Foucault and the Care of the Self: Educating for Moral Action and Mental Illness

Laura K. Kerr
Los Altos, CA

According to the World Health Organization (WHO), depression is a worldwide epidemic. It is believed to be the fourth leading cause of disability, outranking diseases such as iron-deficiency, alcoholism, and chronic pulmonary disease. Manic depression is ranked sixth as a cause of disability, despite that only 2-5 percent of the population is believed to have the affliction. The prevalence of these diseases is predicted to worsen. By the year 2020, it is estimated that the *devastation* caused by depression, which is defined in terms of the number of years lost to death or disability, will be surpassed only by heart disease. Today, one in five persons is estimated to meet the criteria for clinical depression in her or his lifetime.[1]

Despite these ominous statistics, only a third of the persons assumed to suffer from mood disorders receive medical treatment. Often this is attributed to the stigma of having a mental illness, notably the fear of rejection by family, friends, and coworkers and the self-loathing that occurs with beliefs that one is abnormal in relation to society's normative standards and to who one once was. Education is considered the strongest tool against both forms of stigma, although most efforts focus on the biological origins of mental illness rather than on the patient who feels alienated from both herself and others.

Nevertheless, there are efforts to educate patients for living productively with mental illnesses, as observed in the use of mood charts that I will discuss later. Typically, pedagogical practices directed toward the individual, such as those developed by the National Depressive and Manic Depressive Association (NDMDA), focus on controlling mood swings by interpreting behaviors, thoughts, and emotions according to illness symptomatology, by developing supportive relationships with caregivers and medical health care providers, and by directing efforts to reemerge as one's supposedly true self and as a viable member of society. Stigma is recognized as a real threat to these objectives, yet it is assumed that with the interpretation of psychical pain as a medical disease, the newly diagnosed will rid themselves of any guilt or shame they might feel for being different, anomalous, or possibly, abnormal.

The purpose of this essay is to examine the individual's use of patient education to escape stigma. This is accomplished through an exploration of the interrelatedness occurring between education for moral action — what Michel Foucault associated with the continual formation of the ethical subject — and education for scientific representations of psychical pain as disease. Together, they illuminate why a biological model of psychical pain sometimes contributes to the alleviation of stigma for having a mental illness. The foundation for this discussion is Foucault's genealogy of the moral precept, "to know oneself is to care for oneself" and its relation to present practices for self-formation as mentally ill.

Foucault and the Ethical Subject

Foucault's final works began with the formulation of two questions: "How have certain kinds of interdictions required the price of certain kinds of knowledge about oneself?" and "What must one know about oneself in order to be willing to renounce anything?"[2] In Foucault's efforts to address these questions, he identified practices for self-formation as the *ethical subject*. Foucault used the concept of the ethical subject to describe our continual processes for emerging in ethical action. According to Foucault, the ethical subject is "a process in which the individual delimits that part of himself that will form the object of his moral practice, defines his position relative to the precept he will follow, and decides on a certain mode of being that will serve as his moral worth."[3] For Foucault, emerging in the present as the ethical subject requires understanding how discourses assist us to avoid bad habits, conquer fears, and "unlearn" the past for the purpose of self-cultivation.[4] Foucault took the position that there are no essences of the self that might answer these questions, only continual efforts to govern oneself and engage in moral action.

According to Foucault, moral action occurs through *technologies of the self*, which he defined as the operations available for self-formation through daily praxis, discourse, and institutional arrangements that assist in the transformation of the self into the desired ethical subject. Technologies of the self, he stated, "permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies, thoughts, conduct, and way of being so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (*TS*, 18).

Foucault emphasized that our technologies of the self are methods for becoming rather than recovering a lost self. This is contrary to conceptions of the psyche dominant since the first part of the twentieth century, particularly since the work of Freud, which assumed a hidden truth for all human behavior — an attitude which has been reproduced through therapeutic efforts for revealing the lost, foundational self. Observing this legacy, Patrick H. Hutton remarked: "Our conception of the psyche…has been sculpted by the techniques that we have devised to probe its secrets, to oblige it to give up hidden knowledge that will reveal to us the truth about who we are."[5] For the modern psyche, remembering is a tool to recall "originary" experiences. In contrast, Hutton observed that Foucault took the position that "past experiences…do not shape us irrevocably, as Freud believed. Rather, we continually reshape our past creations to conform to our present creative needs."[6]

