
MICHEL FOUCAULT'S 'DISPOSITIFS DISCIPLINAIRES' A CRITIQUE OF MODERN GOVERNMENTALITY

Andrew Tolstenko^{*1}, Svetlana Kuznetsova² and Peter Nezník³

¹ Saint Petersburg State University of Architecture and Civil Engineering,

Vtoraja Krasnoarmejskaja ul. 4, St. Petersburg, 190005, Russia

² Moscow Pedagogical State University, 1/1 Malaya Pirogovskaya ul., Moscow, 119991, Russia

³ Pavol Jozef Šafárik University, 2 Šrobárova, Košice, 04180, Slovakia

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Abstract

In the article, the authors examine the dramatic and even tragic situation in society of people with various mental illnesses. Their abnormal 'consciousness-reverse' is the result of increasing evidence-based knowledge based on surveillance and interrogation techniques, and the comprehensive development of the 'knowledge society' under the vigilant control of the disciplinary authority with its a priori involvement in the use of force. The authors emphasize that the explication of how mental illness is treated contains a certain archaeology of knowledge and its necessary accompaniment: the genealogy of knowledge.

Keywords: cognition, psychology, religion, science, social philosophy

Amnesty International, Terre des hommes, Médecins du monde are initiatives, which have created a new right of private individuals to intervene effectively in a reality for which the authorities wanted to reserve the right to monopoly, that monopoly must be torn away little by little and every day.
(M. Foucault, Face aux gouvernants, les droits de l'homme)

1. The phenomenon of modern psychiatry

The disciplinary nature of socio-humanitarian knowledge makes objective knowledge of various spheres of society possible. Nowadays, more and more problems in the socio-humanitarian sciences require an interdisciplinary approach to solve them. And this is not because it is fashionable, but because science has an urgent task to achieve a positive social result. In this regard, M. Foucault's research on the nature of power (such a complex and contradictory phenomenon) requires a critical understanding of knowledge from History, Sociology, Psychology, Medicine and other branches of Science [1, 2].

^{*}E-mail: dasein2014@mail.com, Tel.: +7(921)0943299

The relevance of this study lies in the fact that this direction, of which Foucault was a supporter, is associated with the assertion that scientific knowledge is objective and reliable only as long as it deals with the phenomena of experience given to it. As soon as it tries to speak of their truth, it becomes neither scientific nor theoretical, intruding into the sphere of so-called 'practical reason' with its ideas of God and the immortality of the soul. In other words, the truth is not cognized, but realized (after all, it is impossible to know God, but it is possible to act and live with God). Hence, Psychology as a socio-humanitarian knowledge is, in a 'pure' form, the practice and technique of a true (real) attitude to the world, implying an interdisciplinary approach to identify new ideals, values and norms of social development [3-5].

Psychology as a practice still contains remnants of past constructions of insanity and testifies to the previous constitution of the ethical experience of unreasonableness. Foucault's earliest works in Psychology, his *Maladie mentale et personnalité* [6], *La recherche scientifique et la psychologie* [7] and finally the famous *Histoire de la folie à l'âge classique* [8] laments on the inconsistencies between the theory of modern Psychology, which finds its heritage in the methods of modern science, and its practice, which has its heritage in the classical era, with its emphasis on ethical postulates [9, 10].

According to Foucault, the classical New European episteme is the practice of an exhaustive ordering of the world in a universal Table, and search for the means of a universal calculus, i.e. new figures of knowledge [11]. As Foucault believed, the compulsory treatment of a patient in a psychiatric hospital is based on the dispositives of power, i.e. on the doctor's discursive analysis of the use of force in relation to patients, which is expressed in a certain device, the apparatus of his power (tactics and strategies of calculating and collecting certain information) to subordinate patients (obsessed with mania to become 'kings' and put themselves above everyone else) [12].

