



Ca' Foscari
University
of Venice

Master's Degree Programme
in Philosophical Sciences

Final Thesis

Making Live or Letting Die: Medicine Under the Spell of Politics

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Matriculation Number 866809

Academic Year

2020/2021

ACKNOWLEDGEMENTS

First of all, I really want to thank Ca' Foscari University: when I first arrived five years ago, I definitely was a different person. Joining the institution enriched me and it allowed me to take part to experiences that will forever stay in my heart: the Ca' Foscari Harvard Summer School, crossing acqua altas from one class to the other, the laboratories, the friendships, MARKETERS Club, and the wonderful faculty.

This is why I also want to thank Professor Pietro Daniel Omodeo, a passionate, dedicated teacher who helped me a lot during this journey.

I thank my dear friend Francesca for bearing with me during some real crazy busy times and for the chinese food binge. I cannot wait for you to be back from Belgium.

Thank you, Sally-Anne and Paul, for encouraging me to chase my dreams and for the love.

Thank you, Alessandra Tusset and Carlotta Galvan, for being the bright side of a very challenging journey.

Thank you, Elisa Massariolo, for being a wonderful professional and for reminding me to keep my head above the fog. Your help was precious to me.

I want to thank my whole family, starting from my uncle Gerardo, my aunt Elisa, and my cousins Agnese, Davide, Irene.

Ci tengo a ringraziare di cuore i miei nonni, che mi vedono sempre bravissima e bellissima, perché sono preziosissimi per me e averli nella mia vita mi riempie di gioia.

I want to thank my two sisters, Alessandra and Elena, together we make a wonderful team. Thanks to my trustworthy hairdresser and to my irreplaceable sous chef, translator, crosswords expert, and best meme sender.

I also want to thank my beautiful german shepherd, Blek, for never leaving my side while I was writing this thesis and for being a special and loyal companion.

Grazie di tutto, mamma, i tuoi abbracci sanno di amore e di riscatto, di dignità e di morbidezza, di ragù di lenticchie e di vestiti che profumano di te anche quando non li usi.

Finally, I want to thank the love of my life, Alessandro, for always being encouraging and compassionate, loyal, and capable of making me feel like I can reach anything I like.

Grazie for your playfulness, for teaching me everyday new ways to love you, and for inspiring me to never settle. Thank you for being there when you were my only hope, and thank you for being the first to cheer for my little, big achievements.

I love you and this work is dedicated to you.

Il est juste que ce qui est juste soit suivi, il est nécessaire que ce qui est le plus fort soit suivi.

La justice sans la force est impuissante; la force sans la justice est tyrannique.

La justice sans force est contredite, parce qu'il y a toujours des méchants; la force sans la justice est accusée. Il faut donc mettre ensemble la justice et la force, et, pour cela, faire que ce qui est juste soit fort, ou que ce qui est fort soit juste.

La justice est sujette à dispute, la force est très reconnaissable et sans dispute.

Ainsi on n'a pu donner la force à la justice, parce que la force a contredit la justice et a dit qu'elle était injuste, et a dit que c'était elle qui était juste.

Et ainsi, ne pouvant faire que ce qui est juste fût fort, on a fait que ce qui est fort fût juste.

Pascal Blaise, Justice Force.

Fragment 298 (Brunschvicg), Pensées

INDEX

COVER	1
ACKNOWLEDGEMENTS	3
QUOTE	5
INDEX	6-7
INTRODUCTION	9
CHAPTER 1. Surveiller et punir: what for?	
1. Fighting a whole life against vexing superstructures	10
2. Dismantling gallows, building institutions	15
2.1 The reasons behind the choice	15
2.2 An overview of the writing	16
2.3 The 'spectacle of the scaffold': manifestations of power before the 18 th century	17
2.4 From physical torture to moral salvation	19
3. Discipline: power at the gaseous state	22
3.1 Training docility in a glass-made prison	22
3.2 Controlling bodies and their activities	27
3.3 Examination of subjects as a KPI in disciplinary power	31
3.4 Panopticism	34
3.5 Prison in the era of disciplinary power	41
CHAPTER 2. Society must be defended: from what?	
1. From disciplinary power to regulatory power: racism at the root of biopolitics	45
2. Normal and pathological: medical labels becoming parameters of social value	50
3. The Clinic determines who to make live and who to let die	55
3.1 Experimenting on bodies for the sake of the next patient	55
3.2 The medical gaze as the major examination tool	59
4. The importance of psychiatry in Foucault's work	63
4.1 Madness and Civilization: the starting point of a lifetime interest	63
4.2 Disciplinary power in medicine: psychiatric power	66
4.3 The asylum as a disciplinary institution	69
4.4 A way out of the asylum: depsychiatrization	72

CHAPTER 3. Saints and miasmas: fighting the plague in Venice	
1. A curse that seemed to last forever	77
2. Drills of surveillance: the disciplinary dream of a permanent quarantine	82
3. A floating, terrible Lazzaretto in the Venetian lagoon	85
CHAPTER 4. Mental disease in San Servolo: a focus on pellagra	
1. An excruciating pain leading to madness	91
2. History of a Venetian asylum	94
3. Treatment of pellagrous patients in San Servolo	96
CONCLUSIONS	101
BIBLIOGRAPHY	102-103
LIST OF IMAGES	104

INTRODUCTION

When thinking of the potential topic of my final thesis, I could not decide between a lot of spheres: I would have loved talking about psychiatry, eugenics, class struggle, but I myself struggled to put these topics together. Then, the work of Michel Foucault, that I had briefly seen during my bachelor degree, turned out to be the turning point of this decision: this production was massive and interesting, and he connected all of these topics.

In the first part of this thesis, theoretical and explanatory, I am going to discuss the mutation of the face of power, that went from being that of a sovereign to a transparent discipline, affecting every subject in the same way. With the advent of the capitalist society, disciplinary power was both necessary and unbearable: it exacerbated the class struggle and brought disadvantages to workers, patients, students, and increased profits to those in charge of them. In addition, I saw a strict correlation between disciplinary power and the Foucauldian psychiatric power, so I felt very attracted by the ideas of Georges Canguilhem and Franco Basaglia, who both showed the fragility of the labels used by power to categorize the value of citizens. The pathological must die, the normal must be exploited until they die: this might seem an extremist view, but it is extremely accurate and the fact that our society is used to it only makes it more frightening.

Finally, I provided two examples of disciplinary power and of biopolitics in the last two chapters: the Venetian management of the plague incorporated all of these forms of power, but discipline was its foundation. The second example, on the other hand, shows how a disease affecting the poor is none of the rich's concern: the state lets the poor die, because they can be easily replaced and have no unique skills and values.

This is hard to accept, but recognizing schemata that stand beneath all of the problems of contemporary society, poverty, racism, exploitation, can be useful to improve our behavior and to make the difference.

CHAPTER 1

Surveiller et punir: what for?

“I am no doubt not the only one who writes in order to have no face. Do not ask who I am and do not ask me to remain the same: leave it to our bureaucrats and our police to see that our papers are in order. At least spare us their morality when we write”.

Michel Foucault, *The Archaeology of Knowledge*¹

1. Fighting a whole life against vexing superstructures

Little is known about Paul-Michel Foucault’s early years, and he would be glad of this fact: the French philosopher and historian, born in Poitiers on October 15, 1926, spent all of his life detaching his own persona from the young boy his parents molded. Though, digging into the origins of this exceptional scholar can be very useful to understand where his interest in certain subjects sparked from so vividly.

Paul-Michel Foucault, known mainly as Michel Foucault, tried very hard to hide his privileged background: his parents were very rich, and both his father and his grandfather were successful surgeons in the city of Poitiers, in central-western France.

He received an average upper-class education; he attended the élite Jesuit institutions, and he also was an altar boy during his youth. As one could easily imagine, Foucault’s parents wanted him to become a doctor to follow the lucky family lineage.

He felt very constrained by the surrounding milieu, and he grew up feeling distressed to the point he started harming himself during his adolescence².

After some struggles, Foucault started attending the École Normale Supérieure in Paris, one of the best universities in France, in 1946, where he studied philosophy and then psychology.

He decorated his university bedroom with scenes of torture etched by the Spanish painter Francisco Goya (1746-1828) belonging to the *Disasters of War* cycle, and he fought against suicidal thoughts so much that he attempted to take his own life when he was only twenty-two years old.

¹ Foucault, M. (1972). *The archaeology of knowledge*. London: Tavistock Publications: 17.

² The School of Life, [Article](#) on Michel Foucault

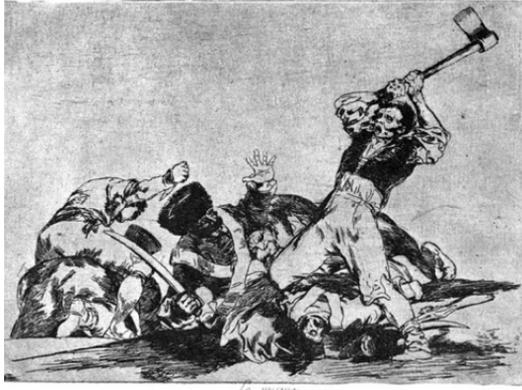


Figure 1. A piece from the “Disasters of War” series by Goya.

For this reason, he was forced by his father, Paul Foucault, to see France’s most famous psychiatrist at the Hôpital Sainte-Anne in Paris, Doctor Jean Delay.

Delay thought the main source of this inconsolable distress was the forced repression from a bigot and censorious society of Michel’s homosexuality together with his interest in extreme sadomasochism. He became part of the underground gay scene in France, and he fell in love with a drug dealer: he experimented with drugs and then he took up with a transvestite.

After graduating in 1952, he taught at Lille University, progressing the academic ladder. The following year, at 27 years old, Foucault was on holiday in Italy with a lover when he experienced a seismic event in his intellectual life: he came across Nietzsche’s *Untimely Meditations*, an oeuvre made of four essays, and he was struck by the essay named *On the Uses and Disadvantages of History for Life*. Nietzsche claimed that historicists ruined history by making it boring, and nothing more than a void timeline of past events, a mummified end in itself with nothing to teach. On the contrary, history is capable of giving people access to interesting ideas, concepts, and examples that can help them lead a better-informed life in the present. For this reason, Foucault decided to focus on these subjects in his research, becoming a philosophical historian.

He spent five years (1955-1960) as a cultural attaché in Sweden in Uppsala, in Poland in Warsaw, and finally in Hamburg in Germany; he also felt like his sexuality was far less constrained in these countries³.

From 1960 to 1966, the philosopher taught at Clermont-Ferrand, and in 1961 he published his first masterpiece, *Madness and Civilization*. The book is an acute reasoning on the differences between the treatment psychiatric patients receive in the present and those belonging to the past. In particular, Foucault praises the Middle Ages approach: the

³ Faubion, J. (2021, October 11). *Michel Foucault*. *Encyclopedia Britannica*.

so-called *mad* was seen as the harbinger of respectable knowledge, not inferior, just different. Moreover, they were allowed to move freely and to wander around with no restraints or signals, raising curiosity and admiration in scholars that were trying to delineate the limits of the human mind. Things changed from the 17th century on, when the medicalized approach claimed that these people had to be cured in specific structures and normalized rather than just being tolerated. They started being abducted from society, sterilized, and they were confined in terrible buildings where they would undergo experimental treatments all day long.

In 1963, Foucault published *The Birth of the Clinic: An Archaeology of Medical Perception*, a historical analysis of the relationship between patients and physicians from the French Revolution on.

In this oeuvre, the author creates one of his work's milestone concepts, the so-called medical gaze: this is a dehumanizing attitude that sees the patient as an organs ensemble rather than a unique living and thinking system, objectifying the person, and reducing it to a diseased lab rat that will help the doctor becoming more skilled for the next – and possibly richer – patients. Doctors are doctor-oriented, they try to stand out in front of other colleagues and practitioners, and they are definitely not patient-oriented: medicine, therefore, creates an abusive power structure, in which biomedicine is far more important than the patient's holistic wellbeing, and their body is used for research forgetting about their fears and emotional needs⁴.

Foucault finally started gaining attention with the release in 1966 of *The Order of Things: An Archaeology of Human Sciences*, a book in which he stated that every historical period has its own episteme that determines what is true and acceptable about a certain subject. This is particularly very true when determining concepts like health, normality, sickness, deviance, weakness: they may seem monolithic truths, but they are very volatile and change across time and space. In the same year, Foucault moved to teach at Tunis University in Tunisia and his chair ended in 1968: he was not part of the student riots in Paris, but he has always been an activist.

In 1969, Foucault released *The Archaeology of Knowledge*, which focused on the organization of systems of thought and knowledge: both follow some rules that flow beneath the individual's consciousness, and they heavily influence language and the

⁴ Misselbrook D. (2013). Foucault. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 63(611): 312.

usage of words. Specifically, the archaeology of knowledge is the analytical method used by Foucault in his writings in 1961, 1963, and 1966, where he looked for the origins of structures and historical narratives regulating society.

After a brief tenure as the director of the philosophy department, Foucault was awarded a chair in the history of systems of thought at Collège de France in 1970, the most prestigious postsecondary institution in the country; there, he conducted very intensive research⁵. From 1971 to 1984, Foucault published several works.

In 1975, *Discipline and Punish*, an analysis of the many faces of power, was released: power looked horrific and violent in the past and people used to react to its cruelty, but nowadays everything regarding justice and convicts' sentences happens behind the prison's closed doors, making it impossible to riot and to resist state power.

The Foucauldian fundamental concept of discipline emerges in this volume, showing how power stopped being visible and subjugating due to its transformation into a subtle and continuous observation of every single individual. Discipline deconstructs the idea of the mass by reducing it into a multitude of lonely, fearful and repressed gears unconsciously trapped in the wheels of power, of subjects transformed into objects.

In the period between 1976 and 1984, Foucault published numerous essays and three volumes out of four of *History of Sexuality*, a discourse on the history of western sexuality and a nostalgic comparison to sex in ancient Rome, China, and Japan. The contrast between the two ways of living sexuality is abyssal: the pleasure coming from sex was the main focus of these ancient civilizations, while in the present sex is not immune from the lens of the medical gaze, which made it extremely medicalized and more restrained from a moral point of view.

Foucault traveled a lot during his whole life, and he spent extended periods in Brazil, Japan, Italy, Canada, and the United States. He was very fond of Berkeley and the San Francisco Bay Area, and he has been a visiting lecturer at Berkeley University for several years⁶. He loved dressing in black and white and shaving his head, and his favorite meal was a good club sandwich with a Coke, shocking France for the umpteenth time.

Unfortunately, Michel Foucault died in 1984 leaving his fourth volume of *History of Sexuality* incomplete due to septicemia typical of AIDS, the disease he contracted in a gay bar in San Francisco. Foucault still is extremely important thanks to his everlasting

⁵ Faubion, J. (2021, October 11). *Michel Foucault*. Encyclopedia Britannica.

⁶ The School of Life, [Article](#) on Michel Foucault

contributions on issues that troubled him personally, like emotional suffering, exclusion, sexuality, and to his catchy writing style. He recognized biopolitics as the basic principle of the modern welfare state, that chooses who to make live and who to let die. Faubion also argues that Foucault replaced Vladimir Ilich Lenin's question "what is to be done?" with a much deeper and concrete one: "What, in a given situation, might be done to increase human capacities without simultaneously increasing oppression?"⁷.

Foucault's biography is strictly bound with his exceptional works: these were the sweet medicine that helped him go through depression and unease, and they must be taken into serious consideration because they provide a very clear analysis of the past and modernity, creating an everlasting dialogue between different spaces and times, full of erudition and precious examples and references.

In this first chapter, I am going to discuss in-depth one of his greatest works, *Surveiller et Punir: Naissance de la Prison*, first published in 1975. This will allow me to tackle the Foucauldian concept of discipline, essential to understanding why 'commoners' not belonging to the scientific community tend to obey laws and provisions they do not understand or approve, despite being their direct object of interest and action. Disciplined individuals are also essential to give power, and therefore authority, to the Foucauldian medical gaze, which will be the main focus of discussion in the next chapter.

2. Dismantling gallows, building institutions

2.1 The reasons behind the choice

Foucault's literary opus is extremely complex and articulated: almost all the courses he taught during his career became books, and he also wrote original masterpieces throughout his intense years of activity. The philosopher was very interested in the dynamics that revolve around power, so he dedicated a large portion of his output to the many nuances of this vast topic. In this chapter, I am going to concentrate mainly on the disciplinary aspect of power introduced in *Surveiller et Punir*; though, as I will prove in the next pages, power is a very organized device that springs from the synergy between discipline and biopolitics, so it is very hard to talk about power splitting the two branches since they are bound, indissoluble, and they continuously recall each other.

⁷ (Faubion, J. (2021, October 11). *Michel Foucault*. Encyclopedia Britannica.

It is, therefore, inevitable to deal with biopolitical matters even when the main focus is disciplinary power. Indeed, the individual-level disciplinary techniques complement biopolitical interventions on the population as a whole.

Before analyzing in-depth the path that gave birth to discipline, let me briefly introduce what the other side of power is about. It is first of all necessary to clarify the difference between biopower and biopolitics: the two lemmas are often perceived as interchangeable, but they are not. On the one hand, biopower is theoretically oriented toward the good of the whole population, and it is manifested in the 'cultivation' of the life of citizens through state interventions regarding some specific issues and matters.

Biopower is also the ability of a sovereign or state to make someone live or, on the contrary, let him die, depending on a variety of factors that we will see throughout this thesis, like usefulness to the community, productivity, prestige.

On the other hand, biopolitics is the set of specific measures and devices that allows the state to pursue this larger project, that is to say, the cultivation of its citizens' life, just as they please⁸.

Let us now focus on *Surveiller et Punir: Naissance de la Prison*.

2.2 An overview of the writing

The book, first published in 1975 in Paris, is articulated into four big sections:

torture, punishment, discipline, and prison. At a first glance, it might be hard to see how the birth of the prison, the subtitle of the oeuvre, might be linked to individual discipline. Everything starts fitting into place while coming across the various sections, in which the author clearly states that the main goal of his work is showing the shifts that regarded power and its nature from the Middle Ages to the present: originally heavily portrayed and garish, modern power evaporates in a mist and becomes imperceptible and ubiquitous, just like an infectious disease.

What is immediately striking is the continuous conflict between the two sides of power: between sovereigns and subjects, executioners and criminals, teachers and children, guards and convicts, physicians and patients. A multiplicity of individual subjects is

⁸ Foucault, M. (1978) *The History of Sexuality Vol 1: An Introduction*. Trans. R Hurley. New York: Random House in Hannah, M.G., & Schemann, C. (2020). Thinking Corona measures with Foucault. University of Bayreuth: 5

restructured into a mass of unanimated, powerless, numbered objects, of bodies deprived of their unicity for the sake of the economy of power. The only subject is the one standing on the side of authority, let it be the carceral guard, the physician, the king, while all the others are bricks making the walls of royal castles, pawns striving for recognition and gratification from an unjust and unbalanced society, objects to be thrown away right after they stop working. Moreover, undisciplined subjects (from the Latin *sub-iaceo*, standing below) were committing an offense not only to the exercisers of power but to the totality of the social body: to punish them, society in its entirety had the right to oppose them, since they become common enemies. With the passing of centuries, the reason below the right to punish shifted from the vengeance of an offended sovereign to a defense of the whole society from danger and corruption⁹.

Foucault used a method of investigation called in principle archaeology and then genealogy, and these lemmas recur in many titles of his books: it consists in an in-depth analysis of the phenomenon that is being tackled with a historical approach, that individuates all the previous strata of the object of discussion just like an archaeologist. Discipline did not come out all of a sudden but rather there were some big shocks during the centuries that weighed on the linearity of the evolution of power.

Power, to be validated, must be exercised: in the past, a sovereign could express his power by conquering new lands, by technological advancement, but the major expression of the mightiness of power has always been in its cruelty, in particular in punishment. For this reason, I am now going to compare the expressions of power before the eighteenth century and after that until these days: there were significant changes, but they must be considered with an archaeological attitude so to embrace their complexity and stratification.

2.3 The 'spectacle of the scaffold'¹⁰: manifestations of power before the 18th century

Before an important shift in citizens' tolerance, sovereignty embodied a power that had to be feared for its violence, opulent, and very manifest. There were different systems of punishment throughout history, that showed to be related to the state's main system of production of output: for instance, punishment in a slave-based economy consisted in

⁹ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 90

¹⁰ *Ibidem*: 60

additional labor, in feudal societies in corporal punishment, and in a penitentiary economy, born along with the rise of the mercantile economy, punishment meant forced labor in prison-factories¹¹. The convict's body was the ideal object of punishment, so there is plenty of literature on what is the perfect supplice for dysfunctional individuals threatening societies.

According to Jaucourt's *Encyclopédie*, supplice consisted of corporal punishment, painful to a more or less extended degree. In order to be considered as torture, a punishment must obey three fundamental criteria: first of all, as it could be easily imagined, it must produce a certain degree of pain. Throughout the ages, it has always been a common feeling that a guilty person has to physically suffer for their actions: instead of invoking a fair process that can punish and rehabilitate a subject, it is still very popular the idea of the death penalty as the fairest solution to reestablish justice in many western countries. The second prerequisite of the perfect supplice stands in the structuring of an escalation of excruciating pain that culminates with death: this is strictly bound to the third feature, which aims at multiplying pain in the person by provoking thousands of deaths in the body. Torture links the choice of corporal effects, its intensity, and the duration of pain with the gravity of the crime committed, with the specific person of the criminal, and with the rank of the victims¹².

If the criminal survived torture, he would become the main character of a terrifying ritual manifestation of power, the public execution. Citizens, or rather, subjects, were compelled to attend executions to be terrorized and obedient to the sovereign. This was a very tense moment because people could also reject the 'teaching' and revolt against it by interfering: they could get convicts pardoned by force, and they could also snatch them from the hands of the executioner, especially if these were not competent. An executioner did not have the right to elongate the convicts' suffering, they had to execute the death penalty as fast as possible. If the noose broke, if the head did not roll after one try, the public could dissent and intervene with no repercussion. Another reason to cut the atmosphere was that the condemned really had nothing to lose: they had no shame in cursing against laws, the status quo, the judges, and even against religion. The compound of these eventualities generated the *spectacle of the scaffold*, in which the vindicative will of the king clashed against carnivalesque aspects: there was a temporary inversion of

¹¹ *Ibidem*: 25

¹² *Ibidem*: 33-34

roles, a brief shift in the detention of power, in which authority was mocked and criminals were transformed into heroes by society¹³. Moreover, on that days, taverns were full, pickpockets were in action, there were fights in the streets, and authorities got abused. Sovereign power before the 18th century treated public executions as political operations, inscribed in the inescapable system of punishment. Laws were unbalanced and favored higher strata, so punishment meant to defend the law and the privilege of the sovereign and élites at all costs. Lower strata of the population from the 18th century on, however, stopped tolerating public executions and created social disturbances that made the spectacle of the scaffold disappear from public squares, but unfortunately, they couldn't stop the innate violence of power.

