

Chapter 5

The Need for Merleau-Ponty in Foucault's Account of the Abnormal

HANNAH LYN VENABLE

Introduction

Whether with contempt or admiration, current writers on the history of psychiatry continue to acknowledge the work of Michel Foucault. His extensive survey on the history of the abnormal has clearly influenced how a history of psychiatry should be written by challenging historians to question the reasons behind shifting perspectives on mental health. Due to both his historical contribution as well as the simple persuasive power of his writing, many philosophers acknowledge the insights found in his unique account of the abnormal. I will argue, however, that we can successfully draw on Foucault's work on the abnormal only once we recognize that it is Maurice Merleau-Ponty's work in psychology that serves as its hidden foundation. In fact, I will go so far as to say that without claiming this foundation, Foucault's account of the abnormal will fall short and fail to accomplish even its own internal goals: in other words, his account cannot and should not stand on its own.

In order to uncover the hidden foundation of Foucault's account of the abnormal, we may turn to the biographical links between Merleau-Ponty and Foucault. Merleau-Ponty served as a teacher and

model for many of the rising French philosophers, including Foucault, during the 1940s and 1950s. However, what is less well recognized, at least in the English scholarship, is that Foucault faithfully attended Merleau-Ponty's 1949–1952 *Child Psychology and Pedagogy* lectures.¹ At the same time as attending these lectures, Foucault pursued and obtained his *licence* in psychology, taught psychology classes, and worked at the Hôpital Sainte-Anne.² From this, there is no question that Foucault's early studies of the abnormal were under the direct influence of Merleau-Ponty.³ Nonetheless, we still do not know if this formation is still in place when Foucault writes and publishes his *History of Madness* in 1961 as Foucault's work in other places has been highly critical of the phenomenological enterprise.

The proper way, then, to establish the foundation for Foucault's account of the abnormal is to look at the structural links between Merleau-Ponty and Foucault. While the biographical links reveal that Foucault received insights from a Merleau-Pontean psychology, it is only through an examination of the structural soundness of Foucault's account that we can discover its phenomenological roots. The historical structures presented by Foucault, while certainly powerful and helpful tools for understanding the experience of the abnormal, need more justification than historical data and analysis. Upon examining Foucault's account, we are still left asking: *why* are the historical structures shaped this way, and what is the *source* for these recurring patterns? We will find, however, that the historical structures are already manifest in the phenomenological patterns; in other words, the historical construction of the abnormal actually comes out of the existential experience of the abnormal. To illustrate the dependence of Foucault's historical account on Merleau-Ponty's phenomenological one, I will offer a brief overview of Foucault's concept of the abnormal and then present the problems or gaps that are found there. I conclude by demonstrating how Merleau-Ponty's method fills these gaps and provides the structural support needed to stabilize his historical account.

By arguing for the necessity of Merleau-Ponty in Foucault's account, I am not placing a priority on Merleau-Ponty over Foucault. In fact, I believe Merleau-Ponty's work requires Foucault's rich historical analysis and acute awareness of human brokenness; thus, there is also a need for Foucault in Merleau-Ponty's account of the abnormal.⁴ For the purposes of this chapter, however, we will be focusing solely on the way that Merleau-Ponty specifically enriches and supports Foucault's account.

Foucault's Account of the Abnormal

To begin, I will give a brief summary of Foucault's account of the abnormal from his 1961 *History of Madness* and his 1974–1975 lectures entitled *Abnormal*. The abnormal, for Foucault, is a “modern” category given to people who struggle with mental disorders and who are not able to assimilate fully into present society as a result. By “modern,” Foucault means something that originated in the nineteenth century and continues up to the present time.⁵ Through his study, he shows how the definition of madness (*la folie*) changes over time because it is subject to the societal perceptions of reason and unreason or the rational and the nonrational.⁶ The terms “rational” and “nonrational” are always historically contingent for Foucault, but his context will tell us whether he is referring only to a particular society's view, such as the modern understanding of the “rational” meaning “normal” or “knowable,” or whether he wants to capture all the historical meanings under the term, such as the “overarching unreason” (*déraison*). These evolving perceptions, understood in both of these contexts, make up the consciousness of madness and are revealed in how institutions change in order to address the problem of madness.