There is nothing with which our present experiences can be identical, including our present selves. Each day we begin anew. We change through our remembrances of past events and our formulation of new meanings for present experiences. But we also remain the same. Memories are ensured constancy through our acts that reinforce their repetition, and through repetition, we avoid their cessation and replacement with different attunements and new ways of regarding past events. Consequently, we avoid forgetting certain memories through practices for continually remembering, and through this process, time and again, we become anew as we once were. Foucault similarly stated in his remarks on the role of texts in self-formation that "one does not rediscover a truth hidden deep within oneself through

10.47925/2001.229

an impulse of recollection; one internalizes accepted texts through a more and more thorough appropriation."[7]

Rather than searching for a lost, foundational self, Foucault directed his energies toward retracing the historical development of present practices for continual self-formation. He identified two historical periods as dominated by the precept, "to know oneself is to care for oneself:" the Greco-Roman culture of the first and second centuries AD and the ascent of Christian asceticism of the fourth and fifth centuries AD. Foucault believed that through the inversion of this moral precept, the modern conception of the self, and our interpretation of self-knowledge as moral action, have resulted.

Both the philosophy of Greek antiquity and the doctrine of Christian asceticism emphasized self-knowledge as a moral principle, although for the Greeks, the care of the self preceded self-knowledge, while for the Christians, self-knowledge was of the foremost importance. Foucault identified an inversion in the role of self-knowledge between these periods from the Greek concern for the self and living the good life — for which self-knowledge was necessary for their occurrence and reproduction — to the Christian commitment to know oneself for the purpose of renouncing oneself in the care of the soul, and equally importantly, in the reproduction of Christian dogma.

Foucault's interpretation of "to know oneself is to care for oneself," is a plausible portrayal of the changing role of self-knowledge for moral action, although I must briefly caution against positing distinct eras in moral history. As far back as the second century, the self-renunciation characteristic of Christian asceticism was recorded. Consider the following description of melancholia given by Plutarch:

> He looks on himself as a man whom the Gods hate and pursue with their anger….[H]e dares not employ any means of averting or of remedying the evil, lest he be found fighting against the gods…. He sits out of doors, wrapped in sackcloth or in filthy rags. Ever and anon he rolls himself, naked, in the dirt confessing about this or that sin.[8]

Plutarch's account of melancholia suggests that a Christian morality organized the penitent's affliction. This may be thought to challenge Foucault's distinction between Greek and Christian morality, implying a more fluid relationship between their moral epochs than Foucault's philosophy admits. However, the presence of the penitent is necessary for the verification of moral themes by indexing the norm and declaring what it is not.

Rather than challenging the dominant moral precept, the penitent contributes to its production. As Georges Canguilhem remarked, "every preference for a possible order is accompanied, most often implicitly, by the aversion for the opposite order."[9] It is as a dialectic, an inversion in form from "to care for oneself one must know oneself," to "one must know oneself, in order to renounce oneself," that I find particularly interesting in Foucault's work. His interpretation of "inversion" recognizes the constant tension of the discourses that organize our practices and the resiliency of practices that often continue across epochs even when their ascribed meanings continually change. I will discuss this phenomenon with regard to the writing practices of both Greco-Roman culture and Christian asceticism.

10.47925/2001.229

The concern to take care of oneself reflected the Greeks' commitment to good citizenry, wisdom, truth, and the perfection of the soul. Reaching and maintaining these commitments required technologies of the self, which Foucault associated with the Stoic techniques of *askesis*, or activities for thought. Through their repetition, the self was remembered rather than revealed. Memorization, meditation, and self-examination were all forms of *askesis* used to continually become the ethical subject. Through *askesis*, "true and rational" principles organized thought, action, and emotions — particularly as a defense against the unforeseeable, the misfortunate, and the endurance of *pathos*.

A noted practice of *askesis* was in the form of the *hupomnemata*, a book commonly used by the Greeks for self-writing and as a memory aid in which remembering was a tool for examining daily practices, measuring them against expectations, and using one's observations for the betterment of one's actions in the future. The *hupomnemata* was neither a book for memorization nor a "substitution when recollection might fail."[10] Instead, it was a tool for reading and rereading in order to know oneself in the service of caring for oneself and developing proper relations with oneself and others. Quoting Foucault:

> It is a matter of constituting… an equipment of helpful discourses, capable… of elevating the voice and silencing the passions like a master who with one word hushes the growling of dogs. And for that they must not simply be placed in a sort of memory cabinet but deeply lodged in the soul, 'planted in it,' says Seneca, and they must form part of ourselves: in short, the soul must make them not merely its own but itself.[11]

The *askesis*, as practices used to gain mastery over oneself for the purpose of being prepared for future outcomes, are not unlike psychiatric discursive practices used today to prevent future episodes of mental illness. Both through administering medications and educating the patient about the symptoms of disease, the patient learns practices for anticipating the recurrence of illness as well as practices for avoiding it, and in the process of self-formation the individual becomes the patient and self-acknowledgedly mentally ill.

