MENTAL ILLNESS, NORMALIZATION, AND THE CONSTRUCTION OF THE ABNORMAL SUBJECT

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In the 19th century, a new field of empiricity opened up, taking "life" as its object. Twentieth century French philosopher Michel Foucault, throughout his works, refers to this domain as that of biopolitics. He describes the underlying form of power within a biopolitical apparatus, referred to as biopower, as "a power that exerts a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations."[1] Within a biopolitical apparatus, the subject is articulated upon by a plethora of scientific discourses that aim to uncover the truth and ensure the health of human beings as living organisms. The living subject, invested with biopower, is subjected to regulation, intervention, and transformation by scientific observation and practice. Biopolitics operates on both macro and micro levels, encompassing entire populations as well as individual lives, with the goal of effectuating transformations away from pathology and disease and towards the health of mind and body.

Medico-scientific psychology is biopolitical in form and content. It produces and administers to subjects constructed as either healthy or unhealthy living beings constituted by neurobiological and environmental effects. It constructs certain kinds of subjectivities: mentally ill subjects. It

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[1] Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction* (New York: Vintage Books, 1990), 137.

subsequently situates mentally ill subjects in relation to normality and abnormality, normal and abnormal forms of subjectivity, and exposes mentally ill subjects to a variety of procedures of normalization in order to produce greater conformity to the norm.

Building upon these assertions, I take up a distinct line of inquiry: what are the ramifications of mental illness for those constituted as mentally ill, for the varying subjectivities encompassed by the biopolitical apparatus constructing and constructed around mental illness? In this paper, I outline several significant ramifications: (1) mental illness is linked up with a variety of normalizing procedures designed to individuate and transform individuals, aligning them with the norm, (2) these individuated normalizing procedures are not universally employed and are increasingly supplanted by the administration of social and actual death for the 'abnormal,' a process Achille Mbembe terms necropolitics, and (3) these processes shed light on the ill-functioning of American institutional and social arrangements surrounding mental illness. The arguments posed here are specifically intended to apply to the treatment of mental illnesses in the United States and draw heavily on observations derived from Michel Foucault's works on the norm, normalization, and discipline.

Normalization and mental health treatment

Before delving into the questions outlined above, it is necessary to provide a more comprehensive explication of the concept of the norm and normalization in Foucault. François Ewald provides a useful account of the norm that fits well with Foucault's understanding. In modernity, the norm is configured in opposition to the abnormal or pathological. The normal sits on the side of morality, propriety, purity, industry, and intelligibility; the abnormal on the side of immorality, impropriety, abjection, inefficiency, and non-

sense.[2] The norm pertains to visible and modifiable behavioral patterns and the position of individuals or populations within a broader social grouping. It prescribes an ideal type of individuality, of thinking, of morality, of activity—in short, of subjectivity. Every real subject are inevitably deviates from the norm to some degree, so it is imperative for the maintenance of the norm that everyone be drawn to it or otherwise situated in relation to it. The process of normalization involves aligning individuals and populations with the norm by transforming their behaviors until they fit with normatively valorized modes of being. This process at once creates normalities and eradicates abnormalities. However, fitting subjects to the norm does not always entail creating conformity to it; it can also entail situating individuals and populations in respect to the norm in manners which allow for its continued functioning.

Normalization operates not only by producing homogeneity around the norm but also by directing subjects towards mediated forms of abnormality that are more easily administered and more compatible with hegemonic arrangements of knowledge. Foucault elaborates that, "In a sense, the power of normalization imposes homogeneity; but it individualizes by making it possible to measure gaps, to determine levels, to fix specialities and to render the differences useful by fitting them to one another."[3] In other words, maintaining the norm requires the ongoing production of individualities along a multidimensional spectrum of managed abnormality, "distributing the living in the domain of value and utility."[4] This production is fundamentally biopolitical, insofar as the norm is tied to the demand for the health of in-

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[2] Francois Ewald, "Norms, Discipline, and the Law." *Representations* 30 (1990): 138–161.