2.4 From physical torture to moral salvation

Due to the violent protests against public executions in the 1750s, sovereign power had the duty to find a different form of punishment for disobedience. The disappearance of the public spectacle of torture led punishment to be of a less immediately physical kind since it also lost its 'instructive' role for the population¹⁴. However, public executions stopped being popular not because of an increase in sensitivity, but rather because they were heavily criticized also by the highest strata of the population, especially from intellectuals and economists. In fact, executions did not only show the regretless cruelty of authorities but most importantly a very bad economy of power. Power was accumulated in lower jurisdictions where ignorance was abundant, and arbitrary sentences did not have any supervision or double-check: an innocent man could have been hung by simply corrupting these small jurisdictions and nobody would have ever found out. In addition, judges and royal magistrates had very huge power, and again no supervision: they could influence justice a lot in their areas of exercise. This is obviously valid at the macroscopic level in the power of the sovereign himself, that was above every law and that could not be contradicted or punished¹⁵. People were so accustomed to seeing a lot of blood flowing, so they learned very soon that revenge on injustice could only take place among blood¹⁶. Instead of taking revenge on the condemned, the role of

¹³ *Ibidem*: 59-63

¹⁴ *Ibidem*: 7-8

¹⁵ *Ibidem*: 79

¹⁶ *Ibidem*: 73-74

justice should be that of simply punishing the offender for his wrong actions, always taking his humanity into account in the process.

In addition, there was a general reduction in violent crimes: the frequent attacks on other bodies changed into the seizure of their goods: this was due to new economic pressures that led to a general rise in living standards and a demographic increase, followed by an increase in wealth and property and a consequent need for more security. By the way, the conjuncture that gave life to this change does not come from a new sensibility, but a modification of policies regarding illegalities. The least-favored strata did not have any privilege, still, they could count on a tolerance cushion that their past generations conquered with force and obstinacy: some crimes, when committed by people in need, were not seen as bad as they were when the offender was not poor. Therefore, the lower strata of the population, when caught stealing groceries, would not incur severe punishments because they needed that stock to survive¹⁷. With the passing of the centuries and with the transformation of the economy, this illegality of rights, often guaranteeing survival to the most deprived, transformed into the illegality of property: the latter had to be punished since it was incompatible with commercial and industrial ownership. Industrials invested their wealth in commodities and machines that led to the development of ports and warehouses, so it was very important that people working there would not steal goods that could generate revenues. With the advent of the capitalist society, based on inequality, a renewed economy of illegalities reemerged, but this time with a class differentiation: the poor strata could benefit from some illegality of property, while the bourgeoisie could be pardoned when involved in the illegality of rights. This allowed a more efficient regulation of the effects of power, that calculated penalties for each case and differentiated punishment techniques according to the individual. This has been mistaken for humanity, but it is rather a simplification of the power mechanism that saves time to institutions¹⁸.

The reduction of violence in committed crimes led to a double-faced transformation: on the one hand, the punishment had no need to be exemplary and spectacularized, on the other, it became a private part of the penal process hidden to whoever was not involved. In this way, punishment abandoned the domain of everyday perception to enter that of

¹⁷ *Ibidem*: 82

¹⁸ *Ibidem*: 85-92

an abstract consciousness: the crimes were not discouraged by the idea of public punishment, but rather from the certainty of facing consequences for wrong actions¹⁹.

Physical pain definitively stopped being the constituent element of the penalty at the beginning of the 19th century when the age of sobriety in punishment began: power no longer touched the body, or at least as little as possible, and then only to reach something other than the body itself.

It may be objected that modern punishments like imprisonment are still penalties affecting the body: this is right since they are not like administrative fines, but it is also true that the relationship between punishment and the body of the condemned now excluded violent physical torture. The body becomes therefore an intermediary: when imprisoning a body, or forcing it to work, the final goal of punishment is the deprivation of his own individual freedom, regarded both as a right and a property of the person involved. Punishment stopped being centered on torture to assume as its principal object the loss of wealth and individual rights, but a punishment like an imprisonment or forced labor alone never functioned without an additional element concerning the body itself: examples are sexual deprivation, rationing of food, solitary confinement and corporal punishment²⁰. The reduction in penal severity became more evident in the last two hundred years, characterized by a displacement in the object of the punitive operation: it stopped being the body because it now is the soul and behavior of the convict.

This reform of the criminal law made juridical power more effective and regular, increasing its effects while reducing its economic and political cost²¹. In this way, any active role for authorities disappeared and became invisible, making it even more difficult to hold anyone but ourselves responsible for whatever sanctions we face²².

The reasons that led sovereign power to choose imprisonment as the ideal form of punishment are many; first, a crime always produces some sort of advantage to the committer: if this pleasure is linked to a greater disadvantage, the punishment, the advantage gained from the action will cease to be appealing. Therefore, if a criminal commits something wrong, he will expect a certain penalty for that crime. A crime is problematic for the whole society, so it is necessary to discourage offenders from committing them by the rule of the perfect certainty: to a crime always corresponds

¹⁹ *Ibidem*: 9

²⁰ *Ibidem*: 11-16

²¹ *Ibidem*: 81

²² Hannah, M.G., Schemann, C. (2020). Thinking Corona measures with Foucault. University of Bayreuth: 2

punishment. Moreover, prison, unlike the death penalty, is reversible: an innocent can be set free from jail, while this is not possible in executions. This is supported by the fact that every defendant must be considered innocent for the whole duration of the trial, while in the past they were thought to be guilty until proven otherwise. The ideal punishment should be adjusted to the crime that it rejects, and offenses should be classified and explicitly condemned in a code accessible to everyone: this is incredibly difficult in an illiterate society, so it is evident that justice struggled to be transparent to the whole population for a very long time²³.

An extremely important feature of imprisonment is its duration in time: a life sentence would be absolutely inefficient for the rehabilitation of the convict, it would make him idle and hopeless, and it would be a great expense lost by society. It would be a contradiction of the reason why people get imprisoned, that is to improve their conduct and to become better persons that will be useful in society.

There were different prison models but the most famous is the Philadelphian: the prison was financed by the work of inmates that also received a wage for their productivity, they had to follow a timetable that kept them active, and they could be set free earlier if they behaved. Work was perceived as a remedy to idleness, which was thought to be the root of criminality and vices: in this way, people were rehabilitated and could be better reinserted in society. They knew useful skills, they were motivated to stay out of the prison, or at least this is what thinkers thought.

3. Discipline: power at the gaseous state

3.1 Training docility in a glass-made prison

In these previous pages, I proceeded *archaeologically* to trace the outline of the main power forms from the Middle Ages to the 1850s. Monarchic power was spectacularized, and so was the punishment it perpetrated; on the other hand, the development of different kinds of societal organizations, above all capitalism, deeply changed the punitive ways of exercising power by endorsing imprisonment.

Let us now imagine the narrowness and darkness of the prison to suddenly become spacious, lit, and transparent. Those used to the initial aspect of prison would feel relieved, comfortable, and they would put into this world new young people that would

²³ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 93-100

feel at ease in what they think is everybody's normality, they will feel there is nothing strange or patterned in their lives, they would live undisturbed, despite being under a secret and constant observation from the day they are born: discipline.

The 1998 movie *The Truman Show* perfectly shows, in the character interpreted by Jim Carrey, all the complex mechanisms of discipline in action: there is the director of the TV show everybody loves watching, actors following the director's script, and then there is Truman, a young man that tries his best to please his family and the whole society without knowing that everybody is surveilling him. Everything stays still for quite a long time, but then the protagonist notices pieces of equipment falling down, patterned actions that are too repetitive to be casual, then he tries to escape in the very well-known epilogue of the movie: Truman manages to touch the walls delineating the end of the world he lived in, the walls of discipline. Unfortunately, the walls are so thin that we do not even realize we are touching them, we are trapped in schemata suffocating our spontaneity, and we are trading our freedom for social recognition and protection. Our body is paradoxically the least natural thing we possess, and there is nothing we can do to change this matter of fact: being aware of our position, though, can be somehow helpful.



Figure 2. Truman discovers the borders delimiting his freedom.

In a desperate try to defend our pride as human beings, one could reject this state of things by claiming that these are perks only of the outside world and that behind closed doors we are free. Unfortunately, disciplinary institutions like hospitals, prisons, asylums, and schools are functioning only because of their close imbrication with the family, an institution tightly bound to sovereign power²⁴. The family teaches children how to behave 'properly', what their aspirations should be, what is good and what is evil, representing everything that discipline taught them when they were children in their turn.

²⁴ Foucault, M. & Lagrange, J., Ewald, F., Fontana, A. (2006) Michel Foucault: Psychiatric Power: Lectures at the Collège de France, 1973-1974. (G. Burchell, Trans.). Palgrave Macmillan: 73-74

What does discipline really mean? Foucault defines it as an “uninterrupted, constant coercion, supervising the processes of the activity rather than its result” that is “exercised according to a codification that partitions as closely as possible time, space, and movement” of the person involved²⁵. Power has always tried to maintain and restore its order when lost: in order to do so, subjects of power had to become as similar as possible to unanimated objects, docile and easily controllable. This meticulous control of the operations of bodies assured the constant subjection of individuals and imposed upon them a docility-utility relation with a set of techniques that we can call disciplines.

Discipline is therefore a specific technique of power that regards individuals both as objects and as instruments of its exercise. The exercise of discipline presupposes a coercing mechanism, found in the instrument of constant observation: this can induce the effects of power on the subject with no direct intervention while making the signs of obedience in the subject clearly visible²⁶. The historical moment when disciplines came to life was also the moment when the art of the human body was born, which was directed not only at the growth of its potentialities, nor at the intensification of its subjection to power, but more importantly at the formation of relationships that, in the mechanism itself, makes it more obedient as it becomes more and more useful to the whole society; conversely, what was then being developed was a policy of coercions acting upon the body, a calculated manipulation of its entirety of elements, gestures, and general behavior.

The human body was therefore entering a machinery of power that explored it, broke it down, and fascinatingly rearranged it. A ‘political anatomy’, which served also as a mechanics of power, was then being born; it denied it had a hold over others’ bodies, not only so that subjects did what they thought they wished, but so that they could also operate as one other wished, with the techniques, the speed, and the efficiency determined by this individual. Thus, discipline produces subjected and practiced bodies, ‘docile’ bodies. Discipline increases the forces of the body (in economic terms of utility) while, on the other hand, it diminishes those same forces (in political terms of subjection). In short, discipline dissociates power from the individual body and turns it into an ‘aptitude’, ‘capacity’, which it seeks to maximize; on the other hand, though, it reverses the power that might result from it, and turns it into a relation of strict subjection.

²⁵ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 137-138

²⁶ *Ibidem*: 170-171

If economic exploitation separates the human labor force and the product of labor, the revenue, it is also possible to say that disciplinary coercion establishes in the body a constricting link between increased productivity and increased domination²⁷.

Subjects, become objects more than ever, must bring benefits to the power that administers them: it is their duty, and this became so internalized that people felt this was their true vocation when this was only a void constraint. If you work hard at the factory, you will initially gain respect from your colleagues, and the master will cherish you in front of others: in this way, though, you are setting a new standard of operating, and other workers must adapt to it in order not to be considered idle. They will start hating you, they will work more, and the master will become richer and richer: discipline is the essential lymph of the capitalist relations between classes.

The old ceremonials showing the mightiness of power disappear because they are not needed anymore: every day, power is celebrated by the well-staged and disciplined movements of its subjects, unaware of their involvement in the wires of discipline.

The outburst of disciplinary power was not a sudden discovery, but rather the consequence of the entanglement of a multiplicity of minor processes: it has been adopted in response to particular societal needs, like industrial innovations, in cases of the outbreak of a certain disease, and also when life-changing devices were invented, like for instance rifles, that made discipline and obedience as necessary as ever.

This micro-physics of power was the result of new political investment on the individual body that, from the 17th century on, tried to cover even broader domains, to the point that it managed to cover the whole social body. The body is therefore the main object and target of disciplinary power that, in order to fit in, must be docile and manipulable: the perfect subject can be used, transformed, and improved for the sake of productivity and economic utility. This requires a massive work on the individual subject: the mass is divided into single individuals that have to be controlled one by one, and this allows power to have a better grip on the person and also to multiply its effects faster than it would do if it was to be exercised onto a mass.

The elegance of the discipline lies in the capacity of dealing with this costly and violent relationship with subjects by surprisingly obtaining effects of utility at least as great.

²⁷ Please see note 25.

In the course of the seventeenth and eighteenth centuries, disciplines became general formulas of domination. First, these differed from slavery since they were not based on the appropriation of bodies. They were also different from service, that was based on the master's caprice, and they had nothing in common with the submission of vassalage, popular in the Middle Ages feudal society²⁸.

Despite being different from slavery and other forms of submission, discipline gives the sovereign power the capability of dividing its subjects into two fundamental categories: those to be nourished due to their ability and productivity, and those who exclusively weigh on the shoulders of society and must, therefore, be eliminated. This is extremely clear in the distinction made by the Italian philosopher Giorgio Agamben, in his masterpiece *Homo Sacer: Sovereign Power and Bare Life*, between βίος and ζωή. The latter can be described as bare life, as merely surviving in a state of nature where people in this situation are victims of the cruelty of others, while the first, βίος, is the politically relevant and qualified life of the worthy citizens, that can increment the productivity of the power they serve and that must be cherished the most as long as they are useful and loyal to disciplinary power²⁹. Subjects need to be the best version of themselves in order to be considered worthy of living a βίος, they should be accounted as the only responsible for their health and productivity, for their financial wellbeing and also for their education. A contemporary basic disciplinary technique is that of insurance: when we get sick, we immediately become a deadweight for our disciplinary society, and we would feel so sorry in that eventuality that we would rather pay for health insurance when we are fit than to accept to be cured at the state's expenses. There is nothing voluntary in being sick or convalescent, still, we feel nervous because we cannot be productive and socially recognized. We can be often induced to exercise our choices freely, like getting health insurance in a state in which it is not mandatory, but in ways that are always beneficial both to ourselves and to the maintenance of specific social orders, even when we really do not mean to³⁰.

I was in therapy for almost two years, and I often told my psychologist that I felt there was something wrong and unauthentic with my life goals: I felt that graduating, working at that specific workplace, and getting married was just a boring script, written by

²⁸ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 136-139

²⁹ Hannah, M.G., Schemann, C. (2020). Thinking Corona measures with Foucault. University of Bayreuth: 7

³⁰ *Ibidem*: 12

somebody else for me and every other human on earth. I, too, feel the constraints of disciplinary power in my experience, and I find it fundamental to embrace the Foucauldian point of view: many scholars claim that Foucault is just a pessimist who did not find solutions to these massive problems, but I definitely disagree. Some problems have no solution because they were created by years and years of dysfunctional behaviors, and it is so awful that we feel the pressure to try to sort them out when there is nothing we can do on our own after reaching this point. We traded our own happiness with items showing our well-disciplined status, but are we even happy with what we have accomplished in life? Did we do it because we firmly believed in what we were doing or because we felt compelled to do so by a society that keeps on rising the stake?

I do not think that things are improving with time, and this is a milestone debate in Foucault: why on earth do we think that the passing of time will take humanity to a happy – and sustainable – progress? How do we dare think we are better off than our grandparents when the planet is literally melting because of the factories they worked in? These are very big questions with no monolithic answers, and that is alright. Disciplinary power is not able to resolve important issues unless its conservation is directly involved and, at the same time, it makes us feel that fixing societal problems is completely our fault.

3.2 Controlling bodies and their activities

How we will later see more in detail in the panoptical device, the separation of masses into single individuals is an inescapable feature of a well-functioning disciplinary system. Discipline distributes individuals in space by making use of many different techniques, that can be perfectly exemplified by the functioning of the military camp.

First of all, the enclosure is one of the most characterizing features of discipline: it consists in the delineation of a specific space that can be defined as heterogeneous to all the other spaces, closed upon itself, and independent. In this space, subjects belonging to the same category, like for instance soldiers, factory workers, patients, are joined together with the aim to derive from them the maximum advantages, and, at the same time, to neutralize possible inconveniences as long as the forces of utility become more concentrated. Moreover, this can ensure better protection in the case of working materials and tools, and better management of the labor force in factories: keeping

workers under the same roof guarantees better control of their actions and of the factory itself.

A second technique is that of partitioning, and it applies to spaces where every individual must occupy his own assigned place, and, vice versa, where every position is assigned to a specific body. It can be noticed that disciplinary power tends to divide space into many small different sections, so that the role of every person can be easily identified and assigned to a specific space. This situation can be described as a compound of solitudes since every individual must be focused on their role with no time for human interaction; of course, solitude was praised by masters and by jailers: it was defined as necessary both to the body and soul of the subject, recalling a certain asceticism that claimed that being isolated was the only way to perceive the severity of God.

Another characteristic of disciplinary institutions is the choice of particular kinds of architecture for their buildings enhancing surveillance: they tend to be big and spacious, like factories, so that the production process must be necessarily divided into small fragments, each of which is assigned to a particular subject. This means that a worker will become incredibly skilled at that portion of production, but they will never be able to produce a good on their own due to the fragmentation of their labor power. Solitude and dependence from the others: these are two fundamental features of disciplinary power. Despite being more and more skilled at a particular stage of the production process, elements in the chain are interchangeable, since they are only considered according to the place they occupy in a long series, and by the gap separating their body from others. The single is not defined by its skill nor by the place it physically occupies but, on the contrary, from their (economic) rank³¹.

The domain on the body of the subject involves a strict control over their activities: bodies are correlated to the gestures they make, and it is fundamental for disciplinary power to refine and control both of these aspects in individuals. The best way to do so is following a strict timetable, which is an old inheritance from monastic communities of the past. Discipline shifted from a negative function to a positive function: initially, its aim was that of contrasting idleness in the subjects, while it now exacerbates this need by posing the principle of a theoretically ever-growing usage of the subjects' time. Discipline wants to extract from the time of the individual more availability and more useful forces, bringing

³¹ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 141-147

subjects to exhaustion due to the excessive use of their energy. It is the goal of discipline to intensify the use of even the slightest moment, just as if the time given to subjects was inexhaustible and trying to reach an ideal point in which their maximum speed corresponds to the maximum efficiency of the person involved³².

A new object of disciplinary control is therefore formed: the mechanical body enhances its natural side, bearer of forces and of endurance necessary for working enough.

The body is required to be docile in every operation it commits, and this opposes its natural functioning proper to a sentient organism: disciplinary power has as its correlative an individuality that is not exclusively analytical and cellular, but also natural and organic.

Some new techniques were therefore implemented in order to take charge of the time of individual existences: how could individual time be capitalized, accumulated, in a way that was favorable to the use and control of power? There were four main ways.

The first consisted in dividing the duration of individual time in parallel or successive segments, and each of them had to finish at a specific given time. Then, the tasks accomplished by the individual during a segment had to be simple successions of elements, that had to be combined according to increasing complexity. It is important to finalize every temporal segment, deciding its length and concluding it with an examination: this has a triple function, of showing whether the subject has reached the level required, of guaranteeing that each subject undergoes the same apprenticeship, and finally of differentiating the abilities of each individual. The last technique consisted in laying down a set of suited exercises for each individual so that they could be held responsible for their actions in that specific segment of space, and so that they could master more skills and have their improvement monitored.

This partition of disciplinary time was gradually imposed even on pedagogical practice, by differentiating the time of training from real adult life, from the time of mastery and expertise. In schools, students are progressing at different stages and they are separated from one another through graded examinations, specific programs to be accomplished, and exercises of increasing difficulty: students are classified according to how successful they are while progressing through these series of accomplishments. Exercise appears as

³² *Ibidem*: 149-161

a new technique by which one imposes on the body of the individual some tasks that are both repetitive and different, always graduated at their conclusion.

Discipline must respond to a new necessity, that of constructing a body-machine whose effects can be maximized by a concerted articulation of the disciplined elementary parts composing it. Discipline is no longer the art of dividing bodies and of extracting their time to accumulate it, it rather becomes involved with composing compound forces allowing the disciplinary power to obtain an efficient and disciplined unique machine³³.

The demand for the composition of this body-machine is very evident in the structure of disciplinary power. First, the individual body must become an unanimated element to be placed, moved, and articulated on others just as power pleases: bravery and strength are no longer valuable elements defining individuality, they were overtaken by the place the body occupies, the interval it covers, its regularity, and finally the order according to which it operates its movements. In addition, the different chronological series that discipline combines into consecutive segments are pieces of this machinery as well: the time required for each task must be adjusted to the time of other bodies so that the maximum quantity of forces can be extracted from each of them and combined with the best results. This combination of forces obviously requires a precise system of command: every activity of the disciplined individual must obey orders that are formulated briefly and clearly, there is no time to explain orders or to convince people to follow them, full subjection is demanded. The disciplined bodies, alienated, can still be defined according to the four types of individuality they incorporate: they are cellular entities (distributed in space), organic (because of the coding of activities), genetic (due to the accumulation of their time), and finally combinatory (that is, their forces are summed to others').

The dream of a perfect, obedient society had always been attributed to philosophers and jurists of the eighteenth century, but this hid the vaster dream of a military form of ruling society: this was not conceived as similar to the state of nature, but rather to a state of permanent coercion, with no fundamental rights, but with an infinite strive to a progressive disciplinary training that built docility in subjected bodies.

While jurists and philosophers sought a model for the construction or reconstruction of the social body, soldiers and technicians of discipline were elaborating procedures for the individual and collective coercion of bodies.

³³ *Ibidem*, 164-169

Disciplinary power is alive and kicking even in neoliberal countries: by cultivating generous biopolitics in favor of the ongoing circulation and growth of capital, the secondary biopolitical end of enhancing human life and its capacities can be pursued. This shows an evident tension between the needs of the economy and those of the individuals since the first prevails on the latter³⁴.

3.3 Examination of subjects as a KPI in disciplinary power

Key performance indicators are parameters monitoring trends and evolutions in the economy. These can determine the choice of strategies apt to make a business grow since they are very precise values that show results in many different areas of a company. In the exact same way, subjects trapped into disciplinary dynamics are being constantly observed, studied, and monitored along with their 'scores', let it be their producing output, their good conduct in prison, or their physical fitness and normality.

A hallmark of disciplinary power is the rule of experts, that control subjects and determine whether they are good for society or not in many different ways. The examination is a way of eliminating potential risks for the productivity of disciplinary power at their root, rather than trying to redistribute them and solve them³⁵, and it also allows surveillants to keep a record of the gestures and movements of the person involved.