The way we view madness today, or our modern consciousness of madness, has created the category of the *abnormal* and can be best understood by tracing the two previous types of consciousness found in the Renaissance and in the classical age.⁷ During the Renaissance of Europe, Foucault cites historical texts and events to show that the consciousness of madness contained a “continuous dialectic” between madness and reason because of the recognition that the rational and nonrational were interconnected and in all parts of creation.⁸ In this context, although the nonrational was to be feared, it was also a reminder of the necessary “dark” and “tragic” elements of human experience.⁹ Foucault uses his famous example of the sixteenth-century Ship of Fools to show the privileging of the “dialectical experience of madness.”¹⁰ He argues that the mad were placed on these aimless ships not primarily for the purpose of exclusion but as a symbolic representation of the “senseless in search of their reason.”¹¹ Just as the mad on the ships were searching for the light of reason, all humans, according to this mentality, are on a journey toward reason and truth. Yet there is still something to be feared in madness, as seen in the representative figure of the Renaissance: the *human monster*. This monster demonstrates “the spontaneous, brutal, but

consequently natural form of the unnatural” and magnifies the irregularities and deviations inherent in the world.¹²

The great fear of the nonrational of the sixteenth century combined with the growing desire for a purified society brought about a more complicated consciousness of madness in the classical age. At this time, the concerns about madness retain some of the dialectic but also embrace practical, enunciatory and analytic perspectives as well.¹³ Again, Foucault believes that the changes in the structures of institutions show the deeper shift in the consciousness of madness. He writes: “What happened between the end of the Renaissance and the height of the classical age was therefore not simply an evolution of the institutions: it was a change in the consciousness of madness, and thereafter it was the asylums, houses of confinement, gaols [jails] and prisons that illustrated that new conception.”¹⁴ During the Great Confinement of the seventeenth century in Europe, large numbers of people were labeled mad and locked away; for example, over 1 percent of the population of Paris was incarcerated over a period of just a few years.¹⁵ European society needed places of confinement all the more during this time with the rise of the sequestering of the mad. This was motivated by the idea that madness, now equated with the nonrational, must be separated entirely from the rational because displays of the nonrational were considered displays of immorality. Foucault writes, “Madness was seen through an ethical condemnation of idleness” and other sins so much so that “madness found itself side by side with sin.”¹⁶ The push for confinement and correction is seen in the classical representative figure called the “*individual to be corrected* [*l’individu à corriger*]” or the “incorrigible.”¹⁷ The figure of the human monster faded to the background as institutions sought to remove and reshape these individuals according to this new ethical model.

With the suppression of the nonrational and the growing concern for correction, Foucault claims that the definition of madness changed again in the nineteenth and twentieth centuries into the modern notion of the abnormal. The mad are no longer a constructive reminder of the nonrational as in the fifteenth and sixteenth centuries, nor are they equated with the nonrational and hidden away as in the seventeenth and eighteenth centuries, but are now people who have deviated from the normal standards of society and need to be fixed, through both ethical and medical means, to be brought back into society. This mindset began in the Great Reform, which sought to improve the conditions of the mad

in the given institutions in order to “cure” them.¹⁸ Now, madness is no longer linked to the nonrational of previous ages but is “totally alienated from the forms of knowledge, no longer even made an object of division,” as Frédéric Gros puts it.¹⁹ Drawing only on the analytic perspective, madness is defined solely objectively and can no longer even be placed as an object in the division between the rational and the nonrational, as it was in the classical age. Just as the modern reformers “cured” the mad by returning them to reason, so madness having lost any link to the nonrational can be cured by a return to the rational.

The figure of the *onanist* or masturbator arises out of the classical age and then crosses over into the modern age becoming the last ancestor to the abnormal individual.²⁰ The onanist is seen as someone who secretly breaks the rules and must be made to conform to the “normal” standards of society, showing the priority placed on the categories of the normal and the abnormal. Lastly, we have the figure of the *abnormal individual* representing someone who needs to be fixed—no longer seen as a monster, no longer seen as incorrigible—but simply as someone not normal. But even with the emphasis on conformity, the nonrational can never be completely forgotten, Foucault argues, as it bursts forth unexpectedly in our world through the arts, seen in the works of Nietzsche, Van Gogh, Artaud, and others.²¹

In each age, Foucault uncovers how the treatment of the mad depends on the perception of the rational and nonrational, offering “not discoveries,” as Jean Khalfa puts it, “but historical constructions of meaning.”²² To summarize these constructions in overly simplified terms, we found that during the Renaissance, the rational and the nonrational, seen as truth and darkness, had a mutually dependent dialectic relationship, and, thus, the mad were seen as connected to the world and represented the world as it was. During the classical age, a division between the rational and the nonrational, representing the moral and immoral, resulted in confinement of the mad in order to purge society of any nonrational elements. With the nonrational of the past hidden, it was eventually forgotten so that in the modern age the mad are seen as abnormal, not as tragic wanderers or immoral outsiders but as people in need of correction. And yet, even in recent times, there results certain eruptions of madness, particularly in the arts, that demonstrate the historical link to the nonrational. We turn now to see what gaps or problems arise from Foucault’s historical account of the abnormal.

