

The Cultural Construction of the Different Other: Expanding Foucault's Theory

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Abstract: *This study is focused on the perception and understanding of the psychopath, in modern Greece as well as the historical division between normal and abnormal. In this way madness can be the way of the cultural construction of every different Other. Influenced by the recent financial crisis and its effects to psychiatry, it is interesting to see the experience of mental ill patients. This research is based on long term ethnographic research in Greek psychiatric clinics and the results confirmed the main hypothesis that the psychopath is culturally constructed and led to critical conclusions about theoretical and methodological phraxes that are used for the study of similar topics. This study expands Foucault's theory to the outer space.*

Keywords: Cultural construction, psychopath, psychiatry, mental health, Greece, Foucault

1. Introduction

There is an extent discussion and research spread about the truth of psychiatric diagnosis. This tend combined to my previous working experience in a psychiatric clinic lead me to the cultural study of the psychopath's construction. However, most studies focus on psychological and sociological issues and there is a great lack of cultural studies about psychiatry, in Greece.

Taking into account that the construction of madness is an historical process, as Michael Foucault (1964) stated, it is important to analyze the mad body through its encapsulation in psychiatric clinics and asylums, from the ancient until modern years. The communication codes that are formed in different social groups in time and place can often cause racist behavior on the mad body. Moreover, the mad body is the field where the characteristics that differentiate it from the normal ones, are written. For instance, body moves and expressions out of the adhere social order are considered as polluted or defiled and transform the psychopath to a different other. Such a differentiation can take place by his transposition to the time and place of the psychiatric hospital.

In such places where psychiatric treatment is offered, the staff uses disciplinary mechanisms and treatment through medical practices that raise wide discussion for the tracing of truth, an issue that concerns humanity from the ancient Greek philosophers until today.

In modern Greece, the term "psychopath" has been substituted by the psychiatric term "mentally ill". This is strongly connected to the way the scientific rationalization and medicalization have alienated the understanding of madness from metaphysical interpretations and have placed him, through medicine, into psychiatric institutions.

So, researching madness, one can see from the one aspect scientists who support the medical approach and from the other side the social approach. The first one shows that the government determines the way some sciences study the psychopath and also the use of medicine, police and law as

therapeutical ways. The other one accepts diversity and social inclusion.

The latest directions from the European Union concentrate on the pause of the big psychiatric hospitals and construction of new small units in the center of cities, so as to provide psychopaths social inclusion. Greece has not been able to complete this goal, until recently, due to the economic crisis. According to the results of the current research, this failure happened because the whole program did not contain elements that simulate it to the different cultural context of Greece. In other words, it lacks knowledge of the cultural diversity.

2. Theoretical Framework

My research was based on very specific theoretical and methodological frameworks that investigate the diversity and the construction of the different Other. Using a multidisciplinary way of data analysis, I reached works of contemporary philosophers and historians such as Foucault and Rosen and anthropologists as Seremetakis, who played a catalytic role in history, philosophy and anthropology, respectively, for the understanding and analysis of the cultural and historical diversity.

Foucault (1964) will apply the culture relativism inception in history. With his project "History of Madness", he reveals that finding the perception of a mad person can be overturned, and he studies the different perceptions of madness during the Middle Ages. He examines people in Western societies, determines the "truth" about what it is, "madness", "sickness", "criminality", and subsequently how to segregate the criminals from the wise, healthy, and loyalist persons, excluding the first-ones from the social life, and subjecting the second-ones into a detail system of discipline and "normalization". He also suggests the new institutional structures of power and control to be analyzed from these severances (asylum institutions, clinical, and prison). Because Foucault's research was focused mostly on the exclusion of the different Other, he noted that before the French Revolution, the punishment for those who weren't included in the speculated from the society, normal social limits, was aiming at their elimination. After the French

Revolution, the punishment was performed in a more secret and isolated way, and what transcends isn't the body or the action, but humans soul personality. The turn to the 17th century was accompanied by an authoritarian strategy, that first displaces and then studies and "cures" the mental patient. The social divergent behavior of the patient now becomes perceived as a medical disorder, which needs special treatment, and isn't a sin anymore which needs punishment, or a demon superstition which requires ritual exorcism.