Examination combines the different techniques of an observing hierarchy and those of a normalizing judgment: the main instrument of analysis is sight and, as we will see in the next chapter, the medical gaze is a deleterious construct that determines when an individual is normal and when it is crooked. The examining happens through the normalizing gaze of a surveillant that qualifies, classifies, and punishes everything differing from the ideal standard dictated by disciplinary power.

The moment of examination was extremely ritualized: it combined the ancient ceremonies of display of power with the form of experiment, the deployment of individual force with the establishment of truth. This method was one of the essential conditions for the epistemological thaw of medical science at the end of the eighteenth century: the hospital was meant as an organized examining apparatus, in which patients

³⁴ Hannah, M.G. & Schemann, C. (2020). Thinking Corona measures with Foucault. University of Bayreuth: 19-20

³⁵ *Ibidem*: 17

were kept under surveillance to monitor their health conditions. The absolute peak of examination was in the ritual of the medical visit to the patient: in the seventeenth century, there were not resident physicians in hospitals, but rather some doctors coming from the outside and working at many different structures, that visited patients rarely. The physician added his professional inspection to many other controls, like the religious and administrative ones, and he hardly participated in the everyday administration of the structure due to the lack of time. Gradually, visits became more frequent, rigorous, and extended: from a marginal role, the moment of the visit became an important part of the hospital functioning, a regular observation that kept the patient in a state of continuous examination. This change had two main consequences. First of all, there was an upheaval in the hierarchy of the hospital: the physician, an initially external element, began to gain authority over the religious staff, now relegated to a subordinate role in the examination technique; this is also the moment in which an intermediary body was created, that is the category of nurses, balancing medical indications with the holistic wellbeing of the patient. On the other hand, the role of the hospital changed dramatically: initially, it was meant as a poorhouse in which indigent could receive medical assistance, while it then became a place for the exercise of discipline on patients and the production of medical knowledge. The well-disciplined hospital became the physical counterpart of medicine, a discipline that could now leave its textual character aside in favor of a pragmatic examination of objects that were perpetually available for being analyzed, the patients. The introduction of examination in every aspect of everyday life, not only medical, managed to transform the economy of visibility into the exercise of disciplinary power: traditionally, power was manifest and recognizable from everyone, it was seen and shown on purpose, and it had a negative function, that corresponded to the repression of evil in subjects. On the contrary, disciplinary power is exercised through its invisibility, which imposes on its subjects constant compulsory visibility: in discipline, there is an overturning in the object of attention, and the spotlight shifts from the power to the subjects that have to be controlled. The fact of being always seen and of being able to be seen at any time is what makes the device of disciplinary power successful by maintaining individuals under its lens. The examination is the technique by which power holds subjects trapped in an objectifying mechanism, instead of being evident and of imposing a visible mark on its subjects. It can therefore be said that disciplinary power manifests its mightiness by essentially arranging objects according to its needs and desires, and by

observing them ceaselessly. Subjects do not receive a precise image of what sovereign power looks like, they can only perceive its effects on their bodies, which become docile, predictable, and legible from every side they get looked at. In the present, we are entering more and more the age of infinite examination and compulsory objectification: we introjected disciplinary power so much that we are the first to expose ourselves to others' judgment and opinions, and we do so by sharing every single detail of our lives over the internet, for example. The examination also introduced the concept of individuality into the field of documentation: it did so by forming a whole series of codes on disciplinary individuality, and by homogenization of individual features established by the examination itself. This marked the birth of the physical code of signaling, the medical code of symptoms, and the educational code of performance: these codes were initially rudimentary in quality and quantity, but they marked a first stage in the process of formalization of the individual subjected to disciplinary power.

Thanks to the writing apparatus accompanying it, the ritual of examination opened up two opportunities. The first is the perception of the individual subject as a describable and analyzable object, and this should be done not to reduce the subject to some specific features, but rather to keep him in his individual parameters, in his abilities, under the constant surveillance of disciplinary knowledge. Secondly, it gave birth to a comparative system in which there are descriptions of groups, collective facts, calculations of differences between individuals, and their distribution in a population.

In these ignoble archives, where the modern play of coercion over bodies, gestures, and behaviors has its beginnings, one can see the birth of the beautiful sciences of man, that make each individual a case surrounded by documents stating his features. For a very long time, the everyday individuality of the subject was not interesting for descriptive accounts: being the object of written information meant transmitting one's power across time and space, and this happened for instance in the biographical chronicles of relevant rulers. On the contrary, the disciplinary methods reverse this relation by lowering the threshold of describable individuality, using accounts as a means of control and as a method of domination. Examination stands at the center of the procedures that objectify the individual, it assures the obedience of the subject and extracts from him all his force and time³⁶ in order to nourish the disciplinary machine.

³⁶ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 184-194

Foucault argues that we must stop describing the effects of disciplinary power in negative terms: initially, it repressed, excluded, and concealed, while it can now be said that disciplinary power produces our reality, and it also produces the domain on objects and our rituals of truth: the subject and the knowledge that may be gained of him belong to this production. But how can disciplinary power be so mighty and effective on subjects? In *Surveiller et Punir*, Foucault introduces his readers to a legendary interpretation of Jeremy Bentham's panoptic machine: this architectural structure is the perfect example of a discipline-inducing society, in which transparency and reflections oppose each other, distinguishing the surveilled from the surveillants. In this next paragraph, I will answer some important questions that the reader may have at this point on disciplinary power, like for instance who is the surveillant of our whole society and why cannot people rebel against unjust dynamics of power.

3.4 Panopticism

As it is well shown in the examination process, every authority exercising control over individuals functions according to a double mode: that of binary division and branding and, secondly, that of coercive assignment and differential distribution. The first mode tries to match the individual to one side of dichotomies, making it sane or insane, dangerous or harmless, normal or abnormal. The second investigates who the person is, where they must be, how to recognize them, how to surveil them individually³⁷.

The division between normal and abnormal will be a very important matter of discussion in the next chapter, but it is already clear that all those devices targeted at the abnormal individual have these two roots.

The two modalities are entwined in Jeremy Bentham's panopticon, an architectural figure that aimed at controlling its inhabitants and at maximizing their utility. Its name derives from the Ancient Greek language, and it means "who that sees everything".

At the periphery of the structure, there is an annular building, while at the center stands a tower: the tower is pierced with wide windows that open onto the inner side of the ring, and the peripheric building is divided into cells, each of which extends the whole width of the building. These have two windows, one on the inside, corresponding to the windows of the tower, and one on the outside, that allows the light to cross the cell from

³⁷ *Ibidem*: 198-201

one end to the other. The next fundamental step is placing a supervisor in the central tower and madmen, patients, convicts, workers, or schoolchildren in each cell. Due to the effect of backlighting, people in cells are constantly visible from the center: each of them is alone and immediately recognizable from the tower. The panoptic mechanism reverses the functions of the dungeon: if the latter closed in, deprived of light and hid convicts, the panopticon preserves only the first function, and it eliminates the other two: light and supervision imprison more than darkness, that protected the individuality of the subject. Each individual is alone in a cell from which he is always seen by the front, but the side walls are thick and prevent him from getting in touch with his other companions, he is seen, but does not see, he perpetually is an object of information, and never a subject in communication. He only talks vertically to his guards, since the lateral invisibility must guarantee order: if the inmates are convicts, there will be no coalitions, if they are patients, there will be no contagion, if they are workers, they will not slow down the rate of work, nor will they steal. The crowd, the locus of individualities merging together, is abolished and then replaced by a collection of separated individualities. The guardian will supervise a multiplicity separated by walls, while inmates will feel incredibly alone in a sequestered and observed solitude.



Figure 3. Stateville, a panoptic prison model.

The major effect of the panopticon consists in inducing in the inmate a state of conscious and permanent observation assuring the automatic functioning of power. Surveillance is permanent in its effects, and a visible exercising of power is not necessary anymore to receive the subjects' obedience. A panopticon is a machine capable of creating and sustaining a power relation between the people enclosed and those in the tower independent of the person who actually exercises it: the true bearers of disciplinary power are inmates themselves, who fear being observed, not a guardian in particular.

To achieve this equilibrium, the prisoner should always be observed by an inspector: this is, at the same time, too much and too little to ensure the subject's obedience. It is too little because what matters the most is that he knows he is being watched while, on the contrary, it is too much for he does not need to be observed all the time. Power should be, at the same time, visible and unverifiable: visible so that the people in cells can always see the central tower standing at the center of the architecture watching them all, and unverifiable so that the inmate can never tell the exact moment he is being watched, making sure he always behaves at his best.

Jeremy Bentham suggested using many tactics to make the presence of the inspector unverifiable: first, Venetian blinds had to be put on every window of the central tower, and then the internal architecture had to incorporate some features. On the inside, partitions had to intersect the hall at some specific angles and, to move from one quarter to the other, some zig-zag openings, not doors, were to be installed: the slightest noise or a visible light would betray the presence of the guardian, making the panoptic device ineffective for those sectors that were not being watched. This is a very important mechanism that automatizes and deindividualizes power: power stops having its principle in a sovereign, and it is manifested through a determined division of bodies, by invisibility, lights, and everlasting gazes. Ceremonies displaying power are useless: this power is not embodied by a certain social group, it is rather a piece of machinery that, just like sovereign power, perpetrates injustice, dissymmetry, and differences. It does not matter who exercises this power, it is not influenced by the sovereign, it is always the same, but it can arise from different reasons: sadism, curiosity, revenge.

The panopticon was so successful because, with a bare minimum effort, it makes every use it is put to flourishing, with homogenous effects of power: it makes the use of force superfluous since discipline is enough to make the convict behave and to make the patient observe the doctor's regulations. Bentham was, in fact, very surprised by the lightness of the panoptic institutions: there were no chains, no bars, no locks, everything was in the head of the enclosed person. In fact, those who are subjected to a field of visibility, and who knows it, assume the constraints of power like their own responsibility, by making these play spontaneously upon themselves: the person inscribes his individuality into the power relation in which he simultaneously plays both roles, becoming the principal of his

own subjection³⁸. This is a perpetual victory of the disciplinary power, that impedes any physical confrontation by deciding everything in advance. The panoptic machine helps individuate differences among individuals belonging to the same group: among patients, it makes it possible to observe symptoms in each individual, without the need for the closeness of their beds, impeding the spread of miasmas and contagion, and the confusion of clinical tables. Among workers, panopticism allows surveillants to observe their personal aptitudes, to compare the time it takes them to accomplish a task and to calculate their wages if they are paid at the end of the day. The panopticon has also been a laboratory, an incubator for experiments on individual bodies, let them be on their behavior or, for example, the testing of new medicine and its effects on the organism. It could also experiment with different punishments for inmates, seeking the most effective and rapid ones. Thanks to observation, disciplinary power manages to penetrate men's behavior, acquiring knowledge useful for power from the study of their bodies.

Being inside a panoptic architecture makes it impossible not to be controlled: this is also valid for the surveillants themselves, who might be supervised by their director without knowing, and who might receive unexpected visits from external inspectors to see how well they are working.

As we will see better in the third chapter, dedicated to the Plague in the city of Venice, there are big differences between the panoptic establishment and a plague-stricken town. At a distance of one hundred and fifty years, they show the transformations of the disciplinary program, evolving like a bacterium does to overcome the antibodies resistance of an animal. In the plague-stricken town, citizens live an exceptional situation: they must fight an extraordinary evil, and they do so by mobilizing power, by making it everywhere present and visible, by inventing new mechanisms. Disciplinary power in times of emergency separates individuals, immobilizes their freedom, and partitions the population according to where individuals live: at the same time, it is both a perfect society and a counter-city, with no democracy, that becomes an unaffordable privilege in times of emergency. On the other hand, the panopticon is a general model of functioning, defining power relations in the everyday life of the subjects in a cruel and ingenious cage. It gave rise to many variations and became more and more powerful with time; despite its power, it must not be understood as a dream building, it just represents a power

³⁸ *Ibidem*: 203

reduced to its ideal form, a political technology that must be detached from any specific use. Still, it is not just a fascinating theory, it is present in every aspect of our lives and its net is becoming more and more subtle so that it can insinuate everywhere at any time.

The panoptic machine is strong because it is polyvalent in its applications: it might be used to reform prisoners, but also to treat patients, to confine the insane, to instruct schoolchildren, to supervise workers, to prevent idleness. It applies to all establishments, and it manages to keep under control a large number of subjects in a small space. It distributes bodies in space, it creates an interdependence relation between them, and a hierarchical organization distinguishing surveilled and surveilling individuals; it also defines the modalities for power intervention, implementable in hospitals, schools, prisons, factories. It is therefore clear that whenever one deals with a multiplicity of individuals on whom a task or a particular behavior is imposed, the panoptic machine can be successfully used.

In whatever way it is applied, panopticism makes it possible to perfect the exercise of disciplinary power, by reducing the necessary number of people exercising it while increasing that of those it is exercised upon. Moreover, it makes it possible to intervene at any time by its constant pressure that makes specific intervention useless: it is spontaneous and silent, and always respected by subjects. The panoptic power acts directly on every individual, controlling their minds, and it makes every apparatus of power more intense: it assures its successfulness and efficacy through its preventative character and its automatic mechanisms. It can integrate into any function, and it will increase the efficiency of the function creating a direct proportion between the surplus of power and the surplus of production. Despite looking terrifying and suffocating, every member of society should have the right to enter the center of the panoptic tower, seeing themselves how schools, prisons, and hospitals function: this would guarantee a democratic control and it would prevent the risk of degenerating into tyranny.

The plague-stricken town is an exceptional disciplinary model, perfect, but absolutely violent since power opposed the threat of death to a disease bringing death, and life was actually survival: it was the power of the sword fighting against the power of the disease. The Panopticon, on the other hand, enlarges power arrangements by making it more effective and convenient, but at the same time by strengthening social forces, by increasing production, by developing the economy, by increasing and multiplying the subjects' utility. Panopticism is therefore the general principle of new political anatomy

whose objects are now the relations of discipline, and not the relations of sovereignty any longer³⁹. To better understand this distinction, we can see the difference between two different meanings of discipline. The discipline emerged during the sovereign power era as an enclosed institution with negative functions: its aim was that of correcting, arresting, and suspending inconvenient behaviors. With the merging of the discipline into the panopticon, discipline becomes a mechanism able to penetrate every stratum of society. Its role now consists in improving the exercise of power by making it lighter, rapid, more effective, and by constantly applying subtle coercion to society. Discipline gradually extended itself especially in the seventeenth and eighteenth centuries to the point that it is now possible to talk about a disciplinary society: this means that every human relation is now regulated by disciplinary power, and our relationship with ourselves is the first form of dominion it exercises upon bodies.

The extension of disciplinary institutions is only the most visible side of many processes: first, the functional inversion of disciplines we have just talked about, passing from a negative role to a positive one to increase the possible utility gained from individuals. Individuals become more skilled and efficient due to the influence discipline has over the subjects' behavior: it is in fact a technique that makes individuals want to be useful for society, and it is essential in factories for the transmission of knowledge and the diffusion of aptitudes and skills in workers.

The second process to be taken into account is the swarming of disciplinary mechanisms: a monolithic discipline broke down into many flexible methods of control, that can be singularly transferred and adapted. For instance, children attending a Christian school are not only disciplined by their teachers so to become docile but, through them, teachers can also control and verify the piety of their family, supervise their parents and gain information on the values they grow their children with, that must correspond to those of disciplinary power. In the same way, the hospital offers a sample of the whole population and, through medical observation, it is possible to understand many factors influencing health, like the different dangerousness of jobs, eating habits, and pollution. The third process we need to consider is the increasing state control of disciplinary mechanisms: initially, royal absolutism did not rely that much upon the discipline of subjects, while now discipline infiltrates every state institution, above all the police. Royal

³⁹ *Ibidem*: 205-210

guards have now been substituted by a faceless gaze with thousands of eyes everywhere, who ceaselessly observe subjects and every movement of their bodies.

Despite its permeation in every dimension of the life of subjects, discipline cannot be identified with an institution, nor with a political apparatus: it rather is a modality for the exercise of power, a physics of power deconstructing it in techniques, procedures, targets, and levels of application. It is possible to talk about a disciplinary society in a large variety of cases because of the stretching of enclosed disciplines into every area of power, that can be identified in a sort of social quarantine as well as in a panoptic machine, capable of distributing power in every infinitesimal possibility.

A big difference that allowed discipline to become so powerful is the general conception of society: in antiquity, society became a single great body on certain occasions, like for instance in theatres in Ancient Greece, where all the population attended the same plays and work stopped for everybody. In contemporary society, this unity is seldom perceived due to the fragmentation of social identity: private individuals have a disciplined relationship with the state they live in, and the dimension of public life is almost nonexistent due to the features of disciplinary power, which makes every subject alone. Our society stopped being the society of the spectacle to become the society of surveillance: scaffolds were replaced by cameras, spies, by our need to share on the internet all the things we think will make us appear satisfied and realized.

The goal of disciplinary power is that of exercising power at the lowest possible cost, which means bringing the effects of discipline to the highest intensity while linking this growth of power to the output of the social apparatuses within which it is exercised; subjects must become docile and increase their utility for the disciplinary system at all costs.

Speaking about costs, disciplinary power has a high costing nature: it is expensive to the state treasury, it must stem the effects of corrupt offices that weigh on the population and the state budget and, finally, it is costly in its need of perpetual reinforcement to overcome the slightest resistance. To ease its weight on the state, disciplines use procedures involving group partitioning and verticality in communication, introducing solid separations among individuals belonging to the same social group. By increasing a person's utility, disciplinary power and the state earn prestige and more money: this is why the accumulation of workers and capital can never be split, the first was fundamental

in the expansion of the second⁴⁰. In the eighteenth and nineteenth centuries, national populations started being seen less as subjects to be ruled and more as political and economic resources whose productivity and physical fitness needed to be ensured through disciplinary devices. Only the fit is allowed to be part of the success of the economy, while the sick is not useful to the country and must therefore be eliminated or isolated from the good citizens⁴¹.

Disciplinary power is both immense and minuscule, and it undermines the limits traced around the law on individual rights. It could be argued that if the Middle Ages invented the ritual of judicial investigation with tortures and witnesses, the eighteenth century created powerful techniques of discipline and examination. Today, the ideal penalty consists of an indefinite discipline: everlasting investigations, never-ending interrogations, and never closing files for every single subject. Individuals are observed in every framework they belong to because by the late nineteenth century the disciplinary power swarmed out from workhouses and panoptic prisons to taint everyday institutions, like schools, workplaces, and hospitals⁴².

To this end, it is not easy to answer Foucault's question: "Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?"⁴³.

3.5 Prison in the era of disciplinary power

In disciplinary power, punishment is only one element of a double system, that of gratification and punishment. Punishment is exercised in the institute of prison, an apparatus that aims at making individuals docile and useful by working upon every single subject. Prison must be an exhaustive multidisciplinary apparatus, the most important of all: it must be responsible for every aspect of the rehabilitation of the individual, for his physical training, for his aptitude to work, his everyday conduct, and most of all his moral attitude and state of mind.

The effectiveness of prison is based upon two main features: isolation and work.

Inmates are isolated from the external world and, in the panoptical device, also from other prisoners. Isolation is broken only by a vertical communication with guards, in

⁴⁰ *Ibidem*: 211-228

⁴¹ Hannah, M.G., Schemann, C. (2020). Thinking Corona measures with Foucault. University of Bayreuth: 16

⁴² *Ibidem*: 3

⁴³ Foucault, M. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books: 228

which convicts are always subordinated and never peers. The prison must be the microcosm of a perfect society in which individuals are left alone with their own moral existence, they come together only when talking about hierarchy. Isolation, though, feels very unnatural, and many institutions suspected that it caused damage rather than improvement in convicts: isolation was conceived as a very long period of self-analysis during which the person could understand the gravity of their actions and the effects these have on society, but too much thinking can be dangerous. The conflicts arisen were mainly four: a religious one, a medical conflict, an economic one, and an administrative one. To these, some questions corresponded: is the conversion of the convict the principal element of his rehabilitation? Does isolation make convicts insane and therefore not suitable for being reinserted into society? Is there a cheaper method that guarantees the same results? Which methods and architectural forms ensure the best surveillance?

The second feature upon which prison is based is work: there were many prison models, but the most successful ones involved work for inmates. Some received wages useful for their life back in liberty, some worked for free in order to pay for prison expenses, and some others were isolated and could not work. Working in prison is a way of preventing idleness, which was thought to be the source of criminality itself.

There were many polemics on the matter of wages, because they reward the effort and pragmatic skills of the man, but not the improvement of the convict's behavior. Making convicts work means creating machine-men useful to disciplinary power, but also proletarians who will always struggle to make ends meet. What is, then, the use of penal labor? It is not directly profit, nor the formation of useful skills, but rather the construction of an unbalanced power relation, an empty economic form, and a schema of submission and adjustment to disciplined production.

The panoptic prison is also the perfect place of observation of punished individuals: keeping a permanent record of their activities, thoughts, health, and parameters can help build knowledge about convicts, from which all the medical and political community can benefit⁴⁴.

Prison, despite being so favorable to disciplinary power, is proven to be the greatest failure of penal justice. It causes recidivism, it produces an army of delinquents with useless tasks in their portfolio, it encourages their organization for criminal purposes, it

⁴⁴ *Ibidem*: 238-250

keeps people stigmatized when set free, and it throws families into destitution, in particular in those systems in which it is only a male perk that of working to earn money. In order to be really effective, prison should focus more on the wellbeing of the individual, and less on the monetary contribution they will bring to society once they will be set free, and it can do so by correcting people's behavior, classifying and dividing convicts by age, mental attitude and penal gravity, by adjusting penalties to the convict's behavior, by promoting progressive socialization among convicts, by supervising with awareness and qualified individuals, and finally by assisting inmates until their rehabilitation is complete⁴⁵.

Disciplinary power is perfectly incarnated by the panoptic prison, and its omnipresence in society gave birth to what Foucault called the carceral archipelago, a society in which the carceral technique is transported from the mere penal institution to the entire social body⁴⁶. Society acquires a carceral texture by invisibly capturing the body of subjects and by perpetually observing them. Discipline, therefore, gives birth to a new economy of power, by making emerge a new law via the carceral archipelago, that of the norm: it is a compound of nature and legality, of constitution and prescription, and an indispensable condition for the development of the objectifying activity of the examination of bodies.