[3] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), 184.

[4] Foucault, *The History of Sexuality, Vol. 1*, 144.

dividuals and populations as living beings. It is also disciplinary in nature, insofar as it works on individual bodies to induce visibly embodied behavior in line with specific criteria.[5] As Foucault puts it, normalization works through "the administration of bodies and the calculated management of life."[6] The diagnoses and treatments of mental illnesses are themselves procedures of normalization.

The development of psychiatric diagnoses on a medico-scientific paradigm enables increasingly meticulous and effective practices of normalization to be applied to whole populations; standardized therapeutic treatments are designated for different diagnoses and certain categories of drugs are assigned as appropriate treatments. Some of these drug treatments can substantially shift the personalities of patients prescribed them. For some, treatment may both act a form of normalization and as a way of improving one's sense of flourishing and/or quality of life. The transformations effected on a patient's subjectivity by normalizing procedures may be tied to increased flourishing in relation to oneself and the world. However, this is not always the case. While the focus of this paper magnifies some of the more harmful elements of these normalizing processes, I do not argue that the results of the specific normalizing procedures I will discuss are universally or intrinsically bad; they are dangerous, which is, as Foucault puts it, "not exactly the same as bad."[7] In what follows, I will explore treatment of borderline personality disorder (BPD) and autism spectrum disorder (ASD)

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[5] Michel Foucault, *Security, Territory, Population: Lectures at the College de France 1977-1978.* ed. Michel Senellart. trans. Graham Burchell. Michel Foucault Lectures at the College de France 6 (London: Picador, 2009), 58.

[6] Foucault, 140.

[7] Michel Foucault, "On the Genealogy of Ethics; An Overview of Work in Progress" In *The Foucault Reader*, ed. Paul Rabinow, 340-373 (New York: Vintage Books, 1984), 343.

in order to further illustrate how normalization plays out in the treatment of mental illnesses.

Personality disorders typically involve abnormal modes and degrees of emotional experience and expression. Borderline personality disorder (BPD) often manifests in erratic, excessive, or otherwise inappropriate anger. This is not merely dysfunctional; it is also widely construed as vicious.[8] Thus, treatment on a medico-scientific model is shaped by a negative ethical vision of the unreason ascribed to intense emotionality.[9] Anger is suffered as an impairment in part because of the values constructed around anger, such as the ways in which responses to anger are racialized and gendered. The same could be said for other symptoms of BPD, such as inflexibility and impulsivity, and commonplace ascriptions of manipulative or otherwise malicious intent to people with BPD.[10] Treatment of each of these emotional and behavioral patterns involves drawing patients towards normalized modes of emotional experience and expression; treatment both transforms the subjectivities of people with BPD and how they perform their subjectivities, normalizing both. This does not mean anger, inflexibility, or impulsivity never warrant therapeutic intervention, nor does it preclude the possibility of them taking on a vicious character when acted upon immoderately. Encouraging BPD patients who experience anger, impulsivity, and inflexibility in this way to develop a healthier relationship with their emotions and actions is a crucial element of effective treatment. However, it

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[8] Peter Zachar and Nancy N. Potter. "Personality Disorders: Moral or Medical Kinds—Or Both?" *Philosophy, Psychiatry, & Psychology* 17, no. 2 (2010): 101-117.

[9] Michel Foucault, *History of Madness, First Edition.* ed. Jean Khalfa. trans.Jonathan Murphy. (Oxfordshire: Routledge, 2006), 159.

[10] Nancy N. Potter. "What is Manipulative Behavior, Anyway?" *Journal of Personality Disorders* 20, no. 2 (2006): 139-156.

does suggest that even broadly beneficial interventions are at once procedures of normalization.

