussed by M.S. Moore, "Some Myths About Mental Illness" in *Archives of General Psychiatry* 32, 1975.
- 15 "Who defines the norms and hence the deviations? ... It may be the person himself (that is, the patient) ... or it may be someone other than the patient who decides that [the patient] is deviant (for example, relatives, physicians, legal authorities, society generally, etc.) ... These considerations underscore the question, 'Whose agent is the psychiatrist?', and of giving a candid answer to it". Szasz, The Myth of Mental Illness, New York: Columbia University Press, 1969, p. 22.
- 16 G. Ryle, The Concept of Mind, London: Hutchinson and Co., 1949. The idea that the concept of mental illness is a category mistake was one of the original underlying arguments in The Myth of Mental Illness. Szasz writes, "The error ... in regarding complex psychosocial behaviour, consisting of communications about ourselves and the world about us, as mere symptoms of neurological functioning is epistemological. In other

words, it is an error pertaining not to any mistakes in observation or reasoning as such, but rather to the way in which we organize and express our knowledge ... The error lies in making a symmetrical dualism between mental and physical (or bodily) symptoms, a dualism which is merely a habit of speech and to which no known observations can correspond". *ibid.*, p. 20.

- 17 T. Szasz, Law, Liberty and Psychiatry, New York: Collier Books, 1968, p.25.
- 18 T. Szasz, The Manufacture of Madness, New York: Harper and Row, 1970, p. 123.
- 19 B. Braginsky *et al.*, Methods of Madness: The Mental Hospital as Last Resort, New York: Holt, Rinehart and Winston, 1969, p. 171.
- 20 M.S. Moore, "Some Myths About Mental Illness", p. 115.
- 21 This is Chief Justice Burger's comment, reprinted from *Blicker vs. United States*, 288 F 2nd 853, 1961, *Ibid.*, p. 110.
- 22 Foucault's writings on madness include Mental Illness and Psychology, Los Angeles: University of California Press, 1987. First published in French under the title "Maladie Mentale et Personalite", 1954, by Presses Universitaires de France. Revised and republished as "Maladie Mentale et Psychologie", 1962, by Presses Universitaires de France. Also Dream and Existence, M. Foucault and L. Binswanger, ed. K. Hoeller. Special issue from *The Review of Existential Psychology and Psychiatry*, Vol. 19, no. 1 (1984 - 1985). And Madness and Civilization, New York: Pantheon Books, 1965.
- 23 Foucault, Mental Illness and Psychology, p. 60.
- 24 *Ibid.*, p. 63.
- 25 *Ibid.*, p. 10.
- 26 *Ibid.*, pp. 10 - 11.
- 27 *Ibid.*, pp. 84 - 85.
- 28 M. Foucault, Death and the Labyrinth: The World of Raymond Roussel, trans. C. Ruas, Gordon City: Doubleday, 1986, p. 174.
- 29 M. Foucault, Power/Knowledge: Selected Interviews and Other Writings 1972 - 1977, ed. C. Gordon, Brighton: Harvester Press, 1980, p. 117.
- 30 M. Foucault, "Questions of Method: An Interview with Michel Foucault" in *Ideology and Consciousness* 8, p.6.
- 31 The concept of power-knowledge begins to achieve prominence in Foucault's work with the appearance of Discipline and Punish: The Birth of the Prison, London: Penguin Books, 1977.