In this chapter, I tried to show how power changed shape during the last centuries, transforming itself from enormous displays of force to a subtle auto-discipline that never abandons subjects, through the Foucauldian work *Surveiller et Punir*. Initially, convicts had to suffer and be tortured, while the need for rehabilitation is now exploited by disciplinary power to forge individuals who will enhance their production utility when set free. Disciplinary power act on the behavior of its subjects, by making them fearful, docile, and controllable at any time in their thoughts, movements, health, and activities. Control is exercised via a deep examination of the subject, that will be treated differently according to its (non) utility for society. An examination can be conducted in many different settings, but the ideal location is that of prison, especially the panoptic one: there, it is possible to test means of correction, medicines, and evaluation methods with no fear of the consequences, since these subjects are in fault to disciplinary power because they are not perfectly functioning, so power is definitely entitled to use them to improve its efficiency. The concept of examination will be fundamental in the next

⁴⁵ *Ibidem*: 265-270

⁴⁶ *Ibidem*: 298-304

chapter, where I will discuss the concept of normality and abnormality by creating a dialogue among the position of Foucault, of his master Georges Canguilhem, and of Franco Basaglia, an extremely important Venetian psychiatrist and writer who defended the rights of feeble-minded individuals. I will show how the concept of normality is extremely important in determining biopolitical actions since the state tends to dislike those individuals who cannot generate economic revenues in the capitalist society. Therefore, the richest and fittest have access to better cures, while poor and sick individuals are not that valuable to the society we live in; on the contrary, they are perceived as just weighing on the shoulders of the whole collectivity. But who taught our society to think in these terms, if not disciplinary power? Is there a way out of these schemata?

CHAPTER 2

Society must be defended: from what?

“In this young city entirely dedicated to the happiness of possessing health, the face of the doctors would fade, leaving a faint trace in men’s memories of a time of kings and wealth, in which they were impoverished, sick slaves”.

Michel Foucault, *The Birth of the Clinic*⁴⁷

1. From disciplinary power to regulatory power: racism at the root of biopolitics

In the first chapter, I followed the metamorphosis power went through over the ages: from a sovereign power characterized by violent executions and social strata, power slowly changed and it took a disciplinary shape. Disciplinary power controls every thought and action of every subject, filling every aspect of human life: all subjects are compelled to be productive, healthy, to reproduce, to teach discipline to others, and to submit to an invisible master, always observing them, no matter what their social stratum is. Despite having a gigantic power on bodies, discipline only exists when the subject is alive; in the nineteenth century, though, a new, massive, power developed to overtake the tasks of disciplinary power: regulatory power. Unlike disciplinary power, the regulatory one has a powerful hold over the life of individuals: in fact, it can exercise power over men insofar as men are living beings, considered also *en masse*, and not just individually. There was, therefore, a shift to a new kind of power that could control the life and death of an individual even when there was no crime to punish, no treason, no reason, unlike sovereign power.

The biological existence of the subject is now under state control, under a certain tendency that might be named state control of the biological.

Under a sovereign power, one of the characteristics showing dominion was the right of the king over the life and death of its subjects and enemies; the sovereign could spare the life of his subjects or he could choose to sentence them to death. Now the power over life and death changed significantly and it became very strange: what does having the right to life and death actually mean in the era of regulatory power?

⁴⁷ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 34

Without the intervention of regulatory power, the subject stays in a neutral state in which it is, by right, neither dead nor alive, because his life on earth is exclusively determined by the decisions of power. The right to decide of the life and death of subjects is therefore played in an extremely unbalanced way because it is actually exercised only when the sovereign/state decides to kill: it is, basically, the right of the sword⁴⁸.

Disciplinary power developed between the end of the seventeenth century and the beginning of the eighteenth, while in the nineteenth century there was a massive transformation in matters of political rights: the ancient right of sovereignty to take the life of subjects or to let them live has been overthrown by a new right, that of making subjects live, or letting them die. In fact, from the 1850s on, a new technology of power emerged: biopower. Biopower does not exclude disciplinary technology, but rather it integrates discipline into its functioning. Discipline is addressed to individual bodies, while the regulatory action of biopower is addressed not to the man-as-body, but rather to the living man intended as a living being, as man-as-species: it is a new technology of power addressed to the multiplicity, to a global mass, that deals with massifying biopolitics of the whole human race. This new technology arose in the nineteenth century because of the emergence of a problem: during the industrialization era, old, aged people, out of the field of activity and therefore of productivity, started increasing in number. Disciplinary power aimed at making subjects more productive than ever, so when a larger number of subjects stopped being productive, they started to represent a problem and a weight to the whole collectivity. For this reason, biopower found a new unseen mechanism for maximizing work and extracting forces: processes like birth ratios, forecasts, measures, analyses, and statistical estimates entered the dominion of control over subjects, transforming the population as a whole in the fundamental interest of biopower.

It is evident that nineteenth-century medicine created a link between scientific knowledge and political intervention. Medicine is an instrument of power detaining important knowledge, and it can be applied at the same time to the singular body and the whole population, to the organism and biological processes, and therefore it will have both disciplinary and regulatory effects. Medicine developed in a new direction, having as its main focus public hygiene, intending to coordinate medical care, centralizing power,

⁴⁸ Foucault, M., (1997). *Society Must Be Defended: Lectures at the Collège de France, 1975-76*. New York, Picador: 239-252

and normalizing knowledge. Moreover, its role was that of teaching hygiene and medicalizing the population to prevent their death at all costs. Death is a permanent negative side effect of living, that weakens life by slowly slipping into it: for this reason, the decay of the human body must be as slow as possible, so that subjects can work more and more forcefully.

As contractualist philosophers claim, human beings are compelled to sign the contract that subjugates their whole life to the collectivity because of many needs and threats; the main reason to join a society and to submit to a higher power is, therefore, weakness.

Subjects are willing to give the sovereign/state right over their money, their workforce, their health, but can their own life become one of the rights of the sovereign?

With the birth of biopower, a new regulatory element appears of which disciplinary power and the theory of right knew nothing about. If the theory of right binds individuals and society via a contract, and disciplinary power binds the subject to disciplinary power, now biopower deals with the life and death of the whole population, of a body with so many heads that they cannot even be counted. The regulatory side of power can now decide who to make live, to protect, and who to let die because of the lack of intervention. Death became an infamous thing: it ceased to be a spectacular ceremony on the scaffold and it started being the most private and shameful thing of all. In ancient times, power transitioned from one king to the other: with the advent of biopower, there was a shift from a civil or public right over life and death of an individual to a right that either grants eternal life or eternal damnation to masses of subjects for no reason different from their productivity.

From the nineteenth century on, power is decreasingly the power of the right to take a life, and much more increasingly the right to intervene in life to make subjects live. Death is the end of power and, therefore, must be avoided, it is the only biological aspect falling outside of power relationships.

We can summarize the action of biopolitics in two series that have to be combined: body-organism-discipline-institutions and then population-biological processes-regulatory mechanisms-state. The first refers exclusively to disciplinary power, in which the body is reduced to an unanimated organism that must follow discipline, and discipline is inside every institution; while the second refers to biopower, in which the population is the compound of many biological processes, at the individual and communitarian level. These processes are essential in setting the regulatory mechanisms that the state makes

use of to keep its population healthy and productive. The combination of the two chains gives life to biopolitics, a set of actions that try to control and preserve the life of worthy individuals, feeling entitled to suppress the unfit for the sake of the productive ones. Sexuality is the precise meeting point of disciplinary and regulatory power, it is the point where the body and the population are articulated: it is a natural biological function that must be adjusted to the ruling power, it starts being hypercontrolled and medicalized, and this is extremely problematic.

There is one fundamental element that circulates between the disciplinary and regulatory power, that controls both the disciplinary order of the individual body and the aleatory events occurring in the biological multiplicity: the norm.

The norm is a structure that can be applied to both a body that has to be disciplined and to a whole population that must be regularized: the normalizing society, establishing who to nurture and who to starve among the same population sample, is not a generalized disciplinary society, it is something more. The normalizing society is a society in which the disciplinary norm and the regulative norm intersect along an orthogonal articulation, a society in which power has taken control of the body and of life in general⁴⁹.

How can biopolitics kill if its basic function is that of nurturing its subjects and improving their lives? This is due to an inescapable feature of modern power: racism. In fact, the modern state cannot properly function unless it becomes racist at some point.

Racisms consist in the introduction of a break, of a division, into the domain of life that is under power's control: the break between who must live and who, on the contrary, must die. Racism distinguishes races in the biological continuum of the human race with the aim of letting the strongest or the most powerful prevail on other races, that might be as good as others or inferior, but never superior to the putative best. This is a way of fragmenting the biological field addressed by biopower and a way of introducing a biological-type caesura within a population that appears to be a biological domain with no apparent divisions. Racism, therefore, establishes a relationship of war, that is completely compatible with biopower: if you – the fittest and most productive race – want to survive, then you must make others die. The more inferior species die out, the more abnormal and unfit individuals are eliminated, the fewer degenerates there will be in the best species and, as a consequence, the more the best species can live, the stronger and

⁴⁹ *Ibidem*: 253-257

more vigorous it will become. The death of a bad and inferior race will allow the dominant race to look healthier and purer. Let us think of a lawn, of a beautiful emerald, green color: the grass looks healthy, and so do the daisies, then there are some dandelions that look astonishing too, but they belong – according to the government – to a pest species, that was not planted on purpose but that look beautiful and have precious properties. Despite nothing being wrong with the dandelions themselves, they will be extirpated to make the lawn look even, and to give more room to daisies to flourish and set their roots. This is exactly how racism works, at a macroscopic level, in biopolitics: diversity is not tolerated and must be extirpated, even though it does not hurt the other inhabitants of the lawn.

The enemies of the dominant race are threats to the healthy population and for the population: therefore, killing them is acceptable because it does not provoke a simple victory over adversaries, but the elimination of the biological threat to the species and the improvement of the dominant race. In a normalizing society, it is evident that racism is the precondition of making killing acceptable. In these pages, I used the lemma ‘killing’ because it is the climax of hatred but, of course, rejection, expulsion, exploitation, and exposition to death of the disadvantaged are all equally dramatic. If the power of normalization wants to exercise the old sovereign right to kill (expel, exploit), then it must become racist. There is a strong link between the biological theory of the nineteenth century and the discourse on power: both are seen in evolutionistic terms, where the fittest dominates the weak.

Foucault claims that racism justifies the death-function in the biopower economy by “appealing to the principle that the death of others makes one biologically stronger insofar as one is a member of a race or a population, insofar as one is an element in a unitary living plurality⁵⁰”. Racism is bound up with the workings of a state compelled to use race, the elimination of races, and the catharsis of the race, to exercise its sovereign power. Racism emerges with colonization, and with colonization emerges genocide.

Once the mechanism of biocriminality was called upon to make it possible to execute or banish criminals, criminality was conceptualized in racist terms: the same applies to madness, a topic of interest that I am going to deal with in the following pages. Madness itself was considered a valid reason to kill a certain part of society that was not perceived as the fittest, the psychiatric population: on the contrary, it was seen as a degenerated

⁵⁰ *Ibidem*: 258

group of individuals that had to be hidden because of their biological inferiority and unfitness for emerging capitalist economies. In the next paragraph, I am going to discuss the arbitrariness of the definitions of normal and pathological with the help of Georges Canguilhem's *The Normal and the Pathological*, first published in 1943 but then expanded and republished in 1968. Georges Canguilhem (1904-1995) was an important philosopher and physician who specialized in epistemology and in the philosophy of science that also acted as a mentor to Michel Foucault during his doctorate and who influenced him a lot in his research and approach.

2. Normal and pathological: medical labels becoming parameters of social value

Traditionally, the human body defines the space of origin and of distribution of disease: it is a space whose lines, volumes, routes, and surfaces are laid down by the anatomical atlas, in accordance with a now-familiar geometry⁵¹. The body is mummified and this model is applied to each individual: once given, science on bodies hardly goes through changes: this is an error because the human body is always mutating and it cannot be reconducted to a static atlas that crosses time and space, individuals are different and, above all, they are alive. According to the order of historical correspondences, this introduction of death into knowledge goes very far: the late eighteenth century rediscovered a theme that had lain in obscurity since the Renaissance. Seeing death in life, immobility in its change, the beginning of a reversed time swarming with innumerable lives, is the structure of Baroque⁵².

Individual bodies are examined by a medical gaze, and I am going to later discuss in depth this powerful device. The gaze is the instrument through which the physician looks at the atlas, atomizing every detail of the individual, and through which he condemns life from the height of death and stillness. The perception of death in life had different functions in the Renaissance and in the nineteenth century: during the Renaissance, it contained reductive significations like differences of fate, fortune, conditions that were effaced by the universal gesture of death, that reached every person. In the nineteenth century, on the contrary, death was perceived as constitutive of singularity, as an escape from the monotonous and average life of the individual; in the slow, half-subterranean, but already

⁵¹ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 3

⁵² *Ibidem*: 151

visible approach of death, the common and dull life suddenly became an individuality, isolated by a black border of truth⁵³.

It is clear that the concepts of normal and pathological would be incomplete if they were to be defined by anatomical atlas because they provide partial and volatile knowledge.

Blaise Pascal stated in his *Pensées*: “Three latitude degrees subvert the whole jurisprudence; a meridian establishes the truth; a few years of dominion change the fundamental laws; the law has its époques; the entering of Saturn in the Leo decides that this or that is now a crime. Bizarre justice who is delimited from a river! Truth on this side of the Pyrenees, error on the other⁵⁴”. Despite the reference to justice, this feeling of arbitrariness and instability can also be applied to the definition of what is normal and what it is not across time and space.

In medicine, the normal state contemporarily defines the habitual status of an organ and its ideal state⁵⁵: the *Medicine Dictionary* by Little and Robin defines as normal what conforms to the rule and is, therefore, regular. The concept of the norm has been borrowed by physicians from their knowledge of physiology and from their direct experience of organic functions, and it corresponds to the common representation of what is normal in a certain locus at a given time. For this reason, the concepts of the norm and average are inseparable: they implicate one another and they influence the perception of what is right or wrong, normal or abnormal.

The idea of normal, anyway, actually is not an average relative to social concepts, nor a reality judgment, but it is rather a judgment of value, a limited notion that defines the peak of psychic capacities of a human being: for this reason, there is no limit superior to normality and it is desirable.

The pain was not included in nature’s plan, but the disease was in the organism. A body suffering from a disease is diseased not only with respect to other individuals but also to itself: a disease is a watershed event that changes the body in before and after the disease. Diversity, though, does not correspond to disease: the anomalous is not pathological, it is simply less frequent. Moreover, there can be a way of considering the pathological as normal. Health has two different meanings: first of all, absolutely considered, it is a normative concept that defines an ideal type of structure and of organic behavior. On the

⁵³ *Ibidem*: 171-172

⁵⁴ Pascal, B. (2017). *Pensées*. Milan: Giunti/Bompiani Editor: 139. Fragment 230. Translation by the author.

⁵⁵ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 77

other hand, qualified health is a descriptive concept that defines the reactions of bodies to the threat of disease. The definitions of health are univocal, but their translation onto individual bodies may vary: therefore, it is important to watch beyond the ideal body to determine what is normal or pathological for the specific body itself.

The concept of sickness is generally perceived as a social non-value that contains every negative value, like danger, rejection, and ostracism. If it is true that the human body is also the product of the social activity, then one might suppose that the perseverance in some traits, revealed by an average, only depends on the conscious or even unconscious loyalty to some established life norms: as a consequence, the statistical frequency in the human species is not only expressing a vital normativity but most importantly a social normativity⁵⁶. A human trait is not defined as normal because of its frequency, but it is said to be frequent because it is normal: normativity is, therefore, a given life genre. The average duration of life is not the length of a biologically normal life, but it is in a way influenced by the socially normative duration: in these moments, the norm becomes the average despite the presence of significant variables, e.g. the different types of work roles, that influence life length significantly.

As opposed to sickness, many physiological characteristics become desirable social values: a long life, the reproducing capacity, the absence of pain, and a limited perception of the body and of fatigue. These values become socially relevant in the biopolitical scene: subjects must pursue their health so that they can serve the state as much as they can. Anyway, the biological normal emerges only when faced with infractions to the norm: the disease is, therefore, fundamental for better understanding life and health⁵⁷. The field is divided up according to the principles of normal and of pathological. The science of man has a unique character that cannot be detached from the negative aspects in which it first appeared, but which is also linked with the positive role that it implicitly occupies as a norm⁵⁸: when one spoke of the life of groups and societies, of the life of the race, one did not think first of the internal structure of the organized being, but of the medical bipolarity of the normal and pathological.

The pathological, though, must be considered as a species of the normal, because the abnormal, since it is not what is normal, is another normal. The pathological, therefore, is

⁵⁶ *Ibidem*: 160

⁵⁷ *Ibidem*: 91

⁵⁸ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 35-36

not abnormal, it just belongs to different normality. The pathological experience is independent of health and different from it: the pathological state and anomaly do not consist in the absence of any norm, they follow a vital norm, but it is thought to be inferior to that of normality⁵⁹.

An anomaly can be defined as an empirical, descriptive, and, above all, normative concept. The lemma derives from the Greek ομαλος, united, equal, but many mistakenly thought it derived from νομος, law: instead of being translated with unequal/disunited, it has been therefore translated with lawless, and this has a very negative connotation.

Saint-Hilaire created a division of the anomaly types according to their seriousness: variety, conformation flaws, heterotaxias, and, finally, monstrosity.

Variety is the lightest form of anomaly, it does not pose any obstacle to vital functions, and there is no visible difference in functioning. Conformation flaws are scarcely serious, still, they make it impossible to exercise some functions, and therefore they lead to some difference. Heterotaxias are not obstacles to vital functions, and they do not appear externally. Monstrosity, on the contrary, is a serious and complex anomaly characterized also by a flawed conformation⁶⁰. Unlike beings affected by disease, bearers of anomaly cannot be compared to their previous selves, but only to others: they were born this way, there was no watershed event in their health and conformation. It is also important to remember that the living being and the environment are tied and they cannot be considered normal singularly, it is exclusively their exchange and relationship to make them so. From the moment when the aetiology and the pathogenesis of an anomaly become known, the anomalous becomes pathological⁶¹: an anomaly might become a disease, but it is not a disease in itself, so it is not easy to determine when an anomaly actually becomes a disease. The diseased is sick because he can admit only one norm: the diseased is not abnormal because of the absence of a norm, but rather for their incapacity of being normative. Being healthy does not mean being normal in a given situation, but being also normative, in that situation and in others. Being healthy is a biological luxury that allows people to remain on the 'right' side of the population, that capable of producing utility and being fit for many years⁶². Nineteenth-century medicine, though,

⁵⁹ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 41

⁶⁰ *Ibidem*: 133-134

⁶¹ *Ibidem*: 85

⁶² *Ibidem*: 199

was regulated more in accordance with normality than with health⁶³. This was also clear in paleopathology, a medical discipline stating that a pathological fact is mostly based on the culture or lifestyle of the population, like for instance nutrition diseases. The absence of rachitis, for example, is due to the consumption of raw or barely cooked food, while caries, on the contrary, depend on the usage of cooked and farinaceous food⁶⁴.

A medical practice could grant an important place to physical regimen and diet, in short, to a whole rule of life and nutrition that the subject imposes upon himself and his family, which he is completely responsible for⁶⁵.

The physiological state is the healthy one, more than the normal one could ever be because it can eventually allow the shift to some new norms⁶⁶. Medicine must no longer be confined to a set of techniques for curing the ill and to the knowledge required to do so; it should also embrace the knowledge of a healthy individual, that is, studying a non-sick person and defining the model individual. In the ordering of the human existence, it assumes a normative role, which authorizes it not only to distribute advice as to healthy life but also to dictate what the physical and moral standards should be for the society he lives in⁶⁷. Medicine will, therefore, become the knowledge of the natural and social man. It is also important to determine how and in what manner the various forms of medical knowledge pertain to the positive notions of health and normality. Up to the end of the eighteenth century, in fact, medicine related much more to health than to normality: it did not begin with the analyses of the regular functioning of organisms to see where they had deviated, it sought healing methods. There is an irreversibility of the biological normativity, and healing does not mean going back to a biological innocence, but it rather consists of going through new forms of life⁶⁸. Healing is the reconquest of a stable state of physiological norms.

Despite all the differences and anomalies the human body can present, no human being is inferior to the other, they all belong to the same race, the human race. Unfortunately, not everybody recognized that all species are what they are meant to be since they all present variety in unity and unity in variety, like Saint-Hilaire said. There have always

⁶³ Please see footnote 12

⁶⁴ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 172

⁶⁵ *Ibidem*: 35

⁶⁶ *Ibidem*: 127

⁶⁷ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 34

⁶⁸ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 228

been powerful groups exploiting the weak for their own purposes, and this is what medicine did in its clinics.

3. The Clinic determines who to make live and who to let die

3.1 Experimenting on bodies for the sake of the next patient

Not until long ago, the family formed the natural locus in which the truth of healing resided unaltered. According to the Comité de Mendicité de l'Assemblée Nationale, in fact, the family represented the only possible locus for recovering from disease⁶⁹. The care given to the ill by his family and friends is sincere and not expensive for society, on the contrary, the financial assistance given to the sick man will be to the advantage of the caretaker⁷⁰. When the cures of the family did not last, its members asked for the help of physicians, that were often charlatans. In fact, there was no supervision of the medical practice exercised among the civilian population⁷¹. For this reason, the medical community decided to establish some clinics for the cure of the sick, so to end the danger of medical liberty: a free state wishing to maintain its citizens free from error and from the ills that it entails cannot authorize the free practice of medicine⁷².

Before it became *un savoir*, the clinic was a universal relationship of mankind with itself: this was the age of absolute happiness for medicine because the interaction between physicians and patients was not polluted by economic interests⁷³.

The clinic, therefore, appears as the concrete solution to the problem of the proper training of doctors and of the definition of medical competence: in fact, from now on, it will be the task of the state to make sure that a true art of healing does exist.

In this newly established structure, the very practice of the art of curing and the observation of patients in their beds were to become the essential features of new medicine. The clinic, therefore, figures as a structure that is essential to the scientific coherence and also to the social utility and political purity of the new medical organization. The officers of health would treat in the clinic mainly the industrious and active people: in the eighteenth century, it was commonly accepted that the laboring classes, especially the rural ones, led a more simple, moral, and healthy life than other

⁶⁹ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 39

⁷⁰ *Ibidem*: 19

⁷¹ *Ibidem*: 66-70

⁷² *Ibidem*: 46

⁷³ *Ibidem*: 55-59

citizens, and they were hit primarily by external illnesses that came within the competence of a surgeon⁷⁴. Therefore, there was a spontaneous and deeply rooted convergence between the requirements of biopolitical ideologies and medical technology exercised in the hospital.

In the clinic, patients are the subjects of their own disease, that is, they are *cases*: in the hospital, physicians are dealing with examples of illness, so the patients are simply perceived as accidental bearers of their disease, as transitory objects where the disease developed and outbroke. The eighteenth-century medical tradition observed the disease of the patient in terms of signs and of symptoms: symptoms do not have a pathological essence beyond them, but rather their collection constitutes what is known as the disease. Symptoms resemble nothing more than a truth given to the medical gaze, the examination method of physicians I am going to discuss in the next paragraph: the gaze cures patients on the basis of their previous experience, without investigating the single case if it does not show differences to the already examined. In fact, the clinic was concerned only with the instruction, in the narrow sense of the word, given to pupils by their master: it was not an experience in itself, but rather a condensed version of previous medical experience collected for the use of others⁷⁵.