Questioning Foucault's Account

No doubt, we can see the persuasive power in Foucault's account due to the sense of unity that he brings to hundreds of years of complex historical records on madness and due to the way he uncovers the roots of our present understanding of the abnormal. And yet, upon reflection, we find gaps in Foucault's account that may cause us to question and even dismiss his claims. Although there are many critiques of Foucault's method, I will present two critical issues, the problem of arbitrariness and the lack of application, which apply directly to his account of the abnormal.²³

Foucault is known for pulling away from his phenomenological training, and seen even as breaking free from what is claimed to be its "fixed and absolutist view of human subjectivity."²⁴ But in doing so, does Foucault then lose a reference point or a foundation for his claims? If the abnormal depends on the changing consciousness of madness, which in turn is based on the shifting perceptions of the rational and nonrational, then it seems that the abnormal is nothing at all in itself but whatever society at the moment decrees that it is. This leads us to ask whether the abnormal becomes arbitrary, subject to the whims of the historical forces of the time. Despite its cohesion, Foucault's account of the abnormal can feel arbitrary because of its lack of grounding for its claims and its inability to root the ideas of the rational and the nonrational in anything other than societal perceptions.

Partially due to this problem of arbitrariness, Foucault's work lacks a direct application to the current world of mental health. Foucault is often criticized, as Angelos Evangelou points out, for "having no real interest in the mad and for offering no hope and no alternative for their treatment."²⁵ Many have seen his work as unhelpful to individuals with mental disorders because of his aversion to the modern approach to mental health and his scathing critique of the psychiatric industry as a whole. I believe that these two problems, arbitrariness and impracticality, can be addressed through the aid of Merleau-Ponty.

Merleau-Ponty's Aid

As we have seen, Foucault needs a way of validating his historical account. I will argue that he can do this by turning to Merleau-Ponty's phenome-

nological understanding of common human experience. I justify this turn to Merleau-Ponty for two reasons. First, in a general sense, historical structures often arise from experiences already present in the perceptual world. Thus, we can better understand the historical structures when we see how they are grounded in bodily experience. For example, we can see the roots of the social desire to set up some form of government in the bodily experience of order, both in the organization of the body itself with all the organs functioning together and in the system for how the body relates to the outside world. In a similar way, the historical structures of madness are better supported when traced back to the bodily experiences of madness itself. A second reason for calling on the aid of Merleau-Ponty is found in the specific relation that Foucault has to phenomenology. Due to the major role that Merleau-Ponty played in Foucault's formation, Foucault's training in phenomenology spills over into his work on madness, as seen in his continued use of some phenomenological vocabulary in the *History of Madness*.²⁶ By looking to Merleau-Ponty, we are able to make explicit this hidden foundation already lurking behind the historical accounts.

In light of these reasons, we can give credence to Foucault's historical structures of the abnormal by rooting them in Merleau-Ponty's phenomenological patterns found in the abnormal experiences of the body. In doing so, we will also provide Foucault's account with hope of an application; by showing that the historical and existential can be matched, we are then better able to understand fully the nature of many disorders.

Rooting Historical Structures in Phenomenological Patterns

While keenly aware of the social-historical milieu of the human, Merleau-Ponty avoids the problem of arbitrariness by bringing us "some *general truths*," as Talia Welsh calls them, "about human development and intersubjective life."²⁷ Through his phenomenological-existential analysis, he demonstrates that the abnormal is best understood by revealing the general truths found in human experience, in experiences of both the rational and the nonrational. Merleau-Ponty consistently finds the Cartesian view of rationality unsatisfactory and states that we, along with others in Hegel's tradition, must continue to "explore the irrational and integrate it into an expanded reason."²⁸ Thus, in the study of the abnormal, Merleau-Ponty

aims to explore the irrational (one type of the nonrational)—as seen in experiences typically ignored and rejected by modernism, such as hallucinations, hysteria, melancholy, and more—and then to enlarge the modern understanding of the rational accordingly.²⁹ He further describes how the nonrational is at the core of human experience and the source for anything that we call “reason.” Through this expansion, Merleau-Ponty goes beyond the categories of the rational and the nonrational, showing us they are best understood in a dialectic, reversible relationship, later called the unity of the flesh. His phenomenological analysis, which exposes general truths of human experience and moves beyond the rational–nonrational dichotomy, provides the phenomenological patterns needed to root Foucault’s historical structures. I will establish this phenomenological foundation for the abnormal by, first, describing how madness can be accessible and meaningful and, second, demonstrating the presence of these patterns in the disorder of schizophrenia.³⁰

Beginning with the accessibility of madness, we should remember that Foucault uncovers the historical tendency to define madness according to the current understanding of the rational, but he does not offer a reason for this phenomenon: for example, in the classical age, the madness was equated with the nonrational in hopes of maintaining a rational and moral society; and more recently, in the modern age, madness is seen as something abnormal that needs to be fixed and cured in order to conform to the modern standard of the rational as the “normal” and “objective.” This continual search to understand displays of the abnormal is not arbitrary but comes out of the phenomenological principle that madness is accessible to our understanding and is not devoid of meaning; madness is an integral part of human experience, arising out of it and being central to it. Merleau-Ponty writes that abnormal cases, as seen in madness, and normal experiences, as seen in perception, “despite all their differences, are not self-enclosed [*ne sont pas fermées sur elles-mêmes*]; they are not islands of experience without any communication and from which one cannot escape . . . [they open] onto a horizon of possible objectifications.”³¹ Although abnormal experiences are different from usual human experiences, they are not cut off from common human experience; *they are not closed on themselves* (as the French literally says). These experiences display a link among humans and make up a shared horizon of human experience.³²