Escaping the *pathos* of mental illness requires establishing a vigilant stance against the potential for its recurrence in the future. Vigilance is necessary for continually organizing experiences according to the symptomatology of disease and the perpetual possibility of the illness's return. For example, Mike Wallace took a guarded stance toward himself when looking for the possibility of depression in his thoughts, behaviors, and emotions, while anticipating the return of himself that he rejected as abnormal and ill:

> The effects of it diminished, and diminished, and diminished, but you know that you've had it for a couple of years. At least, I found that is true of me. I don't know that you're ever back totally to normal, because you're always looking out the corner of your mind, thinking "It is laying over there someplace?" And every once in a while, you say, "Ooh, wait a minute, is this the depression coming?"[12]

These premonitions became warning signs for Wallace when he experimented with stopping medications prescribed to treat his depression. Once the diagnosis and treatment were in place, the proximity to depression became measured in relation to the medications and the implicit understanding that to avoid illness, disease must be treated repetitively and chronically: "I still take [a very small dose of] a very, very

10.47925/2001.229

mild antianxiety, antiwhatever. The last two summers, I tried to kick it. After a while, I began to get those warning signs of depression, and I said, 'It's not worth it.'"[13] Wallace's manipulation of his medications is an example of one of the principle acts associated with *askesis*: testing one's knowledge. According to Foucault, *askesis* includes "exercises in which the subject puts himself in a situation in which he can verify whether he can confront events and use the discourses with which he is armed. It is a question of testing the preparation. Is this truth assimilated enough to become ethics so that we can behave as we must when an event presents itself?" (*TS*, 35-36).

Similar to the Greco-Roman practices for the care of the self, Christian asceticism enforced the moral precept to know oneself through the repetition of accepted discourses and conceptions of truth. The significant difference was Christianity's use of "true and rational" discourses for practices of self-renunciation and maintaining the authority of the Church. Foucault recorded that "the duty to accept a set of obligations, to hold certain books as permanent truth, to accept authoritarian decisions in matters of truth, not only to believe certain things but to show that one believes, and to accept institutional authority are all characteristics of Christianity" (*TS*, 40). Upholding this duty required, first and foremost, an individual to know himself. Thus, according to Christian asceticism, self-knowledge was an opportunity to rid oneself of the part of oneself that was sinful for the purpose of reaching a higher reality, while for the Greeks, self-knowledge was a tool for accessing the present reality.

Christianity is both a salvation religion and a confessional religion. The individual must know what part of himself interferes with access to the next level of reality. He must have the capacity to renounce that part of himself which interferes with his salvation. Through confession, the penitent could renounce himself, but only first by knowing his transgressions. In this way, self-knowledge became inseparable from the possibility of salvation. As Foucault observed, "the acts by which he punishes himself are indistinguishable from the acts by which he reveals himself" (*TS*, 42).

Self-renunciation required establishing specific attitudes toward the self as the object of others' awareness. It involved practices produced through relations with others in which the individual was obligated to put others before himself, bear public or private witness against himself, and reject himself for the purpose of "replacing" himself with a self closer to the ideal worthy of salvation. By putting others before himself, the emphasis was placed on seeking appropriate relations with others rather than with himself; by bearing public or private witness against himself, he placed himself in the position of being judged; and, by having the capacity to reject himself, he always had the capacity to begin anew. To continually maintain these self-relations required becoming self-aware as if one was the object of others' judgments, thereby maintaining a constant vigilance over oneself, protecting oneself from sinful thoughts and behavior while simultaneously identifying oneself as the object to renounce.