The disease is a spontaneous substitute for experimentation, so the social importance of this process of trial and error was massive: disease reorganizes the whole body without transforming it into something different, it reveals the features of the human body without altering its structure. This is not true, though, for mental disease, for it is not comparable to experimentation: mental disease is not contagious and it is not of social interest, because the feeling concerning this kind of disease is that of resignation and of irreversibility, that discourages the search for really effective therapies⁷⁶.

Behind the generous social intention of helping the poor – as long as he was useful and submitted to power – there was a darker scope, that of experimenting effective remedies for the rich on poor human cavies, that had no social importance as individuals, but only as working objects. Curing the ills of the poor will result in the preservation of the rich because of the medical experience acquired on the body of the expendable.

⁷⁴ *Ibidem*: 81-90

⁷⁵ *Ibidem*: 61

⁷⁶ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 43-51

To this end, Foucault claims: “Yes, rich benefactors, generous men, this sick man lying in the bed you have subscribed is now experiencing the diseases that will be attacking you before long; he will be cured or perish; but in either event, his fate may enlighten your physician and save your life”⁷⁷. These were the terms of the contract by which both the rich and the poor were involved in the clinical experience: in a regime of economic freedom, the hospital managed to find a way of making the interest of the rich. The poor, subjected to the despotism of the rich and of their kings, only know taxes reducing them to penury, scarcity benefitting only the profiteers, and unhealthy housing forcing them either to refrain from raising families or to procreate weak, miserable creatures⁷⁸.

The chain of one disease engendering another, and the perpetual impoverishment of the poor, should be thus broken when a differentiated, distinct space is created for the sick to stay in: however, this results in an ambiguous and clumsy preservation of the disease, and not of the health of the patient himself: the hospital represented an immobilization of wealth and, by its very inertia, it worsened the poverty of those people.

The first task of the physician should be ethical and political: it would be the doctor’s duty to struggle against disease, and this can only be made by waging war against poverty and bad government. If medicine could be politically more effective, it would no longer be medically indispensable: in a free society, where inequalities are reduced, in which concord reigns, the doctor would have nothing but a temporary role, that of advising as to the regulation of his heart and body. Unfortunately, this is not what the clinic was made for. The clinical observation involves two domains, that must be necessarily united: the hospital domain and the teaching domain are in fact inseparable. In the hospital domain, the pathological fact appears in its singularity as an event, and in the series surrounding it. However, there is the risk that a disease might be masked by some treatments or domestic habits, and this could make the symptom incomparable to other cases. As soon as medical knowledge is defined in terms of frequency, there is no need for a natural and familiar environment anymore: rather, there is the need for a neutral domain, in which variables are nullified and the comparison between cases is possible and open to every form of pathological event, with no principle of selection or exclusion. In such a domain, everything must be possible, and possible in the same way⁷⁹.

⁷⁷ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 84-85

⁷⁸ *Ibidem*: 33-40

⁷⁹ *Ibidem*: 109

The particular knowledge of the individual patient was therefore being structured: the patient had to be enveloped in a collective and homogeneous space.

For clinical experience to become possible as a form of validated knowledge, a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a relationship between public assistance and medical experience became all necessary. It was also necessary to open up language to a new domain, that of a perpetual and objectively based correlation of the clinical visible and the expressible. The constitution of pathological anatomy while clinicians were defining their method of analysis is no coincidence: the balance of experience required that the medical gaze directed upon the individual and the language of description should rest upon the same stable, visible, legible basis of death and immobility⁸⁰.

The locus in which knowledge is formed is no longer the pathological garden where God distributed the species, but it is now a generalized medical consciousness⁸¹. It is therefore evident that the hospital had a dual role: it was the locus of systematic truths for the medical gaze, and of the free experiment for the knowledge formulated by teachers⁸². Observation and experiment are not mutually exclusive, it is natural that observation should lead to experiment, but experiment should question only the things observed⁸³.

This is not the case, because there is a coincidence of the medical space with the social space, and therefore experimentation and the observation of certain human bodies as if they were inferior and expendable is way too much tolerated.

The clinic is identified with the whole medical experience and there is no interest in finding different ways of curing those in need without spectacularizing their body and their suffering for the sake of the rich. This is the reason why Foucault wonders:

“But to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that demands to be comforted, not displayed? Can pain be a spectacle? Not only can it be, but it must be, by virtue of a subtle right that resides in the fact that no one is alone, the poor man less so than others, since he can obtain assistance only through the mediation of the rich. Since a disease can be cured only if others intervene with their knowledge, their resources, their pity, since a patient can be cured only in society, it is just that the illnesses of some should be

⁸⁰ *Ibidem*: 196

⁸¹ *Ibidem*: 31

⁸² *Ibidem*: 48

⁸³ *Ibidem*: 108

transformed into the experience of others; and that pain should be enabled to manifest itself. The sick man does not cease to be a citizen, the history of the illnesses to which he is reduced is necessary to his fellow men because it teaches them by what ills they are threatened”⁸⁴.

Society should all dream of a total dehospitalization of disease and of poverty. Poverty is, in fact, an economic problem for which assistance must be provided while it exists, while the disease is the individual accident that the family could respond to by ensuring that the ill receives the necessary care. The hospital is not fit to resolve these problems, because it is an anachronistic solution that stigmatizes both the poor and the sick, not responding to their real needs. The medical body wants to be distinguished from political bodies because it claims that it does not seek to limit the liberty of subjects nor to impose laws and obligations upon citizens, but its weight in society is massive and very felt by all the disciplined subjects⁸⁵.

The clinic was the first attempt to order a science on the exercise and the decisions of the medical gaze, that I am now going to talk about because of its inextricable bond to disciplinary power and biopower at the same time.

3.2 The medical gaze as the major examination tool

In the previous paragraph, I showed the reasons behind the choice of capitalist societies to take care of the health of the poor: as Foucault explains very clearly in *The Birth of the Clinic*, the poor is the perfect object of study because of their ignorance of clinical matters and because of their physical debilitation due to work and poor nutrition and housing. This is the perfect resume of how biopolitics works: since the poor is part of the working class and he only is useful as long as he is productive, when he ceases to be so then he must accept to become useful in another way, that will be favoring others, possibly fitter and richer than him. The poor subject always has to be useful to power, and to sell his body to the state: it might be done through his hardworking attitude, or with experimentations on his irreparable body, that can be sacrificed with no problem. Biopolitics cannot stand idleness: idleness, though, frequently is not a personal choice, but rather a condition of inactivity caused by important matters of health, that could also depend on exploitation and terrible living conditions.

⁸⁴ *Ibidem*: 84

⁸⁵ *Ibidem*: 44-46

When the poor, worn down by his perfect obedience to power, needs to be cured, he is going to enter the clinic asking for human help. There, he will not be examined by humans with the same dignity that he has, by his peers, but by superior beings, by fitter and stronger bodies incorporating a deleterious weapon: the objectifying medical gaze, that will treat them simply as sick organs, and never as individuals.

Until the end of the eighteenth century, the gaze of nosographers resembled a gardener's gaze, because it had to recognize a specific essence in the large variety of appearances.

At the beginning of the nineteenth century, however, a different model emerged: the model of chemical operations, which, by isolating the component elements, made it possible to define the composition, to establish the presence of common points or of differences with other totalities, and thus to establish a classification no longer based on specific types, but rather on the form of relations⁸⁶. The nineteenth-century medicine was haunted by the absolute eye that cadaverizes life and that rediscovers in the corpse the frail, broken nervure of life. The clinic demands as much of the gaze as natural history to see, to recognize what is identical and what is different, to regroup them, and to classify them by species or families.

The medical gaze contains within its structure different sensorial fields: the trinity made of sight, touch, and hearing defines a perceptual configuration in which the inaccessible illness is tracked down by markers, gauged in-depth, drawn to the surface, and projected virtually on the dispersed organs of the corpse. The medical glance has become a complex organization gifted with an imaginary spatial assignation of the invisible: despite the name of this device, the sight of the physician is the least important function, since it cannot go beyond the tissue of the skin and the beginning of membranes. Through touch, though, the doctor can locate tumors, swellings, and dilations of the heart; equally important is the ear of the physician, which can perceive the crepitation of bones, the rumbling of aneurysms, and the sounds of the thorax and abdomen. In order to be efficient, the medical gaze is therefore endowed with a complex plurisensorial structure: it is a gaze that touches, hears, and that sees through every sense⁸⁷.

The role of the medical gaze is that of constituting an examining apparatus: the subject of research of the gaze is what is visible and conductible to a certain disease.

However, many physicians kept on botanizing the pathological field.

⁸⁶ *Ibidem*: 119

⁸⁷ *Ibidem*: 164-166

The medical gaze, on the contrary, was organized in a brand-new way: first of all, unlike the surveillant eye of disciplinary power, the gaze was not that of any observer, but exclusively that of a doctor supported and justified by an institution, the clinic; it was the gaze of a doctor endowed with the power of decision and intervention on the object of analysis, the body of the patient. In addition, the medical gaze was not bound by a narrow grid of structure (e.g. form, arrangement, number, size), but it could also grasp colors, variations, and anomalies by always being receptive to deviance. Finally, the gaze was not satisfied with the observation of the self-evident, it was also calculating and outlining risks and chances⁸⁸.

The previous theme of the stillness of the encyclopedic study has been overthrown by constantly revised information, produced by the medical gaze, that is governed exclusively by itself⁸⁹. The medical gaze is the eye that governs the clinical discipline, the eye that knows and that decides treatments, who to make live, and who to let die inside the walls of the clinic. The development of this medical device concluded the initial clinical stage in which the interaction between the physician and the patient was a relationship of mankind with itself, and it completely transformed the interaction among these two figures: from the initial question asked to the patient “what is the matter with you?”, the medical gaze caused an objectifying shift and changed the question in “where does it hurt?”, completely stopping to recognize the humanity of the patient⁹⁰.

Alone, the medical gaze dominates the entire field of possible knowledge: it refuses the intervention of techniques based on measurements, substances, or compositions at the level of invisible structures. The classificatory rule of the medical gaze dominates both medical theory and practice. From the discovery of pathological anatomy, the power of the medical gaze duplicates: first, there is a local and circumscribed gaze, the borderline gaze of touch and hearing, which covers only one of the sensorial fields, and which operates slightly over the visible surface. Then, there is also an absolutely integrating gaze that dominates and founds all perceptual experiences. This gaze structures into a sovereign unity whatever belongs to the lower level of the ear, the eye, and of the sense of touch. The structure, both perceptual and epistemological, that commands clinical anatomy is that of an *invisible invisibility*, from which all medical knowledge derives⁹¹.

⁸⁸ *Ibidem*: 89

⁸⁹ *Ibidem*: 29-31

⁹⁰ *Ibidem*: XVIII

⁹¹ *Ibidem*: 165-167

The perspective distribution, which enables the physician to see in paralysis a symptom, in syncope an episode, and in apoplexy an organic and functional attack, does not exist for the simply classificatory gaze, sensitive only to surface divisions, because vicinity is only defined by formal similarities, and not by measurable distances⁹². The medical gaze must, therefore, travel along a path that had not so far been opened to it: vertically, from the symptomatic surface to the tissual surface; in-depth, plunging from the manifest to the hidden; and in both directions, as it must continuously travel if one wishes to define, from one end to the other, the network of essential necessities. The medical gaze, which was directed upon the two-dimensional areas of tissues and symptoms, must, in order to reconcile them, itself move along a third dimension. In this way, the anatomo-clinical range will be defined⁹³. The observing gaze manifests its virtues only in a double silence: in the relative silence of theories, imaginings, and whatever serves as an obstacle to the sensible immediate; and in the absolute silence of all language that is anterior to that of the visible. Above the density of this double silence things seen can be heard at last, and heard solely by virtue of the fact that they are seen. This gaze, then, which refrains from all possible intervention, and from all experimental decision, and which does not modify, shows that its reserve is bound up with the strength of its armature. It is silent and gestureless, and it leaves things as they are: it needs a certain silence to listen to the body of the patient and to decipher its symptoms⁹⁴. The clinical gaze, though, has the paradoxical ability to hear a sort of language as soon as it perceives the presence of an unedited spectacle in the body of the patient: in clinical medicine, to be seen and to be spoken create an immediate communication.

According to physicians gifted with the medical gaze, the disease of the patient exists only when it is visible through this deep gaze and when it can, therefore, be seen and stated⁹⁵: this might seem reasonable with respect to body pathology and physiology, but it is absolutely incompatible with mental disease. Madness, the short name given to mental disease, was not perceived as a noble field for medical study: for this reason, it developed much later than physiology, and it has always been seen with a certain suspicion because of the invisibility of the 'organs' treated. However, it is an extremely interesting and vast subject that deserves to be dealt with and acknowledged: Foucault, in fact, spent his

⁹² *Ibidem*: 7

⁹³ *Ibidem*: 136

⁹⁴ *Ibidem*: 107-108

⁹⁵ *Ibidem*: 95

whole academic life revolving around this topic and he felt very attached to it also personally. In the next paragraph, I am going to tackle the topic of psychiatry in the oeuvre of Michel Foucault, first in *Madness and Civilization*, then, much more extensively, in *Le Pouvoir Psychiatrique*.

4. The importance of psychiatry in Foucault's work

4.1 Madness and Civilization: the starting point of a lifetime interest

“Everyone dangerously errs because they all follow a truth; their mistake is not that of following a falsity, but that of not following another truth⁹⁶”. This quotation of Pascal refers to his faith in the Christian religion, but it might be well applicable to the Foucauldian point of view on normality and folly expressed in his first significant publication, *Histoire de la Folie à L'Âge Classique*, also known as *Madness and Civilization*. Written in 1961 in Sweden, *Madness and Civilization* was Foucault's doctorate thesis, and in this work he wanted to trace a genealogy of madness – it is already possible to notice his archaeological method of investigation – through the reconstruction of its profile across history, focusing mainly on the Âge Classique (1657-1794).

When it was first published, the book was not very successful: for this reason, Foucault accepted to republish it in an economic and shortened edition. This second edition was translated into English and it became extremely popular in the United Kingdom because of the strength of the recently born local antipsychiatric movement, that refused the traditional clinical approach to madness by attributing it an unjustified violent treatment⁹⁷. Antipsychiatry developed from people's ideas and from their experience with traditional psychiatry, and the members saw in *Madness and Civilization* a sort of historical justification, entitling them to riot. In the book, madness is at the same time the object and the subject of the discourse: this was unprecedented, and the efficacy of the narration depends on the fascination of madness, which is a true form of knowledge⁹⁸.

Contemporary psychiatrists modified the concepts of normal, pathological, and of madness because of the new tight bond between psychiatry and philosophy⁹⁹: madness

⁹⁶ Pascal, B. (2017). *Pensées*. Milan: Giunti/Bompiani Editor: 445. Fragment 789. Translation by the author.

⁹⁷ Colucci, M. (2004). *Isteriche, internati, uomini infami: Michel Foucault e la resistenza al potere*. Published in *Aut Aut* N 323: 1-5. Translation by the author.

⁹⁸ Foucault, M. (1965). *Madness and Civilization. A History of Insanity in the Age of Reason*. New York, Random House: 21

⁹⁹ Canguilhem, G. (1998). *The normal and the pathological*. New York: Zone Books: 43

is perceived as truthful because it is linked to the weaknesses, dreams, and illusions of all men and women, and not to subterranean forms that do not deal with the totality of the world. Madness, on the contrary, is the purest universal form of *quid pro quo*: it takes the false for the true, death for life, the man for a woman, the beloved for the Erinyes, and the victim for Minos. During the Classical Age, madness was reduced to silence after the liberation that took place during the Renaissance: in fact, one out of every hundred inhabitants of the city of Paris was excluded from society and confined in an asylum, with the Hôpital Général as the most famous of these. The Hôpital Général was not a medical establishment, but rather a kind of semi-judicial structure that, along with the already constituted powers, could decide, judge, and execute. It was an instance of order, and its task was to prevent idleness and mendicancy in the streets of Paris. There, enclosed people had to suffer the repressive schema of the asylum, and those capable of working were exploited as cheap manpower. The importance of activity – that is to say, of exploited manpower – was first of all moral, and only then economical: there was a very strong moral perception that insisted on making the confined work so that they would not weigh on the shoulders of an already unstable society¹⁰⁰.

Madness and Civilization is a masterpiece, but I decided not to analyze it in-depth for a very simple reason: Foucault himself changed his direction on the topic some years later with another book, *Psychiatric Power*, in which he corrects some of the important theses he had defended in *Madness and Civilization*. However, it is a great starting point for carrying on a discourse on madness, power, and on confinement.

I decided to focus more on *Le Pouvoir Psychiatrique*, a book published in 1974 after the conclusion of the homonymous course held at the prestigious Collège de France by Michel Foucault. The Foucauldian investigation of the history of psychiatry has always been strong in his whole work. However, in the timespan between the publication of *Madness and Civilization* and of *The Psychiatric Power*, there was 1968, a very important year for the whole world: the feeling of refusal of norms and of disciplinary institutions intensified in Foucault, and therefore he decided to change his direction on the topic of psychiatric treatment. Antipsychiatry developed around that year, significantly changing the scenario presented in *Madness and Civilization*: the course at the Collège de France seems to acknowledge this news, and this is what encouraged him to change the direction of the

¹⁰⁰ Foucault, M. (1965). *Madness and Civilization. A History of Insanity in the Age of Reason*. New York, Random House: 26-47

new book. In the seventies, in fact, Foucault stopped being cautious, and he started speaking of actuality.

The seminar held at the Collège de France was well-known even before its start because of the spread of its *resumé du cours*, given from Foucault himself to Franco Basaglia in Italy with some handwritten additions¹⁰¹. While teaching this course, Foucault was going through an extraordinarily productive phase, but he had also some doubts.

Madness and Civilization did not make clear what tied the psychiatric power to its history even because Foucault said it was a history of madness itself, and not of psychiatry. Therefore, there will be a shift in the Foucauldian object of analysis: it will not be a history of the perception of madness anymore, but rather an analysis of the device of psychiatric power itself. Moreover, Foucault also moves his temporal focus: if *Madness and Civilization* was about the Classical Age (1657-1794), he is now more interested in his contemporaneity, in particular in the nineteenth and twentieth centuries.

He wants to show a new passage in his discourse by exposing the dark relationship of continuity that ties the contemporary psychiatric power to its ancient roots, in order to open a new horizon in the political fight. However, his relationship with the English antipsychiatry was quite controverted: at the same time, he felt flattered by their interest, but also overtaken and jealous of their appeal. He refused the main thesis of antipsychiatry, which claimed that a repressive and violent power was suffocating a presumed freedom of madness. The English antipsychiatric movement was known for its libertarian positions and for its lack of scientific relevance, it was not focused on practical rehabilitation.

According to Foucault, what makes power resist is that it does not have an exclusively negative function, that of saying no, but it also produces things, induces pleasure, shapes knowledge, and it produces discourses: power should be considered a productive net crossing the whole social body, it is much more than a negative instance with a repressive function. Power is always violent in its microphysics, there is no gentle power, but it is also rational: its rationality is, in fact, the most dangerous thing of its violence. Power does not only annihilate subjects, but it is also what initially produces them. If in *Madness and Civilization* Foucault used notions like violence and institutions, he now thinks of them as inadequate, rusty locks. What Foucault scolds to the antipsychiatric movement is their

¹⁰¹ Please see note 51.

perception of the history of psychiatry exclusively through these notions, in an institutionalist perspective, centered on institutions as the places for the exercise of violence. Violence is of course terrible, but it is not the main problem according to Foucault: in fact, by focusing on the oppression and the brutality of psychiatric power, the real historical matter of psychiatry will not be the center of the discourse, while considering the relationship between psychiatric practice and the discourse on truth is absolutely vital. A new history of psychiatry revolving around the madmen and not around psychiatrists must now be written. The role of the psychiatric hospital is well-known: it is repressive, and people there are condemned to undergo inefficient treatments. Psychiatry, though, expanded far outside the psychiatric hospital: it infiltrated social services, schools, and it acts as a repressive body with a functioning similar to police¹⁰².

Madness, unfortunately, cannot be simply depsychiatrized, but it must also be demedicalized by applying a separation between human behavior and its medical explanation. The first step to take is that of setting madness free from knowledge so that it can express itself at finding a positive dimension to live in.

4.2 Disciplinary power in medicine: psychiatric power

As I stated in the previous paragraphs, psychiatry is a very young discipline compared to the rest of medicine, and the tradition wants it to begin with a particular scene that took place in the nineteenth century. The majority of scholars claimed that the founding scene of the psychiatric discipline took place in Bicêtre, in the meridional area of Paris, in the psychiatric hospital: Philippe Pinel (1745-1826), the psychiatrist directing the building, removes the chains that were binding the madmen to the floor of their cells. These lunatics, initially restrained because of their frenzy, express their deepest gratitude and submit to Pinel as soon as they are freed from the chains¹⁰³.

This is thought to be the founding scene of psychiatry, yet Foucault sees its birth in another scene, that took place in England.

¹⁰² Colucci, M. (2004). *Isteriche, internati, uomini infami: Michel Foucault e la resistenza al potere*. Published in Aut Aut N 323: 9-12. Translation by the author.

¹⁰³ Foucault, M., & Lagrange, J., Ewald, F., Fontana, A., & Davidson, A. (Eds.). (2006). *Michel Foucault: Psychiatric Power: Lectures at the Collège de France, 1973-1974*. (Burchell, Trans.). Palgrave Macmillan: 19-20

King George III of England fell into a mania: at some point, he was confined alone in a room completely covered in matting, so that he could not hurt himself. A doctor sent to his room by the royal physician directing the treatment tells the king that he is no longer sovereign of England, but that he must be obedient and submissive to authority. Two of the king's pages, gifted with a herculean stature, convince the overthrown king that he is completely subordinated to them and that he must obey them. They watch him silently, but they never lose the occasion of showing their superior strength to him. One day, affected by a fiery delirium, the former king shows hatred to this doctor by daubing him with his filth and excrements. Immediately, one of the two pages grabs George III by his belt, strips him completely, washes his body with a sponge, changes his clothes, and then he silently goes back to his post again. In this very miserable scene, it is possible to witness a deposition ceremony where the dethronement agent is the physician: the king is reduced to impotence, and all the essential functions of monarchy are bracketed off by the matting he is enclosed in. The king is now destitute for a new sovereign power, not belonging to another king, but to an anonymous, faceless power distributed among many subjects. This scene also represents the transition from sovereign power to disciplinary power: the former king must now submit and be docile to a power he does not recognize, that of his pages, not of his royal physician, that never appears on the scene.