Reflecting on the experiences of homesickness and hallucinations can illustrate the shared horizon of nonobjective space. When we are

homesick, we are far from something or someone that we love and feel we are not truly living in our actual objective space. My body may be in one place, “but this landscape is not necessarily the landscape of our life . . . and if I am kept far from what I love, I feel far from the center of real life.”³³ While experiencing a hallucination is a more extreme form of feeling far from the center of real life, it is similar in that we feel as if we are somewhere else, although our body remains in objective space. Whether or not we distinguish between the objective and nonobjective spaces in the moment, both experiences of homesickness and hallucinations represent experiences of the nonrational because we feel the power of a space that is not actually there and can be rationally shown to be elsewhere.

To say that we can have rational access to experiences of the nonrational, such as those in hallucinations, is not to acquiesce to a rationalistic explanation of disorders nor to give into some kind of “irrational conversion,” as Merleau-Ponty writes, but to perform an “intentional analysis” that reveals a sense of meaning in human behavior and points to the integration of the rational and the nonrational.³⁴ M.C. Dillon argues that ontology, as the “search for the logos or meaning of things,” is at the heart of Merleau-Ponty’s project.³⁵ Dillon writes, “Merleau-Ponty’s ontology provides an explication of phenomena in the light of which phenomenology can understand itself—without being naïve or dogmatic—as inquiry whose subject matter is real.”³⁶ Phenomenology explores what is real, and, while not boasting of complete comprehension, it does claim to reveal meaning and order in the real world. This is because, whether we as humans choose it or not, “we are condemned to meaning [*sens*]”; as Merleau-Ponty famously reminds us: we can relate to the world only in a meaningful way.³⁷ The capacity of the rational helps disclose the logic present in the world; as he writes: “. . . there is a logic of the world that my entire body merges with.”³⁸ By understanding the patterns in abnormal behavior, as seen in the rational–nonrational relation, we can get a glimpse into the logic found in human experience, both existentially and historically. The logic present in the world is not an abstract logic, but a “lived logic” that gives meanings that can be grasped only by embodied humans.³⁹ Despite changes in the historical perspectives and in the representative historical figures (the monster, the incorrigible, and the masturbator), this lived logic is precisely what grounds the historical search for the meaning behind the abnormal, including the continual tie of the abnormal to the perceptions of the rational and the nonrational.

Due to the accessibility of the abnormal, Merleau-Ponty is then able to gain insight into the complexities found in many disorders in the *Phenomenology of Perception*. Here we will look at the disorder of schizophrenia as an example to illustrate the phenomenological patterns of the abnormal. For people with schizophrenia, a fragmentation occurs in their mental lives such that on top of reality is a layer of fantasy. This added layer does not replace objective reality, nor do the objects of the real world disappear, but it gives reality a new signification. When one experiences hallucinations, one can still cross a room, avoiding the furniture and objects on the floor, because the hallucinations are on top of the already perceived reality.⁴⁰ Merleau-Ponty concludes that “hallucination and perception are modalities of a single primordial function . . . because reality itself is reached for by the normal subject in an analogous operation” to the abnormal subject.⁴¹ Both experiences, hallucinatory and perceptual, come from the same pattern of human experience because we perform an analogous task of drawing on the nonrational, primordial function of the human to engage with the world.

In terms of the rational and the nonrational, we find that the reliance on the nonrational is present in both cases of perception and hallucination, but that the patient with schizophrenia is not regulating the nonrational by the rational in the proper ways. This explanation still uses the terms “rational” and “nonrational” not to produce another division but to show the complexity of the experiences. Here, even in strange behaviors, the rational is still present for the patient because the experiences make sense and have valid reasons for the person. What differs is that application of the rational is broken because it is disconnected from the actual world: “The falsehoods of mentally disturbed individuals are not themselves deceiving; there is always something positive in their vision which serves to ground their actions.”⁴² There is always some structure of the world “around which the mentally ill organize their behavior,” as Talia Welsh explains, for hallucinations are best understood as “‘like’ our perceptions but false” and as containing a similar meaning or sense in them.⁴³ It makes sense, for example, for patients to speak to someone who appears to them in a hallucination because the patient feels that the person is present at least in some way.⁴⁴