Treatment for autism spectrum disorder has historically been explicitly centered on normalization. It consists in great part in attempting to modify behavior and thinking in order to produce more manageable, more proper, more legible autistic subjects. Applied Behavior Analysis (ABA) has long been the standard therapeutic model for treating autistic children. Historically, its disciplinary techniques have been organized around punishment for abnormality and reward for normal behavior. Its disciplinary methods historically involved everything from physical restraint to electroshock therapy intended to serve as corrective punishments for engaging in behaviors such as stimming, echolalia, or meltdowns.[11] In their own testimony,[12] many patients have come forth with well-grounded claims that it has inflicted suffering upon them "with the rigor of a moral necessity."[13] ABA functions as a dual intervention on autistic embodiment and cognition, designed to induce normality, to secure health for the individual and to prevent the individual's abnormalities from 'polluting' the broader population.

The family has also long been the site for procedures of normalization, inserted into the medico-scientific biopolitical apparatus: a whole industry rose in the 20th century dedicated to teaching parents how to parent 'medically,' with the goal of eliminating undesirable traits in autistic or otherwise

[11] Cody Morris and Stephanie M. Peterson. "Teaching the History of Applied Behavior Analysis." *Perspectives on Behavior Science* 45 (2023): 766-769.

[12] Laura K. Anderson, "Autistic Experiences of Applied Behavior Analysis," *Autism* 27, no. 3 (2023): 737-50.

[13] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1988), 182.

mentally ill children.[14] The autistic child, as a result of ABA and the medico-scientific disciplinary family, suffered from a system of what Foucault calls "micro-penalities"—of behavior, of speech, of the body—elaborated as normalizing procedures.[15] As a result of autistic self-advocacy movements and developments in medicine over the past several decades, we are now aware of the disastrous impact these normalizing procedures, culminating in the search for a 'cure' to autism, has on the overall well-being of many autistic people subjected to them.

In these three cases, we can see some of the contours of the intimate relationship between mental illness and normalization. Each involves, to varying degrees, efforts at transforming mentally ill people into normalized subjects. However, it is not always the case that normalization functions as an agent of homogenization in the way these examples seem to imply. Instead, it simultaneously draws subjects towards the norm and differentiates subjects in relation to the norm. Foucault describes, along these lines, "the constitution of the individual as a describable, analyzable object . . . . in order to maintain him in his individual features, in his particular evolution, in his own aptitude and abilities under the gaze of a permanent corpus of knowledge."[16] Individuals categorized as mentally ill are frequently subject to precise, exacting, and continuous operations of power and knowledge in this way. Exacting documentation, examination, and administration is attached to each individual patient. These procedures are at once normalizing and individuating.

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[14] Waltz Mitzi, "The production of the 'normal' child: Neurodiversity and the commodification of parenting." In *Neurodiversity Studies: A New Critical Paradigm*, ed. Hanna B. Rosquvist, Nick Chown, and Anna Stenning, 15-26. (Oxfordshire: Routledge, 2020).

[15] Foucault, *Discipline and Punish*, 178.

[16] Foucault, *Discipline and Punish*, 190.

Personality disorders exemplify the relationship between normalization and individuation. On one hand, the peculiarities and idiosyncrasies of each individual's history are often meticulously documented, capturing the unique aspects of their experiences. Therapeutic interventions involve highly specific self-work even as they follow rigorous and highly standardized models (such as dialectical behavioral therapy). Conversely, patients are objectified *as* their case histories and clinicians run the risk of folding patients' behaviors into prewritten medico-scientific narratives. Normalization thus operates as a force of simultaneous individuation and combination: it formalizes, captures individuality as a point in a network of intelligible, documentable codes. Individuals are maintained in their singularity while *at the same time* inserted into series of regularities defined according to rigidified identity-categories such as "PD patient," which are accompanied by standardized treatment approaches and documented through symptom arrays and behaviors.