Therefore it's obvious, from Foucault's point of view, the meaning that prison acquired as well as the modern insane asylums, the main way of expression and condensation of general discipline's feeling depended on "by the way of an end in itself" power.

Clearly, Foucault's speculation wasn't based on the ethnographical research, and was more focused on studying a mad person in an asylum.

Motivated by Seremetakis' historical and ethnographical view, we can expand in this research the object of analyzing mad persons into the dead ones. In other words "before we focus on the leper or on the mad person, like a social imaginary of the imaginary of the disorder, of the social institution and objects of hegemony and recording them, we have to speak for the dead too and the strategic of confinement and exclusion them" (Seremetakis, 1997:43).

Especially, during the trial of degradation the relational structures of institutions, such as church and the state are connected with practices, such as the separation of the dead from the living. More specifically, Aries (1975) showed that this separation referred to the coverage of the body during Middle-Age Europe. A coverage that clearly flags the coverage of the dead alongside with their confinement.

Seremetakis (1997), is transferring into similar procedures to her ethnography for the death in Greece, focuses into Mani. Based on years of ethnographic research, she uses the ethnographic translation as a practice of "voucher prosecution that is contributed in the daily incarnate action of the fieldworking research. She studies innovative the different "Other" and critically approaches the, so far, anthropological assumptions, while simultaneously creates with her work the theoretical and methodological tools for studying the Other. She distinguishes that the only thing that is missing from the Greek studies is the recognition of an epistemological and existential moment of crossing the line with a theoretical mechanism, changes the understanding of the social-historical background, to such an extent that it can change the social reality.

She premises the tenet that anthropology and social history aren't closed, complete knowledge systems, that can be taught and be propagated in other social-cultural fields. Finally, with her total project she consolidates a methodological and thematical trading between scientists, who are using ethnological models to analyze the ancient and modern Greece, demonstrating, in this way, the urgency of the interdisciplinary approach in the ethnographical practice.

Foucault studied diversity through madness inside the asylum and Seremetakis through the dead in the inner Mani. Following these theoretical paths, this research expands Foucault's theory about madness and diversity in general, to the outer space.

3. Method

The research method I used is the ethnographic or alternatively known as fieldwork. Quantitative and comparative research methods that I had used in the past, did not give me satisfactory answers to questions related to cross-cultural and epistemological issues. In contrast, fieldwork could mainly provide me the involvement I needed. In that way, I was able to create a strong relationship with patients and their relatives, doctors and nurses.

Moreover, relating theory to action, the ethnographic method asks from the researcher to re-define the term culture. Following Clyde Kluckhohn (1985), I see culture as the total way of life of people, the social legacy the individual acquires from his group, a way of thinking, feeling, and believing, an abstraction from behavior, a theory on the part of the anthropologist about the way in which a group of people in fact behave, a storehouse of pooled learning, learned behaviors and a set of techniques for adjusting both to the external environment and to other people.

I was in the psychiatric clinics on a daily basis and many times because of the increased obligations that were developed had to remain there until late in the evening. In this context I collected data included ethnographic experiences, of which 40 recorded narratives, 40 artistic achievements of photographic data, historical documents and material artifacts, while the literature study was synthesized by a variety of references.

The survey was conducted by my participation in the daily operations and activities taking place in the boarding 'Sunflower' for 42 months. The main research tool was the interview, which is an important tool, among others, to collect data and even serves as a valuable tool to raise crude material. The interview gave me the possibility to study both verbal and non verbal evidence offered by the respondents. According to Papagaroufali (2002), language is a practical experience and as reported by Bruner (1984) (referred to Papagaroufali), the storytelling does not simply reflect or comment on the social reality, but it constructs it during specific narrative acts performed by people in a particular place and a particular cultural background.