To answer the question of why the formation of institutional power should be studied on the example of the structure of power relations employed by a psychiatrist, keep in mind the direct connection between political power and psychiatric practice. The power of the lord-politician is based not on 'metaphysics', but on the 'hypophysics' (metaphysics-vice versa) of disciplinary power, demonstrating visual, physical strength in relation to the subordinate or rebellious bodies of citizens. Similarly, the psychiatrist arranges his practice as an orderly and coordinated activity using power relations. Even the architecture of special premises is subordinated to the goals and objectives of supervising and controlling activities. Placing people in disciplinary institutions ('laboratories of power') and imposing certain regimes on them is one of the ways in which the authorities 'fit' phenomena into their own, figuratively speaking, 'a priori form of contemplation', using the technique of controlling the activity of individuals and managing them, monitoring and prioritization. The alert gaze of power must be everywhere [13].

If, in the modern age, madness was evaluated in terms of truth and error, then, since the 19th century, the practice of hospitalizing patients has been subordinated to the criterion of correct and normal behaviour [14]. In this situation, the carriers of insanity are isolated from society and turn into a kind of mechanism that reproduces, at the command of a psychiatrist, epileptic symptoms and psychosthenic-like forms of behaviour that are fully cognizable by the doctor in a pseudoscientific discourse acceptable to the doctor [15]. In other words, they portray the reality of mental illness, perhaps without actually being sick. Psychiatrists are often forced, without any responsibility, to step on the throat of the patient's 'song', subordinate the patient to the medical regime and institutional authority and do whatever they want in the fight against disorders and deviations, ignorance and delusions; in other words, against the phenomenon of 'cognitive-reverse'. The development of repressive and tyrannical practices reached an unprecedented level in the former USSR. In the course of increasing alienation, effective legal and political rules for eliciting the truth from the mentally ill developed [16].

Thus, the originality of the analysis is that the interdisciplinary approach, which includes elements of 'disciplinary dispositives', allows us, on the one hand, to identify new aspects of rationality and knowledge of truth in the context of the total digitalization of society and control over the individual, and, on the other hand, to trace their implementation by state power structures..

Following M. Foucault's methods of analysis, it becomes possible to identify dispositives in various institutions and spheres of society: culture, politics, Medicine, education and Science, which can be used not only for the benefit of a person (for example, for self-knowledge and control of one's behaviour), but also, as shown later in this article, by the psychiatrist to exercise 'power for the sake of power' in a 'society of total discipline and surveillance'.

The method of 'disciplinary dispositives' helps to establish a direct connection between the methods of political power and modern psychiatric practices, and to determine the essence and purpose of the violent political techniques of power, which are based on the psychiatric dispositive.

The analysis shows that the growth of evidence-based knowledge based on surveillance and interrogation techniques, the comprehensive development of a 'knowledge society' under the vigilant control of the disciplinary authorities with its involvement in the use of force, is taking place in modern society. This thesis is based on the fact that Psychology, according to Foucault, is a form of 'practical reason'. As evidence-based knowledge, Psychology is aimed not so much at knowing the truth as at implementing it. In other words, Psychology is, in its a 'pure' form, the practice and technique of an effective relationship to the world.

However, according to the method of 'disciplinary dispositives', Psychology still contains remnants of past constructions of madness, which, by their constitution, were ethical (contemplative) and excluded the domination of the principle of knowledge as power. The ethical experience of unreason in the Middle Ages ruled out the intervention of disciplinary knowledge and testified to

its independence from power dispositives. An argument in favour of this is the discrepancy identified by Foucault between the theory of modern Psychology, which finds its heritage in the methods of modern science, and the practice, which finds its origin in the classical era, with its emphasis on the ethical postulates of unreason.

Our daily life is increasingly under the supervision of bio-power with its principle of 'knowledge is power'. The powers that be endow certain professions (psychiatrist, epidemiologist, biochemist, etc.) with authority and give them the status of 'centres' of power, creating a notion of what is considered normal and abnormal. Medical normalization techniques, like political ones (medics in alliance with politicians now oversee all countries and have the right to close them based on their data and tests), demonstrate physical power over the subordinate bodies of citizens.