Phenomenologically speaking, abnormal behavior found in a hallucination is an experience of a fantastical reality, as represented by the nonrational, which organizes itself around a positive structure, often represented by the rational. The best way to understand the behavior is

in the way the rational and the nonrational are related to each other and manifest themselves as a relation within behavior. But, Merleau-Ponty does not stop here at the rational–nonrational relation, for, although it can be helpful to describe behavior in these terms, just as we often describe the body as an object in certain contexts and as a subject in others, he wants to move beyond these categories. In his famous hand-touching-hand example, he shows that the body can never only be an object because it is also always a subject experiencing the world.⁴⁵ The reversibility of the flesh, as it is later called, can be applied to abnormal behavior, showing that the deeper meaning can be seen only when we recognize the unity of the behavior. The behavior of a schizophrenic, for example, cannot fully be understood according to the rational and nonrational categories as we must know the intention and orientation of the person as a whole.⁴⁶ This reversibility also explains why Foucault has both the rational and the nonrational, even in their variations, present in each age because it is in their balance and unity that we find a meaning of the abnormal. Even in the contemporary times, where the priority is placed on the rational, this unity shows why elements of the nonrational cannot be forgotten but must still break through in “explosions” of madness, as Foucault describes.⁴⁷

Therefore, Merleau-Ponty shows that the drive behind the historical structures to define madness is the existential reality that madness can be understood; there is a logic and meaning to madness because of the way it relates to human experience. Further, we found that the historical presence of the rational–nonrational relation was both confirmed and transcended in the phenomenological principles because abnormal behavior displays a unity and a sense due to the integration of the rational and nonrational capacities.

Hope of Application

In addition to providing a foundation for his historical structures, Merleau-Ponty offers Foucault the opportunity of applying his theory to the world of mental health. Merleau-Ponty’s work in psychology has had a tremendous impact not only in philosophy but also in psychology because of Merleau-Ponty’s analysis of real experiences and his willingness to employ some of the nosological language of psychology.⁴⁸ By using Merleau-Ponty’s work as a point of entry, we can also make Foucault’s work relevant to the current psychological world. Foucault speaks about

many of the same conditions and disorders as Merleau-Ponty, and thus, by pairing the existential account with the historical account of a disorder, we can apply Foucault's work to specific situations.

Looking again at schizophrenia as an example, we can demonstrate the benefits of synthesizing Foucault and Merleau-Ponty's respective descriptions of the disorder (see table 5.1). In Merleau-Ponty's account of schizophrenia, as we saw above, he demonstrates how a hallucination is not an experience of an alternate reality, but an altered reality, where the objective world has a distorted subjective layer placed on top of it. Foucault's historical account of hallucinations adds another element to this feeling of distorted reality. He shows that since the classical age, hallucinations have often been intertwined with guilt because the person was seen as having an "error of mind," specifically due to an error in "physical truth."⁴⁹ Owing to the classical moral lens that we discussed earlier, the person exhibiting this error received an ethical condemnation by society. Yet even in present day, although we have hidden away this idea of moral failing, the feeling of guilt is often found in those who experience mental illness. Foucault writes:

Psychopathology might feign surprise at finding feelings of guilt [*culpabilité*] mixed in with mental illness, but they had been placed there by the obscure groundwork of the classical age. It is still true today that our scientific and medical knowledge of madness rests implicitly on the prior constitution of an ethical experience of unreason.⁵⁰

The feelings of guilt are not an accident but derive from the past historical judgment that the abnormal is rooted in an immoral relation to the nonrational. Condemnation continues to pervade the experiences of schizophrenia because, while the medical community would never speak of mental illness in ethical terms now, some of the methods still used today are designed to make the recipients feel a strong sense of culpability for their disorder.⁵¹

Although Foucault focuses on broad societal structures rather than individual experiences of schizophrenia, his description of the structures begins to make sense when they are linked to the individual. From the phenomenological descriptions, we already know the type of confusion that is felt due to the broken rational–nonrational relation evident in the behavior. With the basis of the confusion already present, we can then

Table 5.1. Schizophrenia in Merleau-Ponty and Foucault

Disorder	Brief Definition	Merleau-Ponty References	Foucault References	Present Equivalent
Schizophrenia (especially experiences of hallucinations)	A breakdown between thought, emotion, and behavior causing withdrawal from reality to fantasy; mental fragmentation, often accompanied by hallucinations	schizophrenia, PP 127, 294, 299–304, 309, 349–350, 355, 357, 359, 544n72, 551n94; hallucinations, PP 36, 150, 212, 231, 304, 308, 349–360, 551n84, 552n95, CPP 41–44, 177, 180–181, 359, 376–377	schizophrenia/psychosis, MIP 5 (including hebephrenia and catatonia), 7–8, 84, HM 201; hallucinations, MIP 48–49, HM 115–116, 132, 179, 193, 197, 201, 211–213, 239–241, 257, 277, 367–368, 619n	Related to schizophrenia spectrum disorders