4. Results

The research started with my professional obligation, as the person who is in charge of the boarding house "Sunflower", to choose the patients who will be moved from the psychiatric hospital into this new place. The goal of this transportation was the social integration of the most "functioning" cases and the provision of better living circumstances. My first visit was at a sanitarium of Athens, which is a big hospital institution built according to a

“pavilion” model and looks like an abandoned place. As I was getting close, tall and thick trees were almost hiding the concrete building and the only things that I could see were windows covered by iron bars. The entrance of the sanitarium was open, and outside of it police cars which had just transported patients having a seizure, were parked. After I walked through the big garden of the sanitarium, I moved on to the inside of the clinic, which was very old with mosaic floors and timeworn doors. As I was walking in the long aisle, screams and howls were switching with moments of total silence. During an overview of the rooms I noticed that no forks or knives were available for the patients, as well as no liquid soaps, razor blades, strong lighting, and all things that are required for a normal life, or that are necessary for their daily life. There, all these consisted of “materials out of place”

In my first wandering I met a nurse named Maria, with who our meeting was scheduled for the selection of cases and for our following cooperation. I still hear her words in my ears:

Getting closer to the sanitarium there was a terrifying silence. Nobody was walking around...I felt a cold feeling, under my skin, so cold as the building that I was seeing. Moving on I saw a building that was looking very old with iron bars and two police cars parked outside. At the entrance I had a security check. Two police officers were sitting and you had to show them your ID if you wanted to enter. When I walked inside I was hearing weird screaming and voices that were switching with absolute silence. The sky was cloudy and the whole scene seemed very terrifying (she smiles...). The few people that I met seemed pretty weird. All of them didn't have any teeth, they had skewed faces and they were talking to themselves. Later I learned that some of them were criminals, and because they don't have enough space in prisons they repress them with medicines. Others were closed inside here by their relatives, because they didn't behave properly or because they had a lot of money, and someone else had to manage them in a better way. The hospital was old and you could smell the mold and the humidity everywhere. All my senses were awake since the environment itself was causing me to keep an eye all the time...There are so many experts in this place and they couldn't create a better environment? I asked myself, but I forgot about it the same moment that I heard that the state doesn't have enough money for these luxuries. And even if it has enough money they will spend them for something else, and in the end some of them will come here. What if they are enough to feed the patients? Who cares? However the doctor's offices were very luxurious with leather couches and nice smells of the perfumes that were in the rooms. From the wing across, bad smells were coming by the excretions of the patients that were uncontrolled in the whole place. In the staff offices you could hear music was coming from the latest models of computers that promoted the research (she gets an ironic face), while from the other wing you could listen to screams and fights between patients about who's going to eat more food or who is going to wear the nicer pajamas.

The state constructed a building for the need of keeping away people that were considered dangerous for the rest of the society. The psychopath has a fixed space in which he is

allowed to move inmates and outside of the cities, something that is referred to the transportation of cemeteries, from the center of the town to the surroundings, as Seremetakis (1991), explains. The only thing is that the death of the psychopath is social and not biological. The case of Spinaloga came into my head as an image, in such a dramatic way as it was presented in the famous TV series “The Island”, in 2011. The exit of the lepers and their transportation to the isolated place was performed in limbic hours, the hours of sleep for most of the people. The residents of the area were seeing Spinaloga and its residents with fear and feelings of pity. With the exit of the leper out of the island, the imagination was starting to function, exit and transportation of the infective Other, who like the dead belongs to the chain of the social relationships of the living people, but at the same time it's nothing more of a missing hoop.

The daily importation of new “cases” is the procedure which is usually performed, accompanied by a police vehicle and an ambulance. I knew this procedure in a theoretical level although the daily appliance of the theory in the daily practice is much more different. I was discussing this difference with colleagues, when Kostas heard us, hospitalized in the sanitarium for many years, and he was willing to narrate his story:

It was a sudden change. I was a good man, I was working and I had a future in my job. They closed me inside because I was weird, they said. I liked to get dressed differently, I had my own style. Also, they didn't like that I was singing all the time, while all the others were nervous. They thought that I was in my own world. I didn't have a good relationship with my supervisor. He was a fiendish person, who wanted to show himself only. One day he called the police to come and pick me up. They put me in handcuffs and they treated me very violently and meanly. Who wouldn't believe the manager of the bank? They picked me up with a police car and they drove me to sanitarium. To be honest, after that I really went crazy. I couldn't believe what happened to me, and I didn't have anyone to help me get out. After that, I was starting to lose my mind for real...(shaking his hand)! Now you can see me...Sudden change. One moment you were free and now you have to follow a program like a prisoner...Let it go...

So the police and the ambulance that George describes aims for the protection of society from the dangerous.