It can be said that, in a sense, disciplinary technologies produce individuals accustomed to normalization procedures. For example, the establishment of police discipline leads, in response, to the emergence of criminals (those who could not enter the police system of classification and regulation). Foucault points out that police and criminals together form the 'underworld'; i.e. a way for criminals to participate in the work of the police and the correctional system that was created to normalize the unassimilable and incorrigible [17].

The authors are faced with the following tasks: 1) to consider M. Foucault's research on the nature of psychiatric power; 2) to show that the organization of psychiatric power underlying modern disciplinary techniques for social management is related to the practices of questioning and obtaining confessions, the use of drugs, etc., and setting a new regime of rationality and truth, imbued with religious or purely ethical enthusiasm [14, p. 265-296].

2. The general frameworks of Foucault's methodology

The authors use an interdisciplinary approach based on philosophical hermeneutics, primarily the hermeneutics of positivism. M. Foucault himself pointed to the fruitfulness of the "hermeneutics of positivism" as a method with ample opportunities to interpret and study the texts themselves [17, p. 1-2]. In this case, instead of deriving specific phenomena from universal concepts, the researcher studies the specific discursive practices themselves (various forms of subjection including mental ones) as complex and changeable forms of communication between the dispositives (apparatuses) of power and modes of truth. The novelty of this analysis lies in the fact that truth is defined here not as a property of expression in the process of communication between a doctor and a patient, but in connection with the disciplinary system of psychiatry, which is the place for the formation of a special kind of discourse for the exercise of psychiatric power [18]. In answering the question about the functioning and mechanism of mental illness, the authors have redesigned the subject field of the study.

3. The phenomenon of insanity in the context of control and discipline

The fact is that, unlike the rest of Medicine, Psychiatry, as the highest type of disciplinary action, resorts to the administrative apparatus of power (recall, for example, the words of Nikita Khrushchev, that crazy people can dislike socialism [19]) to justify a request for compulsory or possible treatment. In this case, the disciplinary authority acts as a medical power, vesting the psychiatrist with the status of a doctor who issues an opinion on the disease. Foucault notes that the psychiatrist does not diagnose the symptoms of the disease, but elicits them from the patient; i.e. in the process of questioning, it is the patient who, by providing the required symptoms, literally with his/her own power, designates the 'questioner' as doctor [17, p. 269].

The search for an organic substratum of insanity, a task that is completely insoluble for the psychiatrist as a doctor, ends up, by a wave of the patient's magic wand, in the creation of a kind of 'analogue' of the disease, actualized through eliciting a confession from the interviewer. This is how the disciplinary field of clinical 'diagnostics' works, the clinical presentation of the mimesis of psychiatry as a dispositive of power is realized. In other words, there is an unprincipled adaptation and imitation of organic medicine and religious ritual in the struggle for status survival [20].

The disciplinary use of drugs was supposed to show the connection between the narcotic effects and the course of mental illness. The psychiatrist saw in the intoxication that soil, that instance of experimental verification, which the psychiatrist so needed. The LSD pill, which aroused his 'Moses' perception, 'altered state of consciousness' (in the terminology of S. Grof [21]), 'awakening from a nightmare' to make sense of things (according to F. Perls [22]), gave him the rare experience of penetrating the mystical realms beyond. The task of selecting the appropriate material for the mental 'orthopaedics' of patients prompted psychiatry adherents to penetrate further and further into the multilevel nature of psychological phenomena.