This representation is powerful because it completely upsets the traditional iconography of power: the king has often been represented as a warrior king in charge of figures showing submission, defeat, or exceptional beauty. Otherwise, the king could be represented by the symbols of power he wore, like the ermine and the scepter, and by an army of soldiers under his control that represented his mightiness and international prestige. Unlike these iconographies, the king here is transformed into a human beast, resembling an enchained and hopeless slave.

The most puzzling feature of this scene is the role of the pages, at the same time obedient to discipline and all-powerful on the king. The pages represent the negative function of disciplinary power through their infinitely repressive force.

Moreover, the scene of filth represents a total inversion of sovereignty: the only defense possessed by the former king is his body reduced to the wildest state and his evacuations. That particular gesture is centuries old, and it shows insurrection against the powerful: during his reign, King George III had been a victim of this act, so he perfectly knew what

that meant. There is, therefore, a total reversal of the traditional sovereign function: the king now takes up the iconic insurrectional gesture of the poorest of the poor.

It is fundamental to bear in mind that, if the king was overthrown by another sovereign, this gesture would have killed him; on the contrary, disciplinary power cleaned him up, and then put him back to where he was as if nothing happened¹⁰⁴.

The scene described by Pinel somehow reminds me of the platonic myth of the cave, but with a different ending, while the second one hits me very much, because the series of actions happening to King George III are very similar, if not equal, to the treatment that patients received in asylums. Anyway, Foucault sees a continuity between the two scenes: Pinel sets the lunatic free so that they owe him their freedom. For this reason, they become gratefully obedient and submissive, and this represents their rehabilitation for their frenzy, they behave so that they can keep on living outside Bicêtre, where even the Marquis de Sade was sectioned¹⁰⁵.

On this occasion, Foucault corrects an error he made in *Madness and Civilization*: in fact, he now argues that there is no resemblance to a family model in the psychiatric practice. On the contrary, the psychiatric power of discipline intervenes where the family is failing: he noticed that the advancement of disciplinary systems never takes place without reference to the family of the patient, blaming it for its incapacity.

For this reason, disciplinary power branched out to the point that it formed what Foucault calls the *Psy-function*: psychiatry, psychopathology, psychosociology, psychocriminology, and psychoanalysis enter the organization of the disciplinary substitutes for the family, with a familial reference. Their function is that of being agents of the organization of a disciplinary apparatus that will infiltrate where there are gaps in the familial sovereignty. It is clear that the *Psy-function* was born out of psychiatry, at the beginning of the nineteenth century, as a rival to the family. If an individual did not want to submit to the sovereignty of the family, then he was put in a psychiatric hospital to learn discipline, where he was apprenticed to become docile and submissive.

The *Psy-function*, though, has been gradually extended to every disciplinary system: in schools, in the army, in factories: it basically performed the role of discipline for all those subjects not willing to be disciplined. The inability of the individual to be disciplined is seen as a failure of the family, and not of the whole society, from the second half of the

¹⁰⁴ *Ibidem*: 21-25

¹⁰⁵ *Ibidem*: 28

nineteenth century on. At the beginning of the twentieth century, the Psy-function became both the discourse and the control of all disciplinary systems: it reveals that every familial sovereignty actually belongs to disciplinary apparatuses, and it is not independent of them¹⁰⁶. This is the reason that pushed families to abandon their family members in the asylum so that they could carry on being perfectly obedient and available subjects for disciplinary power: they felt that their productivity was way more important than caring for the ill, that had no chance of improvement and that was, therefore, a waste of time and energy.

4.3 The asylum as a disciplinary institution

When asked to provide a definition of the asylum, François-Emmanuel Fodéré (1764-1835), a French forensic physician, described it as a castle different from that of the *Cent Vingt Journées de Sodome* by De Sade, as a castle in which an almost infinite number of days will be passed: there, reign order, law, and power. These are necessary for two reasons: first, for the creation of clinical knowledge by the medical gaze, since exact observation is not possible without this obedience. In fact, the *regard médicale* is a strict relationship of order and of distribution of time, space, and bodies.

Secondly, the disciplinary order inside the asylum is a necessary condition for a permanent cure. The authority within the asylum, anyway, is endowed with an unlimited power, which nothing can resist.

In the psychiatric hospital, the physician is essentially a stereotyped body, with a particularly healthy physique and a morphology in which there are full muscles, a broad chest, a certain hair color, and so on. This physical presence, opposed to the haggard bodies of the inmates, functions as the clause of an absolute unbalance in the order of the hospital: in fact, the asylum is not a rule-governed institution, but rather an essential display of the dissymmetry of power. The doctor is the head of psychiatric power, but he is not the only one to detain it: in fact, hierarchy also includes supervisors and servants. Supervisors represent the inexpert gaze, and their task is that of informing the physician on the patients; it is the channel through which the learned gaze of the psychiatrists will be exercised on the patients. Servants, on the contrary, are the last link in the chain of authority: they have to pretend to be even below patients so that they can analyze their

¹⁰⁶ *Ibidem*: 85-87

behavior. Fodéré, in fact, defines the mad person as someone who thinks to be superior to everyone else¹⁰⁷. It is ironic that the same description might be applied to the psychiatrist at the top of the hierarchical pyramid: anyway, this is why servants were so humble with respect to the patients.

This system of power is secured by its ramification and multiplicity: this is a tactical arrangement that allows power to be evenly exercised in the asylum.

Initially, madness was thought to be a sick system of belief: from the nineteenth century on, on the contrary, madness is recognized through a different parameter, that is the emergence of an uncontrollable physical force in the patient. This completely changed the clinical approach to madness: the madman no longer had to learn the 'right' truth on reality, but he had to be kept calm, so that his wild force would never be unleashed. If the unbridled force of madness is the target of every asylum tactic, what else can the cure be but the submission of this force? The therapeutics of madness is the art of taming the lunatic by making him dependent on a man who, through his physical and moral qualities, is capable of influencing the madman irresistibly, altering his flawed chain of ideas.

This is perfectly exemplified by the scene in which Pinel unchains the lunatics and they become loyal to him and instantly rehabilitated.

In the psychiatry of the first thirty years of the nineteenth century, there were two main types of clinical intervention in psychiatry, that were medical practices and moral treatments. Finally, psychiatry is inserted in the area of medical practice and knowledge. The moral treatment, in fact, is not a process to discover the truth of madness, but it is rather a moment of confrontation between the patient and the physician, who always has to be sovereign in the relationship.

In *Madness and Civilization*, Foucault spoke of three notions that he now sees as rusty locks, that are violence, the institution, and the family/asylum. He now refuses the first because power is always violent by definition since it deals with the body. All power concerns the individual body, in fact, there is a direct connection in discipline between the individual body and political power¹⁰⁸. Rather than speaking of violence, Foucault now wants to focus on microphysics of power; rather than the institution, he wants to tackle the tactics of the psychiatric power at work; rather than the familial apparatus,

¹⁰⁷ *Ibidem*: 7

¹⁰⁸ *Ibidem*: 2-16

Foucault wants to see the interaction of the relations of power within the psychiatric practice.

The internment of psychiatric patients happened after their interdiction or when the family asked for it: this was a total control of the individual body, not a deprivation of rights like interdiction, but rather a segregation of the patient. The madmen began to be perceived as dangerous for society in the Classical Age, and therefore they could not be left in their families, they had to be abducted. The asylum acts like a healing machine, structured in pavilions that are organized panoptically. The constant observation of the patient makes the effect of detention permanent with no need for further intervention: the asylum does not resemble the structure of a family, but rather that of schools and factories. In the nineteenth century, the difference between the asylum and the familial structure was evident, while they have merged in the following years. From that moment on, the family is going to become the main issue of psychiatric practice, in particular, the internal disciplining of the family.

The disciplinary structure of the psychiatric power only has a negative function: patients do not improve; they must remain still in their pathological state. The nosographic classification of patients, though, is not used for medical purposes, but to understand their potential level of exploiting within the asylum. The psychiatrist is the head of the asylum and the only one to detain the real truth through the clinical and physiopathologic discourse: the first tackles madness as a mental disease, while the latter aims at investigating the causes behind the disease and the potential presence of neurological lesions. The process of healing of the patient, though, is not customized according to these two discourses: this is just fiction, the psychiatrist pretended to be the only one to hold a monolithic truth on health and sanity. On the contrary, healing consists of the daily subjugation of the individual trapped inside the asylum. From the nineteenth century on, in fact, the asylum also had to become a medical institution, and not simply a disciplinary one. Fundamental was the matter of the truth: the psychiatrist used many techniques to make the psychiatric truth of the patient emerge, like interrogations, drugs, magnetism, and hypnosis. The physicians had to look confident and to show signs of deep psychiatric knowledge: like, for instance, being informed about the patient before visiting him, surveilling him continuously, making punishments seem propaedeutically oriented to healing, and doing clinical practice on the patient. At the same time, in the asylum coexist a medical overpower and a madman overpower: the first is the coincidence of the hospital

with the body of the physician, while the latter derives from the fact that the healing of a lunatic determines the expertise of the doctor himself. In order to autodetermine his value, the physician depends on the patient, and on the success of the therapy he suggests. The psychiatrist knows that, as soon as he formulates his diagnosis, the human being will disappear, and that he will permanently acquire the social status of the patient. On the one hand, psychiatry is important because it looks for the origin of an illness that might seem incomprehensible; on the other, the patient is objectified, mortified, and oppressed because of this presumed incomprehensibility. The asylum did not help the patient feel protected, but it rather caused an irreversible disintegration of his identity. What is the real role of psychiatry? Is it concerned with the patient or only in the study of the syndromes that invested him? The psychiatric hospital as a disciplinary and medical system seems to exist for itself, to be its only reason of being since the activities carried out within it seem to be meant to keep it going because, otherwise, nothing could ever justify its function. The patient does not exist in the psychiatric hospital, because he is buried under the label of his illness that codifies him and cancels him out at the same time. After the disappearance of prison-type asylums, the *bad* patients started becoming better ones: efforts were taken to reintegrate them into society, with the aid of some therapeutic structures that, though, did not alter the rotten structure of society: privileges, prevarications, fears, and prejudices did not disappear¹⁰⁹.

4.4 A way out of the asylum: depsychiatrization

In the twentieth century, the need for a psychiatry endeavoring to constantly test itself on the touchstone of reality emerged. This caused a struggle with the previous psychiatric attitude, enveloped in ideology and superstition. The new psychiatry allowed the patient's conquest of freedom, which had to coincide with the liberation of the whole community he was back in. This new method is based on a psychotherapeutic approach to the patient, but it is hard to eliminate the old positivist paradigms from the discipline. The therapeutic utility of the community, though, should not be regarded as the ultimate goal of psychiatry: the present task of psychiatry is that of refusing to look for the solution to the matter of mental illness as an illness and to rather approach this kind of patient as a contradictory part of the reality. Society, therefore, should be aligned with psychiatry,

¹⁰⁹ Basaglia, F. (1985). *What is Psychiatry?* International Journal of Mental Health, 14(1/2): 43-47

and the problem of the mentally ill should be accepted as part of everybody's reality. The mental hospital, in fact, is not an institution that cures its patients, but rather an environment in which a community of ill people cures itself by confronting its own contradictions. Once the institutional world is no longer enclosed within an artificial reality, it will perforce come face to face with the outside world, which will teach it how to accept its own contradictions since it will not be possible to relegate them elsewhere. It is possible to undermine both the ideology of the hospital as a mechanism that cures, as a therapeutic fantasy, and as a place with no contradictions and the ideology of a society that, by denying its own contradictions, would like to be seen as fit¹¹⁰.

Although this method might seem unfeasible and excessively time-consuming, a Venetian psychiatrist and writer, Franco Basaglia (1924-1980), spent his whole life improving the conditions of psychiatric patients: the greatest moment of his career, in my opinion, was the creation of Marco Cavallo, a four-meter-high sculpture of a horse built in the psychiatric hospital of Trieste in Italy. The story of the sculpture is breathtaking because Marco is not a casual name. In the hospital, there was a horse that carried laundry and supplies around the structure. At some point, the administration decided to buy a three-wheeler van, and the destiny of the horse was uncertain, if not obscure: the patients wrote a letter to the president of the Trieste province as if Marco himself was the writer asking to spare the life of the horse, claiming that they wanted to take care of him for the rest of his 'retired' life. The request was approved, and Marco could live the remaining years of his life with the patients looking after him, feeding him, and cleaning his space. Marco was therefore a symbol of freedom and of victory, and when Basaglia made the patients pick a name for the sculpture they had no doubts: its name was Marco Cavallo.

The sculpture is gigantic, and the abdomen of the horse was meant to be disproportioned because it had to contain all the dreams and hopes of the patients.



Figure 4. Marco Cavallo exhibited in 2010¹¹¹.

¹¹⁰ *Ibidem*: 48-51

¹¹¹ Picture by Damiano Skrbec found on the internet.

Marco Cavallo was so big that it could not cross the door of the hospital, and the patients felt sad because the sculpture was as confined as they were: to prove them wrong, Basaglia broke a window and pushed Marco Cavallo through it, so that it was finally set free. In 1978, the same psychiatrist promulgated the *Legge Basaglia*, which caused every asylum to be shut down, and every mental patient to be finally free.

Before the law came into force, Franco Basaglia had directed the psychiatric hospitals of Trieste, Rome, and Gorizia: the latter was actually his first mandate, and he illustrated the evolution of his revolutionary approach in Gorizia in an iconic book published in 1968, *The Denial of the Institution: Report from a Psychiatric Hospital*. The book is made of essays and interviews with the patients, and it allows the reader to imagine what a day in the hospital looked like: every day, if willing to do so, the patients had to attend daily meetings in order to discuss issues regarding them. Basaglia immediately eliminated nets, constrictions, and bodices from the rooms of the patients¹¹². They were allowed to wear any clothes, and visitors were puzzled because they could not individuate hierarchy anymore. These meetings were not mandatory because they were not part of psychotherapy, but of group dynamics: during one of these assemblies, some patients claimed to feel excluded and envious of the freedom of doctors and nurses. By expressing their feelings, the sense of community and their humanity were strengthened, because Basaglia refused the social mandate of psychiatry, that perceived patients as sick individuals with no rights. Basaglia, in fact, dreamt of a depsychiatrization of illness, he refused to consider a patient as a non-person, excluded and abandoned by society¹¹³.

For this reason, Basaglia promoted the usage of some worktime for his patients: this was seen as a rehabilitation opportunity, or also as an occasion to strengthen the sense of community. Work, though, should have never lasted all day long, because it was a therapy as important as sociality. Through work, psychiatrists could explain to the patients the difference between not doing something because of authority and not doing it because it would harm the whole community: in this way, the patients acquired more responsibility for the common wellbeing and, at the same time, they boosted their self-esteem.

In this environment, every individual is treated in the same way: on the contrary, schools, the family, factories, and generic hospitals are organized on the basis of the violence exercised by the part detaining power on the disadvantaged one, on a neat distinction of

¹¹² Basaglia, F. (2013) *L'istituzione negata*. Italia: Baldini & Castoldi: 14-15

¹¹³ *Ibidem*: 19-21

roles and value. Power has always been divisive: it counterposed the sane to the insane and the respectable to the non-respectable through its racist attitude. Institutions want the weak to accept his inferiority in any case, but census can make a big difference: the disease, in fact, assumes a different gravity according to the social level of the patient. The relationship between physicians and patients can be categorized as aristocratic, mutualistic, and institutional. The aristocratic relationship between the patient and the doctor consists in the meeting of two powers, that are rich and therefore respectable; the mutualistic, on the contrary, presumes that the patient completely subjugates to the medical authority; the institutional relationship, finally, is the worse. The distribution of power in the relationship is unbalanced since the doctor detains much more power than the patient: the ill enters the asylum and immediately loses his rights, becoming an excluded subject. Illness is perceived as a stigmatizing feature, that causes the complete loss of social value. This distinction can be useful to understand that psychiatry has never looked at the disease itself, but rather at the relationship between the physician and the patient, between the patient and society: this caused the objectifying attitude of psychiatry, that must be fought by integrating the patient in society and by making mental disease accepted. Psychiatry must acknowledge that, in order to cure the ill, it is necessary for them to enjoy freedom: the Italian society of the 1970s, though, was not ready to rehabilitate the mentally ill in society, and it could not offer him a job because of the lack of work even for the fit. For this reason, the reform of Basaglia of the psychiatric hospital is a not sufficient outcome, for the social structure has to be changed by its roots¹¹⁴. Anyway, Basaglia's work has been far from vain: he improved the living conditions of millions of people around the globe, and he pushed psychiatry in a brand-new direction. The asylum caused the loss of identity of the ill, building a new, distorted identity that transformed the person into an object, a sick body. The problem of psychiatry is that it manages a power that did not serve for understanding patients and diseases better, but it has rather been used to defend society from the patient, using as the main weapon the classification of syndromes and the psychopathologic schematization. The psychiatric diagnosis is just a label and a judgment of the patient's value based on his health status. In communitarian therapy, on the contrary, there is no hierarchical distinction and complete freedom in communication. Moreover, decisional

¹¹⁴ *Ibidem*: 50-65

power is fractioned among the whole community, just like a real democracy: this is revolutionary, and through the changes of psychiatry our society also has the occasion to rethink its founding principles and to face its fears¹¹⁵.

The first two chapters of this thesis wanted to introduce the oeuvre of Michel Foucault and his most important contributions to the philosophical, political, and sociological discourse. What surprised me the most while reading his books is the detailedness of his narration and the abundance of examples: while talking of disciplinary power in the case of an epidemic, however, he did not mention the Venetian Island of Lazzaretto Vecchio among his examples, that was actually the first structure of this kind to be built for the control of contagion and of the spread of disease. I was born in Venice, therefore my bond with the city is very strong: in the next chapter, I am going to tackle the Venetian management of the plague epidemics that repeatedly hit the city across the ages.

My devotion to the city and to Michel Foucault will also go on in the fourth and last chapter of this thesis: there, I am going to talk about another Venetian Island, named San Servolo, and extremely known for the asylum that was once situated there. Of course, it would enclose patients with mental diseases, but this island is also part of my family: my great-grandmother, Luigia Scanferla, died in there, heartbroken and after a life of suffering and matrimonial mistreatment, with a diagnosis of madness.

In the fourth chapter, however, I would like to focus on the patients affected by pellagra that became dement because of extremely poor nutrition, and their treatment in the San Servolo asylum.

¹¹⁵ *Ibidem*: 72-81

CHAPTER 3

Saints and miasmas: fighting the plague in Venice

The plague-stricken town, traversed throughout with hierarchy, surveillance, observation, writing; the town immobilized by the functioning of an extensive power that bears in a distinct way over all individual bodies – this is the utopia of the perfectly governed city.

Michel Foucault, *Discipline and Punish*¹¹⁶

1. A curse that seemed to last forever

As Foucault claims, epidemics are deadly and destructive at the outset because their character, being little known, leaves the doctors in uncertainty as to the choice of treatment that should be applied. This uncertainty arises because very little has been done to study the different treatments used, or to describe the symptoms of the different epidemics, and the curative methods that have been most successful against them¹¹⁷.

Epidemiology, on the contrary, studies the patterns, causes, and the effects of disease and health in populations. It is a discipline that investigates and analyzes the patterns of diseases looking for ways of controlling them and preventing their return.

Identifying a disease has always been very challenging until the discovery of bacteria that took place in the late nineteenth century: before the discovery, diseases were thought to be due to miasmas or to a 'noxious air' exhaled from rotting organic matter. One of the first to challenge this belief was John Snow, a physician that, during an outbreak of cholera in London in 1854, suggested that there was a link between the spread of the disease and the water supply¹¹⁸.

However, it is necessary to distinguish the average mortality rates from those due to disasters. In the Modern Age, the diffused poverty of the population was responsible for the high mortality rates among the young; another curse, then, started spreading along with this tragedy, syphilis. The lethal effects of the many infective diseases were just partly due to the incapacity of healers, it was mainly the fault of the miserable living

¹¹⁶ Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. Trans. A Sheridan. NY, Penguin: 199.

¹¹⁷ Foucault, M. (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Tavistock: 27.

¹¹⁸ Parker, S. (2013). *Kill or Cure: An Illustrated History of Medicine*. New York: DK Publishing: 180.

conditions the vast majority of the population lived in. Moreover, the abundance of waste and filth enhanced the risk of contracting the plague for the whole population.

The poor, anyway, were much more vulnerable to the plague because of their nutrition, mainly based on cereals like oat, barley, and rye, combined with legumes and vegetables. There was a strict correlation between the type of nutrition and belonging to a certain social class: ingesting rotten food was, unfortunately, normal for the poor, and this terrible nutritional habit often led to pellagra and ergotism. Pellagra, as I will explain in the next and last chapter, was caused by the ingestion of rotten maize, or even by a corn-based diet. It was a terrible disease that spread during the eighteenth century when corn became the main nutritional source in many regions.

The worst and most lethal epidemic of all times in Europe was not exclusively caused by malnutrition but, anyway, this has been a determining factor in the spread of the disease of the plague, a scourge that hit the continent for many centuries with mortality rates varying from a 60% to a 75% in case of bubonic plague, and close to the 100% in case of pneumonic plague. During the Black Death wave (1348-1351), more than twenty-five million people out of eighty died because of the disease; later, the disease became an endemic form, hitting from time to time at the local, regional, or national scale a territory. For instance, Venice has been hit by the plague every twenty-one years from the start of the Black Death to 1630: the scholars, physicians, and clerks desperately tried to discover the aetiology and the cure to the disease, but it was very difficult to organize knowledge in times of emergency. The plague was thought to be caused by an ill-fated astral conjunction, but also by vapors of stagnant waters and by filth and putrefying bodies, that were considered very poisonous for human beings. Aside from these miasmatic theories, concerning the pollution of air, another potential cause has been detected in the free movement of people: the blame was often put on foreigners, but also vagabonds and prostitutes, that were expelled, isolated, or imprisoned. To reinforce the stigma concerning these people, the plague was seen as a disease originating among the poor: in fact, it was also thought to be a consequence of poor nutrition, overcrowded households, and of contaminated water. In addition, a Neoplatonic theory claimed that all the living beings were linked in a great chain of beings. In this representation, humankind was put right after the angels and archangels, very close to the company of heaven and extremely far from the lowly rats that could not be compared to mankind in any way. This belief impeded the recognition of the link between the rats and the spread of the plague because

it was not considered plausible that mankind could get ill because of an 'inferior' creature¹¹⁹. What made the plague so terrifying, though, was its capability of diffusion to any social strata: for this reason, the poor had a contradictory role in society, being at the same time plague spreaders but also scapegoats capable of placating the divine rage that could have caused the epidemic.