Similarly, Applied Behavior Analysis (ABA) therapy works on autistic people as individuals through a fine-grained system of individual surveillance, correction, and reformation. Individuals are organized in the therapeutic space as singular entries on a comprehensive table, allowing clinicians to meticulously attend to each person's needs while ensuring the precise allocation of bodies and movements throughout the space. Micro-penalities are imposed not only on actions but also on patients as individuals, taking into account their dispositions, their progress (or lack thereof) towards the norm, and their individualized archives of past punishment and intervention. However, it is not always the case that mentally ill subjects undergo individualized processes of normalization. The image of a normalizing apparatus that reconstructs mentally ill subjectivities to fit with the norm only reflects part of the current landscape of mental health treatment and management in the American context.

As Foucault reminds us, if biopolitics promotes life of certain kinds, it disallows other kinds "to the point of death."[17]

The mentally ill, the administration of death, and panoptic power

With the demise of the asylum and the swarming of the emergency room, coupled with the growing population of unaccounted for mentally ill wallowing in deep impoverishment, and the transformation of entire sectors of the carceral system into ill-equipped and ill-suited holding centers for the severely mentally ill, a new approach to mental illness emerges. It is the dark underbelly of biopolitics: it is not defined by the administration of life, but rather by the administration of death. Achille Mbembe addresses this concern in his work *Necropolitics*,[18] where he discusses the relegation of entire populations to social and literal death through a combination of neglect, immediate violence, and subtly eugenic political and social systems. He terms this new strategy of power "necropolitics." Necropolitical reality is supported by an array of tactics designed to ontologically 'other' (that is, to other the very modes of existence of) those who do not fit with the norm.[19] The motions of necropolitics are centrifugal, seizing upon populations and pushing them to the diminished, far reaches of being—ontologically, geographically, juridically, and in the minutiae of the everyday.

Populations of the mentally ill targeted by necropolitical intervention do not occupy the same position in relation to the norm as other mentally ill individuals. Instead of being subjected to normalization as individuated subjects,

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[17] Foucault, *The History of Sexuality, Vol. 1*, 139.
[18] Achille Mbembe, *Necropolitics.* (Durham: Duke University Press, 2019).
[19] Mbembe, 132.

which is productive of certain modes of living, they face violently subjugating exclusionary procedures. The objective of this mode of necropolitics is not to assimilate them into the norm, but rather to extinguish them as a way of upholding the norm on a broader scale. Mentally ill populations experiencing homelessness, for instance, face significant barriers to accessing essential care.[20] This, coupled with the persecution of homeless people by law enforcement and various major social institutions, condemns them en-masse to severe mental and physical suffering, with sometimes fatal outcomes. Mentally ill people who use drugs encounter punitive measures directed against them both as mentally ill subjects and as drug users, trapping them in cycles of imprisonment, homelessness, and constant exposure to the perils of poverty, violence, or overdose. They exist in a more-or-less permanent, self-reinforcing state of exception, characterized by violent spatial partitioning (such as police violence against homeless encampments and the implementation of anti-homeless architecture), de facto exteriority from the law and its accompanying protections, and the moment-to-moment cruelties of casual dehumanization by a significant portion of the 'normal' population.

Similarly, undocumented immigrants grappling with severe mental illnesses are frequently deported to their countries of origin, thereby becoming entangled once again in the miseries that compelled them to leave in the first place. Moreover, the processes of racial othering experienced by undocumented immigrants are compounded by the designated 'abnormalities' of behaviors characteristic of mental illness. The psyche of the racist seizes upon the abnormal in the racialized other in order to establish, in his eyes, "*savage* life [as] just another form of *animal* life,"[21] excluded from

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[20] Ann E. Montgomery, Stephen Metraux, and Dennis Culhane. "Rethinking Homelessness Prevention among Persons with Serious Mental Illness." *Social Issues and Policy Review* 7 (2013): 58-82.
[21] Mbembe, *Necropolitics*, 77.

the community of 'humanity.'— 'humanity' taken as a normative condition that must be attained, rather than as a designation of mere species-belonging. Both of these instances of necropolitical violence—agains homeless people and undocumented immigrants—further hinge on the imperative of health. The norm of health is upheld by necropolitical practices of sanitization, exclusion, and elimination of 'unhealthy' populations. Eugenicism once again rears its head. The targets of necropolitical violence occupy "the external frontier of the abnormal,"[22] a territory traversed by series of legal and extra-legal penalities inserted into strategies of exclusion and extermination.