Note: References refer to Merleau-Ponty’s *Phenomenology of Perception* (PP) and *Child Psychology and Pedagogy* (CPP) and Foucault’s *Mental Illness and Psychology* (MIP) and *History of Madness* (HM). The present equivalent is based on the 2013 *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-5), the national guide for all psychopathological diagnoses in the United States.

further explain the disorder through the acknowledgment of the unspoken cultural structure that condemns it and sees a moral failure in errors of physical judgment. By starting with how an individual experiences the nonrational in a hallucination through the phenomenological, we can then connect that experience of the nonrational with the historical condemnation of that behavior. Here we find a deeper analysis for the experience of the nonrational exemplified both in a feeling of nonobjective space and in the feeling of guilt. On a practical level, the hope is that when we ground the historical in the phenomenological, we then have access to both perspectives on schizophrenia; this helps us better understand the experience of the disorder and better support the person struggling.⁵²

Conclusion

To conclude, I have argued that Foucault's account of the abnormal, while persuasive, needs the phenomenological foundation of Merleau-Ponty. The societal perceptions of the abnormal are actually coming out of general truths found in human experience. The desire to define the abnormal according to our notion of the rational arises out of the existential reality that madness has meaning and connects to the logic of the lived world. The historical tension of the rational–nonrational derives from the reversibility of the flesh displayed even in disordered behavior. In other words, the phenomenological account tells us *why* abnormal behavior can be understood, while the historical account tells us *how* it plays out in present society. When we permit the phenomenological to ground the historical, we have an even greater understanding of the abnormal, which can allow us to care in better ways for those struggling with mental health.

One of the reasons that Merleau-Ponty's work offers ideal support for Foucault's account is because of the way it already opens itself up to further historical implications.⁵³ Foucault arguably fills a gap in Merleau-Ponty by offering historical accounts of the abnormal, but we must recognize that this type of exploration is already implied in Merleau-Ponty's method itself. Even at the end of the *Phenomenology of Perception*, Merleau-Ponty demonstrates the importance of history and writes rather movingly:

I am a psychological and historical structure . . . And yet,
I am free, not in spite of or beneath these motivations, but

rather by their means. For that meaningful life, that particular signification of nature and history that I am, does not restrict my access to the world; it is rather my means of communication with it. It is by being what I am at present, without any restrictions and without holding anything back, that I have a chance at progressing . . .⁵⁴

Merleau-Ponty accurately notes that it is through our awareness of being both a psychological and historical being that we can be free to be who we are, to push away the boundaries sometimes blocking our way and to progress toward greater freedom and greater understanding of the abnormal, as a shared aspect of human experience.

Notes

1. Philippe Sabot, “Entre psychologie et philosophie. Foucault à Lille, 1952–1955,” in *Foucault à Münsterlingen. À l’origine de l’Histoire de la folie*, ed. Jean-Françoise Bert and Elisabetta Basso (Paris: EHESS, 2015), 110.

2. Didier Eribon, *Michel Foucault*, trans. Betsy Wing (Boston: Harvard University Press, 1992), 42, 48.

3. Jean-François Bert, “Retour à Münsterlingen,” in Bert and Basso’s *Foucault à Münsterlingen. À l’origine de l’Histoire de la folie*, 14.

4. To further investigate the way Foucault supports Merleau-Ponty, please see Judith Revel, *Foucault avec Merleau-Ponty* (Paris: Vrin, 2015) and Nick Crossley, *The Politics of Subjectivity: Between Foucault and Merleau-Ponty* (Aldershot: Avebury, 1994).

5. Michel Foucault, *Abnormal: Lectures at the Collège de France 1974–1975*, ed. Valerio Marchetti, Antonella Salomoni and Arnold I. Davidson, trans. Graham Burchell (New York: Picador, 2003), 325–326, 328. Although psychological practices have undergone changes, Foucault sees a consistent approach to mental health from the nineteenth century to contemporary times and calls it the “analytical consciousness of madness.” See Michel Foucault, *History of Madness*, trans. Jonathan Murphy and Jean Khalfa (London: Routledge, 2006), 169–170.

6. In this chapter, I will be using the terms “rational” and “nonrational” for Foucault’s terms “reason” and “unreason” (*déraison*) because it helps capture both Merleau-Ponty’s and Foucault’s understanding of the terms.

7. Foucault is also heavily influenced by Georges Canguilhem’s account of the normal and the abnormal found in *The Normal and the Pathological* (Brooklyn: Zone Books, 1991). See the helpful exposition of Canguilhem in the section, “The Normal and the Pathological According to Goldstein and Canguilhem,”

in Jenny Slatman's chapter 1 of this volume, "Toward a Phenomenology of Abnormality," 24–26.