Being a hotbed of the plague was far from being honorable: this is why cities tended to hide the presence of the disease at all costs, also bearing in mind its massive cost and the potential riots of humbler classes to unpopular provisions, like closing the doors of the city to foreigners and paralyzing commerce. Simultaneously, the defense of citizens from the disaster of the plague was among the first tasks of the sovereigns, as much as defending them from the threat of human enemies. It is no surprise, then, that the response to an outbreak of plague was very similar to the military defense of the city in times of foreign invasions or attacks from enemies. Unaware of the fundamental role of rats in the transmission of the disease, the municipal authorities demanded the killing of dogs and cats: this happened even during some epidemics that were identified as plague, but that were, more plausibly, epidemics of typhus, flu, smallpox, and malaria.

The restrictions enforced to limit the diffusion of the plague were far more efficient in large cities than in villages, and they included the constant surveillance and imprisonment of the poorest in hospitals and lazarettos built right for the emergency; moreover, the cities were divided into districts for better supervision and it was compulsory to record daily the number of sick and dead citizens of each district. Conversely, measures against the plague were applied with less severity in small cities and villages, and with a lower frequency than in big cities.

The plague puzzles the medical population that tried to fight against it: at the same time, it was thought to be a divine punishment and a natural phenomenon that could not be stopped through religious rites. During the 1630 epidemic, the Venetian Health Office demands that the poor must be moved away from the sacred areas of the city as a propitiatory act: San Marco, San Rocco, and San Pietro in Castello are emptied of a mass of poor that once populated their grounds. The conflict between the Church and the sovereign power became harsher during these epidemics: in particular, the clerks thought that going to church could calm the divine rage, while, at the same time, the huge

¹¹⁹ Watts, S., (1997). *Epidemics and History: Disease, Power, and Imperialism*. New Haven: Yale University Press: 4

gatherings of people were the perfect moment for the plague to spread very fast. Moreover, their conflict also concerned some quarantine measures: the clergy was not willing to cede their buildings to the state to host the sick in a sort of lazaretto, they wanted to keep them to protect their own health, unapologetically contradicting the Christian principle of taking care of those in need.

The disease was also thought to derive from an unbalance in the equilibrium of corporal fluids: hence, doctors ordered the patients to undergo purges, bloodletting, vomiting, and sweating as therapies against the plague. Differently from the contemporaneity, health was considered as individual responsibility of the single individual, while today we rely on the help of experts for routine check-ups and focused therapies. This distinction, anyway, becomes much more comprehensible if we consider that, in Europe, medicine was practiced also by barbers and spice sellers: doctors were on top of the medical hierarchy, but the population also relied upon a sacred medicine and a popular one.

Doctors rarely dealt with the poor majority of the population, they tended to be much more engaged in the cures of wealthy citizens¹²⁰.

The plague was an incredibly long-lasting epidemic, that hit the European continent between the sixth and eighth century, the fourteenth and the eighteenth, and between the nineteenth and the twentieth centuries. Unfortunately, no reliable treatment had been discovered before antibiotics in the twentieth century, so the disease could spread and kill millions of people for a very long period of time.

Here is a very short history of the plague, from its first to its last appearance.

In 541 AD, the city of Constantinople has been severely hit by a plague epidemic.

Only from the 1290s on public health became a legitimate collective concern.

The disease remained dormant until the outbreak of the Black Death in 1347, and the following year the cities of Venice and Florence enforced the first sanitary laws to access the cities. The Black Death had some mortality rates swinging from one-eighth to two-thirds of the population of a region: twenty-four million people died because of the disease, marking the worst epidemic disease disaster in Europe since the collapse of the Roman empire. The disease seemed to target pregnant women and young children¹²¹.

¹²⁰ Barbero, A. and Bizzocchi, R., eds. (2009). *Storia dell'Europa e del Mediterraneo*, Vol. X, Ambiente, popolazione, società, Chapter IV by Gentilcore, D., Rome: Salerno: 389-399

¹²¹ Watts, S., (1997). *Epidemics and History: Disease, Power, and Imperialism*. New Haven: Yale University Press: 1-2

In 1377, the Republic of Ragusa imposed a thirty-day quarantine on incoming travelers, foreseeing the violent outbreak of 1400, that uncontrollably hit the European cities.

In 1450s, northern Italy created some plague-specific policies: it was shown that the control of the plague strengthened the authority of the elitist strata of the population.

The second wave of the pandemic originated in Northern Europe, precisely in modern France and the Rhineland in 1623. It crossed the Alps in 1629, and it reached the city of Venice carried by the imperial armies headed to Mantua. The outbreak was due to the bacterium *Yersinia pestis*, and it was accompanied by a synchronous smallpox epidemic¹²². In 1647, the plague spreads in Spain from the port city of Seville, and it kills half a million people only in the country. In the following twenty years, the dead had to be buried in brick-built plague pits to avoid the spread of the miasma coming from their bodies. In the meantime, in 1665-66, the Great Plague of London kills more than one hundred thousand people. Some years later, in 1679, the city of Vienna is terribly hit by a new wave of plague, that caused outbreaks in Austria, Germany, and Bohemia.

In 1707, Prussia institutes a cordon sanitaire on its borders, and the incoming visitors must undergo a period of quarantine. Three years later, half the population of Latvia had been wiped out by the plague. In 1720, there was the last major outbreak of the plague in Europe, that sparked from Marseille in France. More than one hundred thirty years later, a third plague pandemic starts in China, precisely in the Yunnan Province.

In 1894, Shibasaburo and Yersin isolate the bacillus of the plague in a laboratory for the first time. Two years later, the plague pandemic reaches India and Pakistan.

Finally, in 1898, Simond has evidence that the *Xenopsylla cheopis* fleas are responsible for the transmission of the plague, that one year later arrived through ships to new territories, like Egypt and Hawaii. Only in 1945, there will be the first clinical trial of antibiotic streptomycin against the plague, and it will prove to be efficient in the fight against the disease¹²³. The plague, in addition, did not guarantee a long-term immunity, so people could be hit by the disease multiple times and they could not count on the protection of their previously developed antibodies¹²⁴. Despite the dangerousness of the plague, restrictions were always met with a hostile response everywhere, from Sweden

¹²² Lazzari, G., Colavizza, G., Bortoluzzi, F. et al. (2020). *A digital reconstruction of the 1630–1631 large plague outbreak in Venice*. *Sci Rep* 10, 17849: 2

¹²³ Parker, S., (2013). *Kill or Cure: An Illustrated History of Medicine*. New York: DK Publishing: 54-55

¹²⁴ Watts, S., (1997). *Epidemics and History: Disease, Power, and Imperialism*. New Haven: Yale University Press: 6

to England. Due to the long duration of the epidemics, the citizens affected by the alarm were terrified for the first two weeks, but then they got used to the situation and stopped perceiving danger, so they wanted to go back to ordinary business. Society faced the risk of implosion not because of the epidemic, but rather because of restrictions and the resistance of commoners. Ordinary people, in fact, strongly resented the magisterial banning of funerals and processions: their beloved were buried in mass graves, that were only considered appropriate for animals and social pariahs, like apostates and suicides. In Italy, the control of the epidemic consisted of five elements. The first was the policing of human movement from infected regions to healthy ones, and to do a quarantine provision was enforced. In addition, the ill had to be isolated in pesthouses, so that they would not spread the contagion among the fit. Isolated people had the right to access free medical service and food and, when they died, they had to be buried in some special pits to avoid the spreading of their miasmas. Some means of subsistence had to be given also to merchants hit by the closure of markets. The institution of pesthouses, moreover, led to a strenuous resistance led by women: they felt like the pesthouses deprived them of a 'natural' role, that of nursing the living, and of laying out the dead¹²⁵.

2. Drills of surveillance: the disciplinary dream of a permanent quarantine

The sanitary measures taken to contrast the plague are the perfect example of the gigantic power of discipline on the individual body and of the regulatory power on masses typical of biopolitics: the ill must be isolated and left to die far from those who are still healthy, that represent the best part of the racial population. From the seventeenth century on, different states started applying the same measures to contain the spread of the plague across the country, and these are perfectly superimposable on the features of the panoptic disciplinary power: this is the reason why Michel Foucault narrates the management of the plague in his masterpiece *Surveiller et Punir*.

The first measure involved strict spatial partitioning. On an appointed day, all the citizens are ordered to stay indoors, it is forbidden to leave in pain of death. The administration sets some small wooden canals up between the main streets and the private houses so that people can receive food rations without contact. Only surveillants, that are intendants, syndics, and guards are allowed to move about the city; the 'crows' are also

¹²⁵ Ibidem: 17-22

allowed to remove corpses from infected houses, and this duty is given only to expendable workers that can be easily replaced when they die. They are described by Foucault as people seen of little substance who carry the sick, bury the dead, and do many other vile and abject offices. They move in a segmented, immobile, and frozen space: each individual is fixed in his place and must not move. If he moves, he does so at the risk of his life, contagion, or of punishment, because the surveillance functions ceaselessly: the gaze is alert everywhere. This surveillance system is also based on a system of permanent registration, reports from the syndics must be given to the intendants and, from the intendants, they will be handed to the magistrates of the city. During the surveillance, there are some visits to every household, that aim at taking note of deaths, illnesses, complaints, and irregularities in the family. In this precarious situation, the medical treatment is in the hands of magistrates, and not of physicians alone: they appointed some physicians in charge, that had to report to justice.

After five or six days of quarantine, a process that will purify every house begins: the inhabitants of the house are compelled to leave for some hours, and the operations begin. Firstly, furniture and goods are raised from the ground in each room, so that perfume can be poured evenly around the space; then, after carefully sealing the windows, doors, and even keyholes with wax, the perfume is set alight. The house will be closed until the perfume is completely consumed, and the workers will be searched to prove their professionalism. Four hours later, the residents can finally go back to their homes.

This represents a compact model of the disciplinary mechanism: it is an enclosed and segmented space observed at every point, in which individuals are assigned to a fixed place, and supervised even in the slightest movement. All events are recorded, an uninterrupted examination and writing connect the center and the periphery of control, in which power is exercised with no division, according to a continuous hierarchical figure in which the sick and the dead are to be feared. The arrival of the plague is met by order, and its function is that of sorting out every possible confusion: the confusion of the disease, transmitted when bodies are mixed together, and of the evil, increased when fear and death overcome prohibitions.

The disciplinary power brought into play its power of analysis against the plague, which is a confusing mixture of factors. At the same time, though, there was also a hidden political dream of the plague, that was its reverse: no more a collective festival, but strict interpersonal divisions, not the transgression of laws anymore, but rather the

penetration of the disciplinary regulations into the smallest details of everyday life of subjects through the mediation of the whole hierarchy that assured the capillary functioning of power. There would be no more masks to be put on and taken off, but the assignment to each subject of his true identity: his true place, his true name, his true body, and his true disease.

The plague, at once real and imaginary, becomes a form of the disorder that has as its medical and political correlative the mechanisms of disciplinary power. Behind discipline are hidden the haunting memory of contagions, of the plague, of rebellions, crimes, vagabondage, and people who live and die in disorder.

In a previous section of the book, Foucault compares the management of leper to that of the plague: the two illnesses are treated very differently, but they do share some common strategical points. Leper gave rise to some rituals of exclusion, that somehow anticipate the great confinement, but then the management of the plague gave birth to disciplinary projects that were not tackled in the past. It can be noticed that the dream of an everlasting quarantine involves multiple separations of bodies, a deep organization of control of the subjects and of surveillance, and also an intensification of the ramification of disciplinary power. The community affected by the plague is tangled in a meticulous partitioning of spaces and bodies in which individual differentiations were the constricting effect of a power that grew, multiplied, articulated, and subdivided itself.

The plague can be summed up in a dichotomy: on the one hand, the great confinement; on the other, correct disciplinary training. The leper was peculiar for its separation of the sick only, while the plague is unique for the segmentation of the whole population, both in good health and illness. Biopolitics tends to perceive the population as very strong and autonomous, but in *precious* times of emergency this belief can be easily changed into its opposite: the intervention of power, therefore, becomes necessary and reliable, and the whole population is subjected to political intervention that will weaken the collectivity that will be able to survive. The exile of the leper and the arrest of the plague do not share the same political dream: the society affected by leper dreams of a pure community, free from any deformity, while the latter dreams of an ordered, disciplined society.

These are two different ways of exercising power over subjects by controlling their relations and interactions, separating out some dangerous mixtures.

While lepers could be managed in a bi-dimensional regime opposing the healthy to the sick, the emergency of the plague required a reorganization of power to make its

branches more powerful than ever. During the plague epidemic, the focus is at the same time on the individual body and on the collectivity, and the protection of the population is enforced through a process of overall medicalization of the self and of the community¹²⁶.

The city hit by the plague, traversed with hierarchy and observation, is the utopia of the perfectly disciplinary governed city. The plague is a process in which it is possible to define the ideal functioning of disciplinary power on subjects: in fact, in order to see the perfect functioning of discipline, rulers across time and space dreamt of a permanent state of plague for their reigns.

The biopolitical society has combined disciplinary and regulatory power treating lepers as plague victims, projecting the subtle segmentations of discipline onto the confused space of internment, and combining them with the methods of analytical distribution proper to power. In addition, biopower individualized the excluded but, at the same time, it used procedures of individualization in order to mark the exclusion of the excluded. These processes were regularly operated by disciplinary power from the beginning of the nineteenth century on in every disciplinary institution: in the asylum, in the penitentiary, in the reformatory, in the schools, in the hospital, and also in lazarettos¹²⁷, which I am now going to discuss.

3. A floating, terrible Lazzaretto in the Venetian lagoon

The Serenissima had a long, glorious history, but also bad luck with epidemics: these have been deadly and numerous and encompassed different diseases like the plague, cholera, and venereal diseases. The first plague to hit the territory in which Venice will be built was in 541 AD, and it started from the port of Pelusio, close to the Egyptian city of Alexandria: 40% of the hit population died. After a millennium of minor concerns, the Black Death of 1348 damaged the population and the economy of the city in a significant way: it has been later noticed that, in port cities, there was a great death toll of rats, and this alarming signal has been ignored for a very long time. The rats populated the Genoese ships that cut through the seas, but they were not recognized as the pathological agent of

¹²⁶ D'Abramo, F., Gandolfi, G., Ienna, G., Omodeo P.D., Wolfe, C., et al. (2021). *Political Epistemology of Pandemic Management* in Mefisto. *Rivista di Medicina, Filosofia, Storia*. ETS Editions, Volume 5, 1, 2021: 134

¹²⁷ Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. Trans. A Sheridan. New York, Penguin: 195-199.

the plague. For this reason, the Republic of Venice tried to eliminate every potential source of contagion, even abolishing public toilets, receptacles of sin and transgressions. In addition to the threat of the plague, the climatic conditions worsened and a sudden cooling of the whole planet devastated the cultivated lands: this caused a severe famine in many areas, including the Venetian one.

Medicine felt impotent regarding the *atra mors*, so called because of its deadliness and of the black buboes and gangrene that made the skin of the ill livid. This sense of frustration fomented senseless plots against the Jews, lepers, and the other emarginated of society, like witches and vagabonds. In the 1300s, medicine could not provide but small answers to the causes of the disease: the change in climate conditions, the air corruption, stagnant waters and the lack of hygienic norms and of a proper diet were all considered as jointly responsible for the disaster. To these factors, the influence of Arab medicine had to be added: this is characterized by an extensive observation and by the taking into account of astrological influxes, that were rationally considered as the real explanation of the pandemic¹²⁸. During that period, the Major Council of Venice decided to liberate the city from the invalids staying on the bridges, close to churches, anywhere outside, because of their corruption of public air. To enforce this measure, invalids have been kicked out of the city, while those affected by leprosy and other diseases were compelled to be enclosed in hospitals to preserve the decency of the city. The hospital to which the ill were moved was that of San Lazzaro, with its insularity guaranteeing the protection of the city: peripheric islands, in fact, were the perfect dump for people that were not wanted in the city, but also to protect working activities that were covered by a state secret, as the glass manufactures of the Venetian Republic.

Because of the spread of the disease, the city of Venice seemed uninhabited: the death toll was vertiginous, and the vast majority of nobles fled out of the city to their country houses in order to escape certain death.

Venice has always been very fond of saints: this is why the image of San Sebastiano becomes the symbol of a poor humanity pierced by the arrows of pestilence.

To maintain better control on the epidemic development, Venice instituted the office of the Tre Savi alla Sanità, made of three sages that dealt with health concerns: these officials had the role to avoid the presence of hotbeds and to manage the isolation of the ill. The

¹²⁸ Pittalis, E. (2021). *La Serenissima e le Epidemie: Scienza, Fede e Superstizione. Come Venezia affrontò il nemico invisibile*. Biblioteca dei Leoni: 7-21

plague does not want to leave the city of Venice and, from the end of 1300 to the half of 1400, the city will be seized by the plague every ten years. From 1423 on, the situation becomes even worse¹²⁹. The Venetian government based his management of the emergency on information: they did not allow the entering of infected foreigners, and every citizen was compelled to declare the entering of every person in the city: if they did not obey, they were going to be put in jail for six months and fined for one-hundred lira. The unmanageable state of the pandemic pushed Venice to create the first structure in history to isolate the plague-infected, the *Lazzaretto*. It was built with the funds of the Republic, and it was a draining expenditure: this is why notaries started urging for private donations to the *Lazzaretto*, even influencing people's last will and extorting money from the dying in exchange for the last rites. The structure was also the first to be permanent and long-lasting to the point that it became an institution.

The name of the hospital derives from the name of the convent that had been built on the island, Saint Mary of Nazareth: the city was popularly called *Lazaret*, hence the name *Lazzaretto*. The island is in a strategic position: it is in the southern-occidental side of the lagoon, which guarantees an appropriate distance from the heart of the city, but also a comfortable transport of the sick across the sea. The idea, though, is not original, because the same procedures have been enforced in the city already in 1262 when lepers have been isolated in the hospital of San Lazzaro: there, the ill were forced to live in a condition of isolation and to respect a quarantine.

The same has been done with the plague: the goods and letters headed to Venice had to be stopped and freshened with air before entering the city, and the animals had to be washed before their arrival.

The horrible side of the *Lazzaretto* was nourished by its isolation and the lack of surveillance due to the risk of infection: the patients were compelled to stay in the *Lazzaretto* until they either healed or died. For the healed patient, a new *lazaretto*, the *Lazzaretto Nuovo*, has been built for their convalescence: the two *lazarettos* started working symbiotically, the old as a hospital, and the new one as a quarantine center for the healed.

The new *Lazzaretto* was also deputed to keep under a quarantine regime the citizens suspected to be infected and that were not showing symptoms yet, and also people who

¹²⁹ *Ibidem*: 27-35

had been in contact with the ill. In addition to this role, the island also became a place for the quarantine of commercial vessels, goods, and people coming from infected countries¹³⁰.

The conditions in the Lazzaretto Vecchio were absolutely terrible for the patients: in 1458, the prioress of the hospital, Zentilina, has been banned from the island because she had distributed rotten food to some sick patients, and she had also starved some others to death. In 1482, not too many years later, another prior of the hospital has been sentenced to a life sentence because he had starved some patients after robbing them of their belongings: these scandals led to stricter surveillance and to harsher sentences for perpetrators. This was necessary, also because the hospitalization of the sick was not a choice of the patient, it was compulsory and those who refused had to be jailed.

Venice bolstered its management of the plague by nominating, in 1485, a Health Magistrate, that had the duty to avoid the spontaneous outbreak of the plague in the city and to limit the spread of contagion in the city by isolating infested areas and protecting the healthy. To do so, they kept track of the movements of people and they also watched over the poor and the prostitutes: it was commonly thought that the movement of people, misery, and promiscuity favored the spreading of the plague¹³¹. In addition, the Health Magistrate created an intelligence network that could inform them of the pandemic trends in other regions.

In addition to the already made decisions, in 1528 three more hospitals have been built for the segregation of vagabonds, accused of spreading the contagion: this also had a significant side effect for the state coffers, already drained by the compromised commerce, that had to support these 'idle' individuals at the expense of the whole society¹³². Despite the colossal cost of these political and sanitary decisions, Venice was well in advance with respect to the rest of Europe, which will start enforcing these laws from the 1600s on: Venice invested in the disinfection of the whole city, in the seizure of contagious districts, in the hospitalization of the sick in the lazarettos and in burials covered in lime, a disinfecting material. In this period, the court also grants some rights for the sectioned patients: they cannot be mistreated, robbed, or exploited in lazarettos.

¹³⁰ D'Abramo, F., Gandolfi, G., Ienna, G., Omodeo P.D., Wolfe, C., et al. (2021). *Political Epistemology of Pandemic Management* in Mefisto. *Rivista di Medicina, Filosofia, Storia*. ETS Editions, Volume 5, 1, 2021: 129

¹³¹ *Ibidem*

¹³² Pittalis, E. (2021). *La Serenissima e le Epidemie: Scienza, Fede e Superstizione. Come Venezia affrontò il nemico invisibile*. Biblioteca dei Leoni: 41-56

These were more than necessary to improve the condition of the sick: suffice it to know that the Old Lazzaretto was described as hell, while the new as the Purgatory.

The bad conditions of the lazarettos did not encourage workers to move there: there was an important lack of staff for both the lazarettos, because the picegamorti, the collectors of bodies, were not sufficient anymore to face the emergency.

From 1576 on, the saint that had to be prayed for the end of the plague changed: he was no longer San Sebastiano, he has been replaced by San Rocco also for political reasons. In fact, the first was a martyr pieced by the arrows of the plague, while the latter also provided an example of perfect behavior in times of the plague.

San Rocco, in fact, contracted the plague, he survived and then, immunized by the disease antibodies, he went back to helping those who were still sick: the character of San Rocco could make the hospitalization, isolation, and the fight against the disease more bearable, and people could feel they were behaving like a saint. On July 13, 1576, Venice was declared free from the plague, and the construction of the Chiesa del Redentore began, with the consecration of the church at the end of the building works, in 1592¹³³.

Unfortunately, Venice was heavily hit by the plague also in 1629, and it was the deadliest because it was combined with the famine caused by the small glacial era.

Epidemics kept on alternating each other up to 1837, with a mixture of the plague, smallpox, cholera, and typhus¹³⁴.

During the fifteenth and nineteenth centuries, the importance of trade became absolute to the point that the most important ports of the Mediterranean Sea, following the Venetian model, created health boards and sanitary institutions for the quarantine of ships, crews, and goods in the lazarettos¹³⁵.

The only possible way to defend Venice and Europe from the plague, since the lack of medical discoveries, was only one: a continuous, special surveillance of every individual living in the city. In the next and last chapter, I am going to take the reader to another island of Venice, San Servolo, where disciplinary power and biopolitics merged: in there, there was an asylum that was populated by thousands of poor people with no hope.