Concomitant with the emergence of a necropolitics of mental illness, we witness the modern medico-scientific application of the great dream of Panopticism elaborated by Foucault. Panopticism is a form of power characterized by a fully accounted for, registered, archived social body, constantly surveyed and administered from all directions. It entails simultaneously universalized and highly-specific systems of surveillance, control, and distribution that govern individualities and populations at once—an economy of meticulous detail. The foundation of this "panoptic power" lies in a network of intersecting gazes, facilitating efficient and continuous administration of disciplinary interventions in the process of normalization. The constant possibility of active surveillance further encourages individuals to actively participate in their own normalization, insofar as it implicitly threatens further corrective intervention if one fails to take up the tasks ascribed by the normalizing apparatus.

Applied Behavior Analysis (ABA) therapy, for instance, operates on a panoptic schema. It involves continuous observation of heterogeneous autistic bodies and minds within the therapeutic space. Minute articulations of the pa-

[22] Foucault, *Discipline and Punish,* 183.

tients' speech patterns and bodily motions are rendered visible and intelligible, enabling the more effective application of therapeutic and micro-penal techniques (reinforcement and punishment, in behaviorist terms). Patients take up active roles in their own normalization. They are trained to rigorously discipline their own movements and speech in order to suppress behaviors such as 'disruptive' stimming or echolalia. The panoptic schema of ABA does allow it to help work towards improving the quality of life of some patients, such as those who could not otherwise prevent severe self-injurious behavior.[23] Nevertheless, it is shot through with the workings of panoptic power.

Foucault distinguishes between the organization of power inherent in Panopticism and that found in "rituals of exclusion." While rituals of exclusion function to partition masses of people in the form of "exile-enclosure," Panopticism "bears in a distinct way over all individual bodies."[24] Rituals of exclusion are fundamentally necropolitical. These practices of exile-enclosure surface in the necropolitical 'consignment to death' of vast numbers of mentally ill people who are impoverished, belong to minorities, or are taken as especially abnormal. This contrasts with the Panoptic procedures of normalization applied to the mentally ill, as explored earlier in the cases of BPD and ASD. However, necropolitical intervention can also be performed as an intentional procedure of panoptic power: as a zone of deliberate silence and averted gazes employing individualizing measures to mark exclusion combined with the use of robust technologies to surveil the anonymized other "via statistics, modeling, and mathematics."[25] This form of necropolitics is lodged within

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[23] Abraham Graber and Jessica Graber. "Applied Behavior Analysis and the Abolitionist Neurodiversity Critique: An Ethical Analysis" *Behavior Analysis in Practice* (2023).
[24] Foucault, *Discipline and Punish*, 198.
[25] Mbembe, *Necropolitics*, 109.

strategies still based on the precise administration of discipline to normalize individuated subjects.[26]

Following Foucault's account of the asylum in *Madness and Civilization*, I would argue that asylums epitomize the panoptic mode of necropolitics. The prison, used as a site for the spatial partitioning of the mentally ill, serves a similar function but with a stronger necropolitical inclination and greater alignment with the exile-enclosure model of necropolitics. As I will now argue, all the aforementioned developments regarding Panopticism and necropolitics highlight significant issues with the modern American treatment of mental illness, both inside and outside of science and medicine. However, these same developments are concomitant with the creation of new possibilities for alternative spaces of freedom, where mentally ill subjects can (and do) escape the dominant biopolitical apparatus that has shaped their constitutions as social subjects over the past couple centuries.