This procedure, though, functions as a punishment. As Foucault (1964) refers to, at the end of the 19th century, the epidemic that afflicted the population and forced state to take drastic measures. One of these protective measures was the recording in birth registries of the diseases and deaths. According to these records, the way of living and the cause of death are defined, procedures that presuppose medical intervention, and the other way back. Through the role of the expert that the doctor started to undertake gradually after the French Revolution, was authorized as the main protagonist in a complex of problems which were unbreakably linked as medical and social (Castel, 2001).

Maria, hospitalized in Dromokaitio too, stated:

My importation in the hospital seemed like a punishment for something bad that I had done. You see, they didn't like my behavior and they always threatened me that they'd call the police...So eventually they did it...

The alibi for the incarceration is most of the times the hazard and the fear of causing damage to others by the psychopath. One morning, while everyone had their breakfast, I talked for a while with Andrew who was a little bit aggressive the last few days. Andrew was a middle-aged man from Athens, "born and bred" as he says, and very communicative, with a lot of humor and in a good mood. I asked him if he realizes his aggressiveness and he answered:

I never thought of hurting anybody. I never hurt anyone. I haven't even hurt an ant... They say that we are dangerous and we are presented everywhere with saws. What can I say to you? Definitely there will be this kind of persons... Aren't bad and good people everywhere? Same thing happens here...

Hazard consists of the most basic criterion of the obligatory incarceration for almost the whole aggregate of mental patients which are under involuntary incarceration (Tsalikoglou, 1997). The obligatory involuntary incarceration of mental patients in psychiatric institutions is structured on the term of hazard, which is supposed to have scientific shoulders, and the experts can measure and manage it. A person characterized as mentally ill can be forced to incarcerate in a sanitarium and be submitted under special treatment, because of his possible hazard even if this person has never acted violently or violated the law.

Walking in sanitarium neighborhoods and talking with the residents, I heard brander views but at the same time acceptance and sympathy. While they're used to co-existing, and since they've realized that they're not dangerous or infectious, they accept them in their daily routine. Although it would be difficult to hire a psychopath for work, and it would be more difficult to go outside with him. In any case, they would rent their house to someone that had the psychopath "label". A resident of "Sunflower;s" neighborhood states:

They are good people, sensitive, you know the goods are the ones who are getting fooled... In the beginning we didn't want them here. We were afraid, we didn't know. Now we got used to them and they got used to us. They come to buy their newspapers and their cigarettes. Everything is alright!

-Are you friends with them?

-Not friends! It's not possible! We are from different worlds. The truth is that it's not so easy, even if you accept them, to invite them in your home, get married or completely trust them... Maybe they're good but is it worth the risk? Why risk it since you have other choices?

The hazard is connected to risk and the meaning of risk is also a cultural construction. The word "risk" has appeared very often in the previous narration, a fact that refers to the partial acceptance of a psychopath or his apparent acceptance.

The risk in modern societies, according to Ewald (2010), has a significant position. It is everywhere: in the economic world, in the stock market, in the social environment, where the institutions of the private or social insurances are occupied with its coverage, in the judicial world, which is useful for imputation, in the ethical world, where we protest that our society is assisted, in the medical world, and in the form of undefined healing luck.

Walking the corridors of the sanitarium except for patients and relatives, I also met staff who were ready to express their opposition against the system. The organized oppositions of the staff and the movements of citizens came to cover the psychiatric reformation which would give another option of mentally ill persons integration in the society. This, of course, doesn't cancel everything that happened or fix the medicalized image that dominates.

Mrs. Alexandra is working in this place that she calls "a place of social blockage". She's a social worker, and trying to express her opinion about the condition of the place she narrows:

It's not just a lost case, it's an exemplary story of Greek particularity, of our Balkan logic, and a fist class scandal. In all the other European countries where asylums are closed since the 50's and 60's, the psychiatric reformation came because societies decided to deal with madness in a different way. Here, in a way, it was forced to us, when the misery of Leros was revealed. And as we usually do, we looked for taking the shame from us, to become Europe's good kids, changing the surface of the things. And, as we usually do, somebody became rich by this story.