For a psychiatrist, a drug is defined as an experiment in penetrating insanity, as the realization of insanity, as invasively breaking into dreams within the limits of wakefulness, followed by the pathogenesis of the nervous system. An adequate understanding of drug therapy involves the implementation of various means to ensure control. Structuring their arguments around the theoretical concepts of the dispositive, doctors resort to the use of antipsychotics and other 'reverse drugs', for example, chlorpromazine, which surpasses the effect of many drugs, inducing a state close to physiological sleep. The psychiatry proponents' position is that if a normal individual tries a drug, this person will risk psychosis, but if you give the drug to a drug addict, then his or her schizophrenic syndrome will become more pronounced [23]. However, this explanation is highly questionable.

As A. Hoffmann, the chemist and creator of LSD, admitted, "another, strange, dreamlike world invaded me from within" [24]. When he synthesized LSD as "the Philosopher's Stone" [25], the firm Sandoz Ltd. sent the drug free

to psychiatrists around the world, indicating in the documentation its use as a psycho-imitator that simulates psychoses in order to better understand the states of a person affected by schizophrenia and to record the salutary and healing effects. According to Hoffmann, LSD was used successfully by psychoanalysts for 10 years [26].

Writer O. Huxley, a candidate for the Nobel Prize, called the Swiss chemist the discoverer of Moksha medicine. Moksha medicine is a magic drug obtained from a mushroom ('moksha' in Sanskrit means decay, liberation; by the way, the ancient Greek 'psychedelic' means 'manifestation of the mind'). In his book *The Island*, Huxley describes the magical properties of this drug [27]. On the utopian island of Pala, Science, technical civilization, eastern wisdom, and mysticism are fruitfully united in a new culture. Moksha-pharmakon plays an important role in the lives of local residents. Its use is associated with decisive periods of life. Young people use it in initiation rites. It is distributed in the process of psychotherapeutic dialogue during life crises, and during dying it facilitates the transition from the mortal sphere to another dimension of being. Ultimately, humans are beings with highly developed spiritual abilities, with an expanded consciousness of the all-round miracle of being. They are able to observe and recognize the biological and material bases of their existence directly, without being masked by words and concepts. Moksha-pharmakon serves as a teaching tool in this.

With particular importance, Hoffmann emphasizes that the LSD experience is the art of giving in love and mind that which is taken from mystical vision and the transpersonal experience of self-transcendence and oneness with the universe. LSD was touted as an enlightening and magical psychopharmaceutical on the way to a new, spiritual age [24].

Drug addiction was part of a larger social project about various pathologies that can be learned from visual signs on the body and visual culture, including psychiatric paintings and photographs (addiction aesthetic) [28]. As a matter of fact, in their literary studies, T. De Quincey, P. Shelley, A. Tennyson, C. Dickens, M. Corelli and others, all while relying largely on the rules of self-experimenting science, cultivated an addiction and craving for drugs when developing repetitive exploration narratives. After all, drugs are "aromatic invitations to scientific reflection" [29], promote the acquisition of special knowledge and serve learning through aesthetic enjoyment [30].

According to Foucault, drugs provide the psychiatrist with the reality of the body with its functions, skills, behaviour and actions. Grof calls for reflection on new aspects in the study of transboundary states of the mentally ill [31]. It has long become obvious that transpersonal experiences (meditation, loneliness, fasting or certain yoga practices) as types of 'psychosis-schizophrenia' can manifest themselves in many ways and they should be interpreted either extremely carefully or in a completely different way, in the sense of the 'gestalt'-body, as an experience and technique of the deep presence and intensity of being, felt as something beyond the momentary personality [32, 33]. Pulitzer Prize winner E. Becker's (2018) thesis on Psychology as a "modern

religion” could be cited here [34]. He believes that at the basis of our behaviour is the denial of death [34, p. 1-8]. This negativity is the cause that brought human civilization into existence. Becker considers mental illness itself as a style of bogging-down in the denial of creativity, which is an intrinsic, authentic feature of immortality projects [34, p. 210]. According to R. Kuhn, pathological manifestations should be understood as new forms of existence in the world [35]. Not medical treatises, but studies on physiognomy, fashion or ‘the art of costume’, games and especially carnival help the analyst to understand and appreciate the inner reality of the mentally ill. Psychiatrists in their work must study folklore, Philosophy, religion, ‘psychology of expression’, the History of civilization and art [35].