8. Foucault, *History of Madness*, 181.
9. Foucault, *History of Madness*, 28.
10. Foucault, *History of Madness*, 8–21, 169.
11. Foucault, *History of Madness*, 10, 13.
12. Foucault, *Abnormal*, 56.
13. Foucault, *History of Madness*, 164–174. The practical no longer speaks with the mad and physically excludes them from "rational" society. The enunciatory is seen in a quick pronouncement of madness without need for explanation. The analytic supports judgments of madness with supposed objective claims. These intertwining and contradictory perspectives create the complicated consciousness of madness of the classical age.
14. Foucault, *History of Madness*, 120.
15. Foucault, *History of Madness*, 47, 54.
16. Foucault, *History of Madness*, 72, 86.
17. Foucault, *Abnormal*, 57–58, 326, my italics.
18. Foucault, *History of Madness*, 475, 480, 509, 511.
19. Frédéric Gros, *Foucault et la folie* (Paris: Presses Universitaires de France, 1997), 39, my translation: "la folie, totalement aliénée dans les formes du savoir, ne fait même plus l'objet d'un partage."
20. Foucault, *Abnormal*, 60.
21. Foucault, *History of Madness*, 536.
22. Jean Khalfa, "Introduction," in Foucault's *History of Madness*, xiv.
23. One problem often discussed with Foucault's account is the issue of historical accuracy. We cannot address that here, but for an excellent overview and persuasive response to the debate on Foucault's historical validity in the *History of Madness*, see Colin Gordon, "Rewriting the History of Misreading," in *Rewriting the History of Madness: Studies in Foucault's 'Histoire de la folie,'* ed. Arthur Still and Irving Velody (London: Routledge, 1992), 167–184.
24. Tony Schirato, Geoff Danaher, and Jen Webb, *Understanding Foucault: A Critical Introduction*, 2nd ed. (London: Sage Publications, 2012), ix. For further thoughts on Foucault's relation to phenomenology, see Gros, *Foucault et la folie*, 125–126; Hubert L. Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics*, 2nd ed., with an Afterword by and an Interview with Michel Foucault (Chicago: University of Chicago Press, 1983), 50, 161; and Todd May, "Foucault's Relation to Phenomenology," in *The Cambridge Companion to Foucault*, ed. Gary Gutting (Cambridge: Cambridge University Press, 2005), 284–311.
25. Angelos Evangelou, *Philosophizing Madness from Nietzsche to Derrida* (London: Palgrave Macmillan, 2017), 137. See also Peter Barham, "Foucault and the Psychiatric Practitioner," in Still and Velody's *Rewriting the History of Madness*, 47.

26. Words such as “perception” and “experience” are frequently used. See Jean Khalfa’s comment on phenomenological vocabulary in his introduction: Jean Khalfa, “Introduction,” in Foucault’s *History of Madness*, xx.

27. Talia Welsh, “Translator’s Introduction,” in Maurice Merleau-Ponty, *Child Psychology and Pedagogy: The Sorbonne Lectures 1949–1952*, trans. Talia Welsh (Evanston, IL: Northwestern University Press, 2010), xiii, my italics.

28. Merleau-Ponty, “Hegel’s Existentialism,” in *Sense and Non-Sense*, trans. Hubert L. Dreyfus and Patricia Allen Dreyfus (Evanston, IL: Northwestern University Press, 1964), 63. This was originally published in *Les Temps modernes* in 1946.

29. I see the “irrational” as a type of the larger notion of the “nonrational.” See my “At the Opening of Madness: An Exploration of the Nonrational with Merleau-Ponty, Foucault, and Kierkegaard,” *Journal of Speculative Philosophy* 33, no. 3 (2019): 475–488.

30. Although Merleau-Ponty uses the term “abnormal” only a handful of times in *Phenomenology of Perception*, he does use the term “normal” quite often in order to show the contrast between the normal and the psychopathology. I employ “abnormal” in this contrasting sense to the “normal” and am especially concerned with its relation to experiences of madness.

31. Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Donald A. Landes (London: Routledge, 2012), 305, translation slightly altered; French: Merleau-Ponty, *Phénoménologie de la perception* (Paris: Gallimard, 1945), 345.

32. See William Hamrick’s helpful article on Merleau-Ponty’s use of normal and the abnormal: “Language and Abnormal Behavior: Merleau-Ponty, Hart and Laing,” ed. Keith Hoeller, *Merleau-Ponty and Psychology, A Special Issue from the Review of Existential Psychology and Psychiatry* 18, nos. 1, 2 & 3 (1982–1983), 181–203.

33. Merleau-Ponty, *Phenomenology of Perception*, 299.

34. Merleau-Ponty, *Phenomenology of Perception*, 59.

35. M.C. Dillon, *Merleau-Ponty’s Ontology* (Bloomington: Indiana Press University, 1988), 4.

36. Dillon, *Merleau-Ponty’s Ontology*, 6.

37. Merleau-Ponty, *Phenomenology of Perception*, lxxxiv.

38. Merleau-Ponty, *Phenomenology of Perception*, 341.

39. Merleau-Ponty, *Phenomenology of Perception*, 50.

40. Talia Welsh, *The Child as Natural Phenomenologist: Primal and Primary Experience in Merleau-Ponty’s Psychology* (Evanston, IL: Northwestern University Press, 2013), 43.