- 32 Foucault, Power/Knowledge: Selected Interviews and Other Writings 1972 - 1977, p. 98.
- 33 "It is only if we grasp these techniques of power and demonstrate the economic advantage or political utility that derives from them in a given context for specific reasons that we can understand how these mechanisms come to be effectively incorporated into the social world". *ibid.*, p. 106.
- 34 The concept of power in Marxist thought assumes the inter-connection between politics and economics, and ties this to a global theory of the capitalist mode of production: its laws and operation.
- 35 *Ibid.*, p. 106.
- 36 Suggesting Bentham's 'panopticon' as the physical instantiation of the new mechanisms of power -- mechanisms that make for a generalized surveillance of the whole of society - - Foucault writes, "The movement from one project to the other ... rests on a historical transformation: the gradual extension of the mechanisms throughout the seventeenth and eighteenth centuries ... the formation of what might be called in general the disciplinary society". Discipline and Punish, p. 209.
- 37 *Ibid.*, p. 215.
- 38 It is unlikely that Szasz would resist the libertarian label. The ideological point of Szasz's position is that people should not be rendered passive by institutionalization and subjection to treatment. Indeed, they should be stimulated to pull themselves together, and to take responsibility for themselves. De-institutionalization -- its results and its relation to the libertarian impulse -- will not be discussed here. However, the libertarian view is typically long on rhetoric, and short on practicability. The ethical and political arguments necessary to address problems of social policy and social justice (for example, what in fact we should do with dangerous persons who have not committed any criminal acts) are not there.
- 39 Descriptive phenomenology was the first application of phenomenology to psychiatric researches. Jaspers defined it as a careful and accurate description of the inner experience of mentally sick individuals, with an effort to empathize with the experience. Interviews with patients were compiled in his Allgemeine Psychopathologie. Berlin: Springer, 1919.
- 40 See for example, R.D. Laing, "Ontological Insecurity" in Psychoanalysis and Existential Philosophy, New York: E.P. Dutton and Co., 1962. Case studies of schizophrenia are compiled in The Divided Self, London: Tavistock, 1960.
- 41 Adopting Heidegger's notion of *Dasein*, Binswanger called his approach *Daseinsanalyse*. See L. Binswanger, "Existential Analysis and Psychotherapy" in Progress in Psychotherapy, eds. Fromm-Reichmann and Moreno, New York: Crane and Stratton, 1956.
- 42 E. Husserl, The Crisis of European Sciences and Transcendental Philosophy, trans. D. Carr, Evanston: Northwestern University Press, 1971.

- 43 Ibid., p. 175.
- 44 Ibid., pp. 358 - 359.
- 45 Ibid., p. 142.
- 46 Ibid., p. 141.
- 47 Ibid., p. 142.
- 48 Ibid., p. 173.
- 49 Ibid., p. 173.
- 50 Ibid., p. 142.
- 51 Ibid., p. 143.
- 52 It is not clear why Husserl uses the Latin word 'Ego'. Some might consider its use misleading: an attempt to get around the problems that attend the pronoun 'I'. However, I think it is interchangeable with the notion of the self, and as such leaves open questions about the subject of experience -- particularly the question of its individuation, which the use of the pronoun 'I' presupposes.
- 53 This indicates the 'poverty of speech', 'poverty of content', and 'marked loosening of associations' typical of gross disturbances of language in schizophrenia. See American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, Washington D.C.: American Psychiatric Association, 1987, pp. 187 - 198 for a general discussion of the diagnostic categories currently pertaining to schizophrenic disorders. For a listing of the aspects of thought, mood and behaviour associated with the symptom of disturbed language, see under Disorganized Type, p.197.
- 54 J. S. Kasanin, ed., Language and Thought in Schizophrenia, Los Angeles: Norton/University of California Press, 1964.
- 55 Ibid., p. 57.
- 56 E. Bleuler, as quoted in Language and Thought in Schizophrenia, p. 105. His major work is Die Psychoanalyse Freuds: Verteidigung und kritische Bemerkungen, Wien: F. Deuticke, 1911.
- 57 E. Husserl, Die Idee der Phänomenologie, ed. W. Biemel, The Hague: Martinus Nijhoff, 1950. English translation Alston and Naknikian, The Hague: Martinus Nijhoff, 1964.
- 58 Husserl tells us what he means by the polarity of objects in the Ideas, p. 269.
- 59 Of course, Kant's account of the free will is connected to his conception of the moral

motive. The motive of the moral person will appeal to our rational selves (as distinct from our sensuous selves), and our rational selves are the free selves. The Kantian self legislates both to nature and to morality.

- 60 The result is the problem of mind-body dualism and the inaccessibility of the external world to cognition, giving rise to a double tradition in modern philosophy that remains at odds with itself: physicalistic objectivism, and transcendental subjectivism.
- 61 G.W.F. Hegel, the Phenomenology of Spirit, trans. A.V. Miller, Oxford: Clarendon Press, 1977, pp. 104 - 119. The master-slave story occurs in the context of Hegel's discussion of how sustained self-consciousness emerges out of less advanced stages of consciousness.

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