The language of Foucault’s epistemology is not confined to historical limits, but penetrates to the depths, that is, to the origins of modern western thinking and concerns the ultimate prospects of its possible renewal. The creation of ecstasy was, indeed, an attempt by psychoanalysts and chemists to have at their disposal the reality of the body, to learn how to influence and control its functions. Psychoanalysts have penetrated to the origins of mythopoetic visions and the ‘higher’ world. In the process of describing the picture of the world, the scientific language of psychoanalysts in its relation to mythopoetic visions and dreams made it possible to set cognitive parameters (ultimately based on digital technologies) of experimental study. The ultimate goal was the desire to turn psychology into a modern religion.

There is nothing strange in the fact that the mystics known in history (for example, Ibn Sina, Al-Ghazali, Maimonides) likened the knowledge of God to mindlessness, and in the Sufi teachings, a love union with God was compared to a loving disappearance in Allah. T. Andrae provides a heart breaking story that may seem dull only to the uninitiated [36]. As he travelled, the narrator heard a mournful voice and loud sobs. The voice said, “Oh, what loneliness after such intimacy, what alienation after such a safe home, what poverty after such wealth, what humiliation after such splendour!” The narrator went to the caller and found him teary from weeping, “Why are you weeping?” The skinny Uwaisi replied, “Leave me alone. I had a heart; I lost it”. And he sang, “I had a heart, our love union. / But love died, and my heart burned out forever” [36]. The lover, immersed in religious ‘delirium’ and ‘depression’, describes himself as a disgusting creature, thereby incurring the hatred of ‘others’ and never reveals the secret of his passionate love [37].

According to the psychiatrist’s reasoning, however, religious and mystical experiences are caused by mental disorders. The psychiatrist seeks to find the hallucinatory paranoid schizophrenia behind the Uwaisi’s decadent and delirious language, using ‘disciplinary dispositives’ to access the reality of the body with its functions, skills, behaviour and actions - which corresponds to the original purpose of the psychiatrist as a priest of medicine.

Foucault’s epistemological paradigm deals with the archaeology of knowledge. It allows us to evaluate the visions of Hoffmann, who took the psychedelic he invented to arouse them, as mystical, similar to those into which

the mystics mentioned above plunged exclusively through frenzied, ecstatic states, as a technique of profound presence and intensity of being, existing beyond the boundaries of momentary presence.

Finally, it is necessary to mention the historical epistemological approach of medieval theologians and philosophers, which made it possible to optimally understand the relationship between philosophy, psychology, theology, religion, medicine, and other sciences. Thus, according to Ibn Rushd (†1198), the apodictic conclusions of our intellect are necessary, but not necessarily true [38]. In turn, the teachings of faith are true, but do not always have to be binding. Religion, on the other hand, offers symbolic images that at the highest level of cognition is contemplated by the human intellect in its absolute purity. Hence it followed that at the top of the scale is Philosophy, which gives absolute knowledge and truth; immediately below, Theology, the sphere of dialectical and probabilistic interpretation; the bottom of the scale, religion and faith, which should be left to those who need them [39, 40].

Of course, the spread of drug addiction at the household and cultural level does not negate the fact that in their original form drugs ('the nectar of delight', 'Saint Anthony's fire', 'Holy Flower of the North Star', 'guide to the ancestors', 'trumpets of the angels', 'little flowers of the gods', 'diviner's sage', etc.), as certain mind-altering substances used for only recreational purposes, were associated specifically with the field of mysticism and religion, i.e. the sphere of spiritual exercise and self-production. In spite of the strong thread running from Christian spiritual exercises associated with confession to modern biopolitics and power relations to human nature, the western subject is ultimately always involved in the instrumental systems of self-production. Prison madness, harassment, surveillance, supervising and punishing have become a graphic expression of the modern ways of exercising power [41].