41. Merleau-Ponty, *Phenomenology of Perception*, 358, his italics, translation slightly modified; French: Merleau-Ponty, *Phénoménologie de la perception*, 400.

42. Merleau-Ponty, *Child Psychology and Pedagogy: The Sorbonne Lectures*, 177.

43. Welsh, *The Child as Natural Phenomenologist*, 43.

44. Patients can often distinguish between an actual person and an imaginary person, even if they continue to interact with the imaginary person in their hallucinations. See Susan Bredlau's excellent analysis of this phenomenon in the final section, "Schizophrenic Hallucination," of her chapter, "The Abnormalcy of 'Normalcy': Merleau-Ponty, Russon and the Normativity of Experience," in this volume (90–94). She explains, "For a person with schizophrenia . . . the hallucinatory aspects of experience are as, if not more, absorbing than the perceptual aspects of her experience even after these aspects have been explicitly identified as hallucinatory . . ." (91). Also, see Merleau-Ponty's discussion, *Phenomenology of Perception*, 349–360.

45. Merleau-Ponty, *Phenomenology of Perception*, 94.

46. One of the best examples of this is found in Merleau-Ponty's extended discussion on the disorders of the patient Schneider. It is only by recognizing how the dysfunction affects him as a whole that his behavior makes sense. See the excellent discussion on Schneider in the section, "The Case of Schneider: Merleau-Ponty's Dynamic Conception of Embodiment," in the Introduction to this volume by Talia Welsh and Susan Bredlau (2–9). For Merleau-Ponty's discussion, see *Phenomenology of Perception*, 105–140, 157–160, 174, 201–202.

47. Foucault has a notion of the flesh as well and, although it arises out of a different context than Merleau-Ponty's, it also aims to provide a unity to human experience. The complementarity between Merleau-Ponty and Foucault on the idea of the flesh is best seen in John Carvalho's article demonstrating how their two conceptions—Merleau-Ponty's ontology of the flesh and Foucault's genealogies of the flesh—are a folding over of one another, pointing to different aspects of the same reality. See John Carvahlo, "Folds in the Flesh: Merleau-Ponty/Foucault," in *Rereading Merleau-Ponty: Essays Beyond the Continental-Analytic Divide*, ed. Lawrence Hass and Dorothea Olkowski (Amherst, NY: Humanity Books, 2000), 308–309.

48. A sampling of the most recent work includes: Eric Matthews, *Body-Subjects and Disordered Minds: Treating the "Whole" Person in Psychiatry* (Oxford University Press, 2007); Shaun Gallagher, *How the Body Shapes the Mind* (Oxford: Oxford University Press, 2005), 244–246; Andrew J. Felder and Brent Dean Robbins, "A Cultural-Existential Approach to Therapy: Merleau-Ponty's Phenomenology of Embodiment and Its Implications for Practice," *Theory & Psychology* 21, no. 3 (2011); Matthew Broome et al., *The Maudsley Reader in Phenomenological Psychiatry* (Cambridge: Cambridge University Press, 2012); Louis A. Sass, Jennifer Whiting, and Josef Parnas, "Mind, Self and Psychopathology: Reflections on Philosophy, Theory and the Study of Mental Illness," *Theory & Psychology* 10, no. 1 (2000); Scott D. Churchill and Frederick J. Wertz, "An Introduction to Phenomenological Research in Psychology: Historical, Conceptual, and Methodological Foundations," in *The Handbook of Humanistic Psychology: Theory, Research and Practice*, 2nd ed., ed. Kirk J. Schneider, J. Fraser Pierson and James F. T. Bugental (Los Angeles: Sage Publications, 2015), 275–296.

49. Foucault, *History of Madness*, 241.

50. Foucault, *History of Madness*, 91. French: Foucault, *Histoire de la folie à l'âge classique* (Paris: Gallimard, 1972), 127.

51. Foucault, *History of Madness*, 463–511. The methods, for example, of the famous reformers Samuel Tuke and Philippe Pinel to manipulate guilt in their patients have in turn influenced practices used today.

52. For an excellent example of how to bring these perspectives together in relation to schizophrenia, see Louise Phillips, *Mental Illness and the Body: Beyond Diagnosis* (New York: Routledge, 2006).

53. While Merleau-Ponty's work on history was prematurely cut short, it still points to the necessity of including the historical element in our understanding of the human. His interest in history is seen in his *Adventures of the Dialectic*, trans. Joseph Bien (Evanston: Northwestern University Press, 1973) and other later works. If he had lived longer, many scholars argue that he would have continued to pursue the impact of history on human experience. Foucault, in his own way, carried on this project through his detailed philosophical explorations of history.

54. Merleau-Ponty, *Phenomenology of Perception*, 482–483.