The practice of formulating self-knowledge through the attitudes attributed to others is evidenced in the Christian practice of self-writing used as a "safeguard

10.47925/2001.229

against sinning," in which recording one's thoughts and actions was done for an imagined audience whose suggested presence could induce shame for any impure thoughts, thereby controlling any sinful impulses that might arise from them. Foucault cited Athanasius as one who exalted the practice of self-writing for the ascetic life:

> Let this observation be a safeguard against sinning: let us each note and write down our actions and impulses of the soul as though we were to report them to each other; and you may rest assured that from utter shame of becoming known we shall stop sinning and entertaining sinful thoughts altogether.[14]

Writing was thus attributed with controlling impulses and checking emotions and beliefs by placing the writer in the position of being judged; anything written could become a source of shame. Indeed, simply through the commitment to write, one anticipated the possibility of judgment and hence shame for one's thoughts or actions.

Foucault claimed the Christian moral precept to know thyself dominates our moral actions today, observing "our morality, a morality of asceticism, insists that the self is that which one can reject" (*TS*, 22). He believed we inherited Christian moral principles along with a social morality that seeks the rules for acceptable behavior in relations with others.

We also see similarities with the Greek emphasis on the care of the self, especially since the eighteenth century and the emergence of the human sciences, the social principles they inspire, and the pedagogical institutions that ensure the repetition of their knowledge in daily practices. The human sciences have also altered the legacy of Christian asceticism such that we no longer commit ourselves to the practice of knowing ourselves for the purpose of self-renunciation; rather, as Foucault observed, the purpose today is "to use [scientific discursive practices] without renunciation of the self but to constitute positively, a new self" (*TS*, 49). This takes the form of repetition of acts associated with the ethical subject while rejecting and avoiding parts of the self that interfere with moral action.

Today, the influence of the moral precept, "to know oneself is to care for oneself," is seen in the psychiatric ordering of self-formation practices according to the dialectic of the *normal* and the *abnormal*. Distinguishing between the normal and the abnormal is one of the most powerful techniques a person has at her disposal for becoming well and avoiding *pathos*. It is a fulcrum for other illness management practices such as taking medications, interpreting oneself through symptomatology, and charting moods' duration and intensity. When successful, a conception of certain acts and thoughts as abnormal is used to understand suffering as disease. The individual learns to order her self-assessments according to the symptomatology of disease, and possibly more important, she learns to construct a sense of self that is normal and opposing to what she learns to identify as her abnormal, pathological self.

An example of the generative production of the abnormal-normal dialectic is the pedagogical practice of mood charting presently encouraged by mental health care providers as adjunct treatment for mood disorders. Mood charts are used to tabulate

10.47925/2001.229

the interdependence between what are identified as mediating factors of mood disorders such as medications, daily events/life stresses, and the variability and intensity of moods. One psychiatrist identified mood charts as

> invaluable information about seasonal and premenstrual patterns of moods, psychological and biological correlates of mood swings, and responsiveness to treatment, including possible worsening of illness due to treatment (for example, increased cycling induced by antidepressant therapy).[15]

Like didactic relationships with mental health care providers, mood charts are a discursive practice and technology of the self for emerging as the desired ethical subject. Mood charts are designed as daily self-assessment tools used to monitor mental status, which when reviewed with the physician, may lead to altering or changing medications if the individual failed to generatively produce the desired characteristics associated with being mentally well and "normal." Mood charts place the burden on the patient to identify, monitor, and avoid life events which may interfere with becoming mentally well — acts which overtime may become antithetical and "abnormal" in relation to the norms of the ethical subject.

Through mood charts, as one psychiatrist observed, the patient becomes responsible for herself and gains self-control over her illness in the process:

> We have found that graphing these mood ratings is useful not only in noticing patterns of mood and treatment response but also in giving patients a sense of control, instilling a feeling of collaborative effort, and underscoring the importance of systematic observation.[16]

Similar to the Greek's use of the *hupomnemata* in the care of the self and the Christian's use of self-writing to maintain an attitude of self-renunciation, mood charts reflect present moral principles, particularly the commitment to self-improvement through scientific discursive practices and the obligation to identify and reject certain parts of oneself in relation to psychiatric norms. Thus, psychiatry may be an escape from self-loathing for being a "bad" person, although, as Canguilhem observed, no longer is the sick person a "bad boy," but rather a "poor land" that is bad due not to moral fault but to physical constitution.[17] As one woman emphatically stated, "*I am not crazy, or bad, or lacking in faith or in discipline. I have a disease. It is called depression.*"[18]

This is not an uncommon view. For many, getting a diagnosis of mental illness is a *way out* of stigma:

> [getting diagnosed] was a great relief. I said, "You mean there is something wrong with me. It's not some sort of weird complex mental thing." I was like tying myself up in knots trying to figure out what strange mechanism in my mind was producing unhappiness from this set of circumstances....It's like, "No, you're sick!" (sigh) There was an enormous relief.[19]