Through continuous virtual techniques and systems of supervision, recording, punishment, disciplinary actions, etc., a certain mechanism for the use of force in relation to individuals is being built. By constructing a total panoptic, the disciplinary power seeks to prevent negative actions, to intervene in the lives of individuals through the practice of constant surveillance, classification, and hierarchization, seeking an almost instantaneous, uninterrupted impact on their behaviour. Through ubiquitous computing, digital identification, registration in data banks and files of everything that happens in a situation of continuous observation (inspection, questioning, examination, documentation, etc.), the authorities ensure the continuous functioning of the discipline. In other words, people's unadapted individuality is continuously 'inverted' through the individuation procedures mentioned in order to obtain predetermined 'psycho' parameters [42, 43].

Thus, modern power strives for the ideal of a complete somatic takeover. Disciplinary methods, taken at the most subtle, most elementary level, are mechanisms that are associated with a certain form of exercising power, a certain type of knowledge formation and regulation that restrict the behaviour of

subjects. Controllability (gouvernementalité) arises as a combination of institutions and practices, whose main target is the population [44].

4. About the functioning and mechanism of mental illness

Once again, we emphasize that Foucault associates the organization of psychiatric power underlying modern disciplinary techniques for managing society with methods of cognition based on 'disciplinary dispositives': the practice of questioning and obtaining confessions, the method of hypnosis and the use of drugs. From our point of view, these elements in the conditions of 'digital' and 'virtual' reality set a new mode of rationality and truth, which are implemented in modern 'disciplinary' spaces not only of medical facilities, but also of state law enforcement and security structures. The essence of the matter is that the government itself creates its own regime of truth and produces the information it needs for manipulation. As Nietzsche says, in every striving for knowledge there is a drop of cruelty. In a sense, we can even talk about the need for cruelty and subjugation as a means of resisting madness and escape from thinking. In other words, one cannot escape from power because being itself cruelly requires a person to accept the responsibility to be and to think. Parmenides spoke with such pathos of their being fateful.

In answering the question about the functioning and mechanism of mental illness, it should be emphasized that the primacy of the practical over the theoretical sphere means for patients that their own internal rational compulsion (i.e. that one must answer and complain to the doctor!) forces them to answer and be questioned, thereby literally declaring the psychiatrist a doctor while submitting to the doctor's requirements. In this case, patients make the psychiatrist a doctor with their own power in order to then relinquish responsibility for their actions and helpfully become the object of the normalization procedure. Such is the cruelty of life: the patients undergo normalization, having previously abandoned the culture of self-knowledge and the desire to pull themselves together, to overcome themselves, to risk themselves. Such is the supra-legal crime of the modern human who runs away from responsibility and prefers to submit to herd instincts and the domination of technology (M. Bakhtin [45]). At the extreme, any life contains a crime and requires submission, and even crime (F. Dostoevsky [46]). In 'mass' society, truth in the form of scientifically grounded knowledge has long given way to truth as a product of ideology and information. The psychiatrist, in principle, does not rely on knowledge, but insists on the dominance of his/her will, in no way yielding to the patient. The psychiatrist wants to get stronger. 'Stronger' here means more power, and 'more power' means power for power's sake ('power dispositive').

Thus, in the explication of how mental illness is treated, there is a certain archaeology of knowledge. The result of increasing evidence-based knowledge (not comparable to the experience of the sixties) based on tracking and interrogation techniques was the comprehensive development of repressive

political techniques of power based on a psychiatric dispositive. In this situation, whether the source of mental illness is ‘mass’ culture with its belittling of the individual and the domination of consolidated mediocrity, as Nietzsche stated [47], or the position of the individual between Eros and Thanatos, as Freud believed [48], or the conflicts and contradictions of social relations that feed the painful alienation of patients in complete isolation, as Foucault concluded, remains an open question and requires further study.

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