Consequences and Concluding Thoughts

The concomitant and interdependent developments outlined above illustrate the deep dysfunctions within the American psychiatric apparatus. This is not a new phenomenon; on the contrary, the asylum, center of the apparatus of disciplinary power developed around mental illness in the 19th and 20th centuries, operated in part as a space of non-seeing, hiding 'hysterical' women, 'homosexuals,' and other populations away from the outside world even as the internal mechanisms of the asylum itself subjected them to an unremitting disciplinary gaze. Since the 1980s, the ill-functioning of American psychiatric power has taken a different trajectory: deinstitutionalization and changes in welfare and hous-

[26] Foucault, *Discipline and Punish,* 199.

ing policies have left many former patients completely unaccounted for,[27] living on the streets and criminalized for their poverty, resulting in devastating consequences.[28] This movement, along with the advent of the prison as a location to confine the mentally ill, typifies the dual motion from Panopticism to necropolitics on the 'exile-enclosure model' and from a biopolitical form of panoptic power to a necropolitical one.

On the other hand, the hegemonic biopolitical apparatus of medico-scientific psychiatry has always had an outside. Early gay liberation movements, for instance, coexisted with and resisted the pathologization of homosexuality by the American Psychiatric Association and popular discourses. Even after the declassification of homosexuality, queer activists continued to fight against medico-scientific psychology's hegemony. Altogether, "more sweeping refusals of psychiatry [constituted] an important site of coalition in early LGBT organizing."[29] Figures like Foucault theorized homosexuality as a socio-historically contingent phenomenon, challenging the notion that it was strictly neurobiological, and asserting that it was only one way among many to construct knowledge of relationships between men and between women.[30] Throughout history, gay men and women have themselves resisted psychiatric power and flourished in gay practices of living and modes of relationality. The history of

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[27]David Mechanic and David A. Rochefort. "A Policy of Inclusion for the Mentally Ill." *Health Affairs (Project Hope)* 11 (1992): 128-50.

[28] Marisa Westbrook and Tony Robinson. "Unhealthy by design: health & safety consequences of the criminalization of homelessness*." Journal of Social Distress and Homelessness* 30, no. 2 (2021): 107-115.

[29] Abram J. Lewis. "'We Are Certain of Our Own Insanity': Anti-psychiatry and the Gay Liberation Movement, 1968-1980." *Journal of the History of Sexuality* 25, no. 1 (2016): 87.

[30] Foucault, *The History of Sexuality, Vol. 1.*

homosexuality illustrates that scientific psychology has never developed into an uninterrupted and unified field of power and knowledge. Contemporary critiques of the construction of mental illness as deviance or as pathology, such as those made by proponents of neurodiversity, illustrate the same. Even after securing a number of crucial reforms for better treatment of autistic patients within the domain of scientific psychology, activists have continued to push to free autistic subjectivities from the hegemony of scientific psychology as a whole. Therefore, the normalizing capacity of the biopolitical apparatus of medico-scientific psychology is limited and supplemented by other, overlapping regimes of power and knowledge, which may offer possibilities for mentally ill subjects to reconstitute themselves in new ways: as queer or as neurodiverse, for example.

Based on the arguments and examples I have elucidated throughout this paper, I will now posit a few hypotheses regarding the impacts of the contemporary biopolitics of mental illness on subjects constituted as mentally ill. Firstly, the normalizing elements of mental illness are not universal; they function differently, towards diverse ends, and in varying contexts. Moreover, the 'norm' of scientific psychology is not the only norm. Secondly, normalization in the realm of mental illness is not exclusively homogenizing. It also functions as a principle of individuation and combination, making subjects manageable as archived, documented singularities inserted into pre-defined categories, facilitating the application of standardized medicinal, therapeutical, and social interventions. Thirdly, the necropolitical violences endured by some mentally ill people often arise at the intersections between mental illness and other forms of abnormality, as illustrated by the links between homelessness and mental illness. The prevalence of necropolitical spaces of exclusion points towards the enduring significance of eugenics and other violent, exclusionary practices in maintaining the norm. These

tentative conclusions demand further elucidation and theoretical refinement, and their implications for the ethics of mental illness deserve thorough exploration.

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