Yet, psychiatry may also detract from attempts to emerge as the ethical subject. For some, acquiring a psychiatric diagnosis and treatment is as painful and destructive as the pathos of depression or mania, potentially reinforcing the spiral of habits, beliefs and shameful self-conceptions standing between who one is and who one wants to become. Being labeled manic depressive or depressive for such a person is itself a potential origin of shame and tantamount to becoming a "bad" person in *ways* that annihilate her sense of self. Quoting one individual:

10.47925/2001.229

> If you say illness, that means there's something wrong with you…especially a psychiatric label. That means I'm defective. If you told me I was diabetic I wouldn't think of it as bad. That would be acceptable and I would do whatever I have to live with that. But to tell me I had a mental illness, that made me feel defective.[20]

As this testimony suggests, psychiatry is only one model for describing and treating psychical pain. Its success, no doubt, has been due to the production of a neurophysiological model of disease and administering medications based on this model. Its achievements with combating stigma originate with changes desired by individuals treated with medications, yet they arise also through the validation of social norms for what it means to have a rational, steady mind, as well as through sufferers' narratives of their pain, its alleviation, and their new-found capacity to distinguish between their "real" selves and their "abnormal" selves. Undoubtedly there are what David Karp referred to as "parallel worlds," such as religion, in which psychiatry does not hold solutions for individuals' psychical pain. The world that "works" best for the individual will be the one that aligns with her self-conceptions and perceptions of the source of her pain and what for her constitutes moral action and the ethical subject.

Undeniably, psychiatry is the standard to which other explanations and treatments of depression and mania are compared. Indeed, it is extraordinarily difficult, and exceedingly frustrating to speak of mania and depression as anything but pathologies and disease states. In most Western societies, psychiatry is monolithic in comparison to alternative approaches to conceiving and treating depression and mania. Its strength as the dominant *episteme* (knowledge) is validated by successful efforts to educate people against the stigma of irrational behavior and psychical pain through representations of their source as the biological substratum. The extent of psychiatry's influence as a discursive technology of the self, and its potential as a pedagogical tool used for eradicating the stigma of mental illness, will not, however, necessarily reflect its successes at therapeutic treatment. Also required is an understanding of the shared conceptions of moral action and the ethical subject that are possibly as mind altering as the medications used to treat psychical pain as diseases.

---

1. Joannie M. Schultz and Stacey Schrof, "Melancholy Nation," in *U.S. News and World Report*, 8 March 1999, 57.

2. Michel Foucault, "Technologies of the Self," in *Michel Foucault: Ethics, Subjectivity, and Truth*, ed. Paul Rabinow (New York: The New Press, 1994), 17. This text will be cited as *TS* for all subsequent references.

3. Michel Foucault, *The Use of Pleasure, Vol. II, The History of Sexuality* (New York: Vantage Books, 1990), 28.

4. Michel Foucault, "The Hermeneutic of the Subject," in Rabinow, *Michel Foucault*,100.

5. Patrick H. Hutton, "Foucault, Freud, and Technologies of the Self," in *Technologies of the Self: A Seminar with Michel Foucault*, ed. Luther H. Martin, Huck Gutman, and Patrick H. Hutton (Amherst: University of Massachusetts Press, 1988), 121.

6. Ibid., 137.

7. Foucault, "The Hermeneutic of the Subject," 100.

10.47925/2001.229

8. Aaron T. Beck, *Depression: Causes and Treatment* (Philadelphia: Unversity of Pennsylvania Press, 1988), 5.

9. Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1966), 240.

10. Michel Foucault, "Self Writing," in Rabinow, *Michel Foucault,* 210.

11. Ibid., 210.

12. Kathy Cronkite, *On the Edge of Darkness* (New York: Delta Publishing, 1994), 18-19.

13. Ibid., 19.

14. Foucault, "Self Writing," 207.

15. F. K. Goodwin and K. Redfield Jamison, *Manic-Depressive Illness* (New York: Oxford University Press, 1990), 734.

16. Ibid., 734-35.

17. Canguilhem, *The Normal and the Pathological,* 278.

18. Cronkite, *On the Edge of Darkness*, 3.

19. David A. Karp, *Speaking of Sadness* (New York: Oxford University Press, 1996), 73.

20. Cronkite, *On the Edge of Darkness*, 73.

10.47925/2001.229