¹³³ *Ibidem*: 65-80

¹³⁴ *Ibidem*: 121-127

¹³⁵ D'Abramo, F., Gandolfi, G., Ienna, G., Omodeo P.D., Wolfe, C., et al. (2021). *Political Epistemology of Pandemic Management* in Mefisto. *Rivista di Medicina, Filosofia, Storia*. ETS Editions, Volume 5, 1, 2021: 130

CHAPTER 4

Mental disease in San Servolo: a focus on pellagra

The sight of those miserable wretches when they are overcome by madness truly moves one to pity. They mostly flee from their domestic abodes; they seek out solitary places; they eat earth, grass, and every kind of refuse; they scream, sing and when they are taken by fury they threateningly shout abuse at passersby; and they often try to throw themselves into water when they can and drown themselves in it.

Francesco Luigi Fanzago, *Sulla Pellagra*¹³⁶

1. An excruciating pain leading to madness

When doctor Francesco Luigi Fanzago saw a young woman with blackish hands, affected by dizziness and so weak that she could not stand tall, he had no doubts about the diagnosis: it was certainly pellagra. Fanzago was one of the few physicians to study the disease, considered as a matter exclusively concerning the poor. As for the plague, it has been incredibly hard to understand the cause and to find remedies to pellagra, but the symptom that eased the diagnosis was the one giving the name to the disease: the affliction of the disease could be observed in the epidermis of the patient, that was the most evident sign of illness. The skin was so damaged that it looked like it was sunburnt, and it was spread on all the body parts normally exposed to the sun: this was the first stage of the disease, and it mainly concerned the neck, the back of the hands, and also feet, since the people affected by pellagra were mainly field workers who spent their day barefoot in the fields. The more serious stages of the disease could significantly vary from one patient to the other, and they could also develop in different ranges of time: this made the identification of the disease hard and uncertain since it depended on the morbid disposition of the patient.

¹³⁶ Fanzago, F. (1792). *Paralleli tra la pellagra ed alcune malattie che più le rassomigliano*, reprinted in Fanzago, *Sulla pellagra*. Conzatti: Padua: 62 in Gentilcore, D., in Reinartz, J., and Siena, K., eds. (2013). Chapter 4, 'Italian scurvy', 'Pellarina', 'Pellagra': *Medical Reactions to a New Disease in Italy, 1770-1815*, in *A Medical History of the Skin: Scratching the Surface*. Studies for the Society for the Social History of Medicine, Pickering and Chatto: London.

In the first phase of the pellagra outbreak in northern Italy, between 1770 and 1815, there was no medical history of the disease being written, because it was confused with other diseases. Even when the medical investigation found out that the skin lesions were only one of the many stages of pellagra, they continued, by the mid-nineteenth century, to look for the social construction of the disease. Physicians also created a bizarre and quite confusing medical diagnosis written on the patients' records, 'pellagra sine pellagra', meaning that a patient was affected by the disease even though they did not have manifest scars or lesions on their skin.

Initially, in fact, pellagra was considered as an affliction regarding the skin of the individual, and not as a disease caused by a systemic problem. Peasants in the Veneto region called it 'pellarina' because of the shedding of the dead skin falling down from the bodies of the affected patients.

The physician Jacopo Odoardi, who introduced himself as the 'first physician' in the city of Belluno, investigated the disease, and examined, with a medical gaze, the bodies of the sick, trying to evince some information from the roundish marks on the back of their hands, that were considered the hotbed of pellagra. The marks, in order to be associated with pellagra, had to be itchy and to appear during the months of March or April: the patients often ignored the symptoms, considering them as a simple sunburn. The following year, though, the patient is suffering much more than the previous, the situation is worse and the marks are itchier, and the skin does not heal and go back to its original color, but it rather peels off the patient. Poor women, who had already scarce menses, saw them disappear because of their physical suffering worsened by the epidemic.

In the third and fourth years of physical decay, the body starts ceding: feet and shins seem sunburnt as much as the hands of the patient, and the skin starts peeling off even from these parts. The development of the disease does not stop until the death of the patient, and in the remaining years of suffering the scabs on the hands and feet of the patients become so large to the point that they resemble those caused by leper. The disease could also affect the mouth of patients, making teeth blacken and eventually fall, making the gums swell, and also by ulcerating the lips and tongue causing a smelly breath.

Jacopo Odoardi did not see in these symptoms a new, unprecedented disease, but a different branch of scurvy, despite the significant differences between the two diseases. The juxtaposition between scurvy and pellagra had been successful for a long time, but there were some important peculiarities that suggested the opposite conclusion.

First of all, the scurvy did not affect the brain of the patient, while pellagra led the patient to madness and to delirium. Odoardi claimed that the surface of the body of the sick was a reflection of what was happening inside the body, so he considered the patient as rotting on the external and internal sides. Another huge difference between scurvy and pellagra is the reaction of the patient to the exposition to sunrays. In the case of scurvy, there was no significant difference, while pellagra severely worsened when the patient was exposed to sunlight. In addition, the problems affecting teeth and gums were peculiar to scurvy, while they were only occasional in the case of pellagra. As already stated, they also had a different impact on the nervous system and on the brain of the patient: scurvy did not hit these organs, while pellagra did.

Despite the huge differences between the two diseases, they shared a set of common symptoms that made the distinction between them very hard: they both caused diarrhea, dysentery, consumption of the body, dropsy, paralysis, and contractions, symptoms that were also popular in patients affected by syphilis.

Another parallelism made was between pellagra and leprosy: the latter is indeed a cutaneous disease that resides in the skin. On the contrary, pellagra affects the skin only periodically and develops in the system of the patient. Unlike leprosy, pellagra did not seem to be a contagious disease, while the first has been considered as infective from the time of the ancients. Again, the differences between pellagra and leprosy outweighed the potential similarities between the two. However, it is true to claim that both of the diseases are somehow caused by a poor diet and, for this reason, they have been labeled as diseases caused by poverty. The main limitation to the juxtaposition of the two diseases, though, has been that leprosy was considered, in Italy, as a disease of the past, that was already eradicated for a long time.

In addition, the most convincing argument for the diversity of leprosy and pellagra lies in the different responses to the same treatments: patients affected by pellagra were seriously weakened by the disease, so they proved bloodlettings and purges to be dangerous and deadly, while leprosy improved a little with these cures.

A third comparison was made between pellagra and another suspicious disease, hypochondria. Hopeless because of the lack of solutions, physicians thought that such a disease could depend on an affliction of the nervous system, but this was not the case.

The difference between the poor affected by pellagra and the average hypochondriac was self-evident. First, pellagra drove patients insane in an unequivocal way, while the

hypochondriac felt trapped by a sense of frailty and vulnerability to potential disease. Then, hypochondriac patients were mainly well-off and well-nourished men, while pellagra mainly hit women and saw in an improved nutrition a valid remedy for the disease. Pellagra was a disease diffused mainly in the countryside and limited to the poor peasantry, so it was definitely not the same kind of disease. Poverty was one of the indirect causes of the disease, while the direct one consisted of an exclusively corn-based diet, consumed in the form of polenta, that generated a lack of niacin that has proven to be fatal for the majority of the sick¹³⁷.

These poor patients could not provide a decent cure for themselves, so they relied upon the hospitals: these, though, were not capable of curing the patients, who often reached death or a stage characterized by uncontrollable dementia, that could only be dealt with in a psychiatric asylum. The reference for the northeastern side of Italy was the asylum of San Servolo on an island belonging to the Venetian lagoon.

2. History of a Venetian asylum

The city of Venice has always been a crossroad of cultures, religions, and different social strata. The poor and the sick were allowed to wander around the city, but their situation worsened with the arrival of the many plague waves that often hit the city. For this reason, the city created hospitals to take them out of the city center, and their freedom ceased to exist. In the third chapter, I decided to focus on the Venetian management of the plague; in this last chapter, I wish to discuss how the problem of madness has been moved to the island of San Servolo, situated at the southeast of the island of San Giorgio Maggiore. The establishment of San Servolo is enveloped in many legends: some say the island existed even in 819 AD, some others claim it was populated during the dominion of Benedictine Friars, some others say that its first inhabitant was San Cristoforo himself. However, the more reliable explanation of the origin of the island states that during the ninth century AD a monastery had been built on its surface by two mighty families, the Fianco and the Galbaio, who gifted the city of Venice with two doges.

¹³⁷ Gentilcore, D., in Reinartz, J., and Siena, K., eds. (2013). Chapter 4, 'Italian scurvy', 'Pellarina', 'Pellagra': *Medical Reactions to a New Disease in Italy, 1770-1815*, in *A Medical History of the Skin: Scratching the Surface*. Studies for the Society for the Social History of Medicine, Pickering and Chatto: London: 57-69

San Servolo hosted Benedictine monks for at least five hundred years from the eighth century on, until they moved to Sant'Ilario because of the lack of space for the whole community, helped also by the Doge Agnello Partecipazio (810-827AD).

In 1109, the monastery has also been joined by some Benedictine nuns escaping San Leone and San Basso, situated in Malamocco and destroyed by a seaquake; then, the nuns went to Venice to flee from the decadence of the buildings in San Servolo. Across the ages, the island served as a grain deposit and also as a temporary shelter for the plague-infected that had nowhere else to stay.

In the eighteenth century, San Servolo was designated to become the site of a new military hospital by the Senate of the Republic of Venice: it was much necessary because of the ongoing war of Venice against the Turks. At the end of the century, though, after the fall of Venice, Napoleon demanded the institution of an asylum on the island, meant to enclose madmen belonging to any social stratum, and he gave custody of the asylum to a lay management. In 1798, in fact, Napoleon named the psychiatric hospital of San Servolo as the Central Asylum of Veneto, Dalmatia, and Tyrol: after the change in importance, the management of the structure was given to the company of San Giovanni di Dio, who also run the island of San Clemente. San Servolo is an island characterized by its rich flora, which was originally cultivated for pharmaceutical purposes.

San Servolo has been an asylum for more than two hundred fifty years: it was opened in 1725 and it closed after the promulgation of the Basaglia Law in 1978¹³⁸. It is important to stress that the Franco Basaglia and Franca Ongaro Foundation has its location on the island, to honor the effort of the two Venetians who changed the whole world with their innovative and kind approach to madness.

Initially, women could only be hospitalized in San Clemente while, from 1798 on, the asylum of San Servolo also started accepting women. During its long life, the asylum detained more than two-hundred-thousand patients, and a small percentage of my blood died in there. Luigia Scanferla was my great-grandmother, and she died in the asylum just some years before the Basaglia Law shut it down. I now want to take a moment to talk about her, because her name disappeared from the chronicles of my family, her relatives depreciated her and referred to her eight children as 'mati come so mama', mad like their mother, for every little behavior that did not reflect discipline. I asked my grandmother

¹³⁸ Sources: Atlas Obscura on the Insane Asylum Museum of San Servolo ([here](#)) and Visit Venezia on the Island of San Servolo and its Museum ([here](#)).

Fiorenza for some information, who was her daughter-in-law, because my grandfather Mario is still too hurt to talk about the unjust life his mother had to go through.

Nonna Luigia, unfortunately, does not have a personal biography, because she lived in silence, pregnant for a very long period of time, and sorrows were not scarce in her existence: she birthed many children, and eight of them survived. She lost two twins, and she gave birth to my grandfather in 1939, 'in tempo de guerra', during wartime.

She was alone during that terrible time because her husband had been sent to fight against the foreign invasion far from home. She had no food to put on the table and she tried to create new recipes with extremely humble ingredients, like nettles, fruit peels, and animal scraps. After the war, her husband became an alcoholic: he worked and then he consumed all of his wage at the bar, paying for the drinks of all the customers. When he came back home, he was drunk and violent for the majority of the time, and she hid her children to spare them from his brutality. He died quite soon because of his terrible habits, but he survived long enough to hurt her and her children in an irreversible way.

Suddenly, she started stuttering, she did not manage to speak clearly any longer, and her behavior also worsened. She has been visited for what might have been a form of precocious dementia, and the diagnosis was clear: madness. She was taken to San Servolo, and she spent the rest of her life on a bed, incapable of communicating with words, but smiling from cheek to cheek when my grandparents took the vaporetto to visit her.

In this thesis, I insisted a lot on the arbitrariness of the concepts of normal and pathological following the tracks of Canguilhem, Basaglia, and Foucault, but feeling part of the history of the (wrongly) diagnosed madness is terrible because it is now so evident that she was not mad: it is so sad that a medical error could impress an everlasting stigma on an innocent woman and her offspring.

After 1978, San Servolo changed and became a locus of culture and peaceful coexistence: there, there is now a museum of the asylum, the office of the Venice International University, and also the International College of Ca' Foscari University, embedding academic talents coming from all over the world.

3. Treatment of pellagrous patients in San Servolo

In the years between 1840 and 1860, there was a peak in the treatment of pellagra-caused madness in the Venetian asylum of San Servolo. During this time span, two-thirds of the interned subjects were affected by pellagra, and therefore they represented the majority

of the population of the asylum. All of them had on their clinical record the label of pellagrous but, very often, this diagnosis was not complete: some hybridizations have been added to the name, like pellagrous chronic mania, pellagrous melancholy, and also pellagra and 'causa gentilizia' – hereditary cause – of the disease.

As the head physician of that years, Andrea Saccardo, claimed, 1848 was a year struck by more pellagra cases than usual due to the famine affecting the Venetian population.

He found out that pellagrous patients improved with nutritive animal-based nutrition, and this healing method proved to be much more effective than many others that were far more popular than these. Healthcare workers, despite not perfectly knowing the biochemical and physiological processes at the root of pellagra, noticed a significant improvement following the simple administering of food; in medical records, in fact, in many cases, nutritional food, milk, and nutritional broth were prescribed to cure the insatiable hunger that characterized these patients.

These poor peasants reached the San Servolo Island in terrible conditions of organic weakening or even cachexy, and this is also shown in their medical records with formulas like 'from the boat to the bed', 'evident pellagra', 'incapable of standing tall', 'at the end of tether'. In a process of trial and error, doctors tried to promote forced nutrition of these patients, but it was not beneficial and it led to a severe worsening of their gastroenteric conditions. They begged not to be force-fed because this caused them physical pain, but their pleas were thought to be part of their madness, so they were not listened for a while. The medical records of these poor farmers were numerous and sadly similar to one another, in their description and in their ineluctable end.

The disease was thought to derive from some moral sorrows: from November 1857 on, Father Prosdocimo Salerio encouraged the patients to embrace moral cures for their sadness and worries. The cures, therefore, were of two kinds, medical or moral.

In San Servolo, already in 1834, work was seen as a moral cure, as a remedy to melancholy and to other incurable problems. In the Venetian asylum as in many others, the idea of the complete healing of the patient coincided with their ability to go back to work and to an average social functioning: this sounds a lot like disciplinary power in action, and very far from a clinical evaluation of the physical improvement of the patient in himself¹³⁹.

¹³⁹ Botti, S., Priani, E., (2009). *Il trattamento della follia nel morocomio veneziano di San Servolo (1840-1860): cura fisica e cura morale*. In *Lo sguardo psichiatrico. Studi e materiali dalle cartelle cliniche tra Otto e Novecento*, Ed. by Riccardo Panattoni, Milano, Mondadori, 2009, 258-268.

The disease of pellagra might seem light if a pellagrous could recover in three months circa and get out of the asylum, but these were rare cases, and they would just go back to the terrible living conditions that made them sick: the disease, therefore, would be back to haunt the patient in just a matter of time.

Initially, introducing the corn in the diet of peasants might have seemed positive in the Polesine area: it could feed a large number of people and it was very productive but, in the long run, it brought negative changes to the environment they lived in, worsening their conditions and their working situation. This is one of the reasons that made the poor from these zones emigrate abroad, but it was too late to escape a terrible pellagrous pandemic, caused by their inadequate nutrition. In the Veneto region, the disease has been first identified in the 1760s, and its name refers to the most evident symptom of the disease, a change in the appearance of the skin.

Pellagra could be recognized for the presence of three – potentially four – words starting with the letter d: dermatitis, diarrhea, dementia, and eventually death.

Unfortunately, the correlation between pellagra and corn consumption will not emerge until the 1930s, and it will be too late for thousands of people.

In 1880, there were more than one-hundred-fifty-thousand pellagrous in Veneto and Lombardy only. The epidemic started spreading also to the south of the country, reaching Tuscany, Marche, and almost the city of Rome. The situation was so critical that hospitals could not suffice to host all of the ill, and the cases of pellagra kept on increasing at an uncontrolled rate during the whole nineteenth century: as a consequence, the number of pellagrous sent to asylums also increased. This was due to the violent nature of the pellagrous mania, which was the last state of the disease right before death. The families of the pellagrous could not face their violence, and neither communal hospitals, so the only solution was hospitalization in an asylum. These institutions played a fundamental role in the improvement of the condition of the patients because they provided better nutrition that was the only real cure to the disease; still, it was just a temporary remedy. The causes of internment hidden by the label of pellagra were many: misery, disproportionate efforts, unhealthy households, bad nutrition, and deprivations were all responsible for the terrible health conditions of the pellagrous.

These patients were sent back home when they did not represent a threat to themselves and to the community any longer, and also when they recovered enough to go back to work. The same physicians sending them home, however, perfectly knew that they were

going to see each other again in the same conditions in which the patients arrived at the asylum.

The numbers concerning the diffusion of pellagra might be underestimating the disease because the diagnosis was mainly based on the skin symptoms, but some patients had pellagra-related dementia, the worst stage, even if they did not show signs on their skin. The patients affected by pellagra represented one-third of the population of the asylum between 1840 and 1910, but pellagrous women, between 1877 and 1882, represented more than half of the population of the asylum. Among the patients coming from the Polesine area that were hospitalized in San Servolo, 31,2% of them were there because of their pellagrous conditions. These data is precious and derived from the clinical record kept in San Servolo of the patients of the asylum: these wrote down some personal information on each patient, including their religion, degree of knowledge, employment, civil state, 'figliuolanza', economic condition, physical constitution, and finally their nutritional status, important for patients affected by pellagra¹⁴⁰.

It is striking to read that 88,65% of the total of pellagrous patients in San Servolo came from Veneto: people from Polesine died more frequently in the asylums because their starting conditions were much worse at the moment of hospitalization. The end of their permanence in the asylum, in fact, was heavily influenced by their entering conditions: the maniac stage was almost irreversible and led to almost certain death.

The majority of patients, 61% of cases, arrived at the asylum via a communal hospital, while the others reached the structure directly from their homes. In 75% of cases, the patients affected by pellagra worked in the fields, and this showed a certain correlation between poverty and the disease. The asylum, therefore, had a double function: the function of a hospice, in which patients spent a long time during their convalescence, and that of a psychiatric hospital to cure the violent mania caused by pellagra.

The mental symptoms of pellagra were very acute and unexpected, but they also followed a seasonal rhythm, mirrored by the distribution of hospitalizations during the year: in summer months, hospitalizations were much more frequent, because the patients suffered many months of forced mono-nutrition during winter, the 62% of hospitalizations took place between April and August, but there was a significant gender-

¹⁴⁰ Tabacchi, N. (2013). Attraverso il normale e il patologico. l'irriducibilità necessaria in G. Canguilhem. A Sè e Agli Altri. Storia Della Manicomializzazione, Dell'Autismo e Delle Altre Disabilità Relazionali Nelle Cartelle Cliniche Di San Servolo: 120

based difference. Women, in fact, tended to enter the hospital in the months between April and August, while the hospitalizations of men took place during the whole year with no significant changes.

Because of a cultural matter, women felt the responsibility to give up their nutrition in favor of the breadwinner of the family, so that they could work and provide for the whole family. Women, though, died more and sooner than men, because they were those who needed that food the most. Women ate less in favor of their husbands and children, but they lived in extremely hard conditions: they breastfed, run the household, grew children up, and they were often pregnant. Their need for niacin, the vitamin that caused pellagra in case of its absence, was much higher than men, but they could know this fact, and so they sacrificed for the family and left their household only on their deathbed since they were the ones keeping the family together.

The lands of Veneto have been violently hit by pellagra and they represented a sort of unfortunate enclave even more vulnerable and desolated than the rest of the population¹⁴¹.

It was clear that pellagra was a disease of poverty, that conducted from the hovel to the hospital, and from the hospital to the asylum: still, no intervention was made to save these poor people from a fatal destiny. The power they were subjected to chose to let them die, because of their replaceability, of their humble social conditions, because of their decreased productivity due to a disease concerning only the poor.

This is precisely the portrait of disciplinary power mingling with biopower, and it is scarier and more current than ever.

Although the choice of this example might seem strange, I see in it the practical application of the theoretical part I presented in the first two chapters. I chose to talk about this island because it was not cited by Foucault in his many examples, and also because I see some similarities with the management of the plague by the same city.

These topics are extremely vast and deserve care and attention, I tried my best to make these islands look as interesting as they are, but I also want to encourage the reader to go further and to look for more information on the topics of this thesis.

¹⁴¹ Gentilcore, D. C., & Priani, E.. (2015). *Mais, miseria e "mania pellagrosa": i pazienti del Polesine e Veneti nei manicomi di San Servolo e San Clemente a Venezia (1840-1910)* (Version 1). University of Leicester. 119-135

CONCLUSIONS

This thesis revolved around the work of Paul Michel Foucault. After explaining the shift that power underwent across time and space, I tried to explore the Foucauldian concept of disciplinary power: I found it difficult to accept that, in the capitalist society, freedom is just a mirage, but reality is extremely complex and I am glad I am not capable of embracing everything, so there is always more room for studying and improvement.

Bodies are controlled and examined within a system of constant surveillance, and the walls of the panopticon are getting thinner: we feel the need to expose ourselves to the sight and judgement of others, trying our best to look satisfied, productive, and rich.

The concept of this thesis that haunted me the most is the racist ideology of power, that is ready to annihilate every subject that does not conform to the norm, let them be feeble minded, poor, or uneducated people. Power cannot establish himself without the identification of an enemy to fight, and it hurts to admit that these discourses are too actual to be ignored or relegated as a problem of the past.

Franco Basaglia, with his non-judgmental and never paternalistic attitude, gave an enormous contribution to the discourse, proving the presence of an alternative way to silence and abandonment.

I loved getting lost in the pages of these authors and learning about some topics from scratch, there is so much to learn even from the city you were born in.

The two final examples were striking and I felt involved in the analysis and the description of the events in a way I had rarely experienced before.

I would have loved to go more in depth, but for the sake of the final length I had to make some decisions. However, writing this work has been pleasant and inspiring, so I am grateful for the opportunity I have been given.

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LIST OF IMAGES

- Figure 1. Los Desastres de la Guerra, Plate No. 3, (1st edition, Madrid: Real Academia de Bellas Artes de San Fernando, 1863). Chapter 1, p. 12
- Figure 2. Weir, P. (1998). The Truman Show. Paramount Pictures. Chapter 1, p. 23
- Figure 3. Stateville Prison. Underwood Archives, Getty Images. Chapter 1, p. 35
- Figure 4. Picture from Damiano Skrbec, found on the internet, of Marco Cavallo in 2010. Chapter 2, p. 73