Housing structures, boarding houses, guesthouses and apartments are starting to function in the neighborhoods of the country, welcoming the forgiven, long-term inmate patients of the big sanitariums. For hundreds of young scientists, and for the elders, that lived closed to the misery of asylums, that was a new brave world that was promising a huge social change. Since then, 4 sanitariums are closed, psychiatric clinics were created in General Hospitals, and the number of inmate patients was reduced to 50%. Gradually, all over the country four hundred protected apartments, guesthouses, boarding houses, and day centers by the state field and from non-government institutions developed.

From the margin senior stem for many years, in the organization in the administration of an urban psychiatric structure states:

I'm working in this field for many years. I am close to being retired and you don't know how much I want it... I've seen a lot of things inside here. I only know how I handle it. Things are complicated, not at all simple. I won't support our work but I'll say to you that we did our job here. We used a lot of methods. In all these years, things were changing, we were informed by scientific conventions and articles, but they often changed. Medicines, psycho-therapeutic methods, people, companies, and many others. However, we are employees and obligated every time to follow the instructions of our superiors. I reached as high as I could get, I got my MD and PhD, but I always had a superior to

tell me what to do. So I helped during an electroshock, a fixation of a patient with special magnetic belts, I put straitjackets on patients, and I even hit patients. You know something? I'm ashamed of myself! I never believed in all these things and my heart was hurting every time they happened. I couldn't do anything else though. I was an employee and if I did something else I would lose my job... And I didn't have enough money... I was very poor and I needed this job more than anything else. However the cruel treatments were doing something... they were putting an order to sanitariums. When I was alone and I had forty psychiatric patients on the floor and I had to manage them even these cruel methods were helping. I was giving a razor to someone to shave himself and his was cutting his veins. I was freeing someone from the belts because he was begging and he was trying to escape. I was giving shampoo to someone to wash his head and he was drinking it, trying to commit suicide. I wasn't agreeing with the violence, but how I could stop all of these, and finally how patient can a person be? Since my superiors agreed, and we had it as a tactic it was good for me, to be completely honest. Even medicines were changing. You know, pharmaceutical companies give "gifts" (making the movement that symbolizes money) to doctors to give constantly their medicine. So, every time a bagman was coming the patients description was changing and everybody were taking a new medicine that will help them a lot. Everybody the same for many times! We knew that all this was a product of commercial transactions, but it was helping. Patients were calm. Look, to be realistic, they can't be totally cured. Psychopathy is still uncured. Science is interested to keep them calm and harmless. Others call it repression. We call it treatment. You don't know how difficult it is to have someone in your house that one moment tries to commit suicide and the next threatens you holding a knife. Do you know how many houses some of them have destroyed just because their mother was just patient and was tolerating of everything?

Someone can easily understand that psychiatry mostly functions for institutionalization in Greece.

5. Conclusion

The ethnographic, historic, and meaningful research analyses evince that the term "psychopath" is culturally constructed. In other words, the understanding as much as the perception of madness, and of the psychopath, are differentiated among social groups from time to time.

With such analysing, the present study highlights the change of understanding madness, and especially the psychopath, as long as the diagnostic criteria for his characterising as a psychopath. Since the 19th century, the determination of diagnostic criteria takes mostly medical science, and gradually the western medical rationalism dominates.

According to Comaroff (1982), all forms of human society provide medicine, namely, a system of special knowledge, of raw practises and healers, who observe and study the phenomenon that cause anguish and that threatens human life. What finally is formed to main issue is how, during the fordable of history, is created through symbols and

knowledge a kind of dominating medicine, how this is legalised (and for whom) and how other forms of medicine are marginalised. The research in this paper demonstrates the coexistence of classic medical science with alternative forms of curing madness, something that is supported by the meaning analyses of the terms "mental patient", "psychopath", etc.

Madness is sometimes characterised as an ultra-power, sometimes as demonising, and sometimes as a disease. The different healing perception in the time, sometimes moves to a metaphysical level (exorcism), and other times is achieved by using drugs or mechanical support (such as electroshock). According to the data of this research, we are led to the conclusion that even today, medicine with metaphysics in the confrontation of madness co-exist. A characteristic example of such a competitive co-existence gives us the narration of Kostadina: *"Finally, who should I believe? The priest that calls me lucky that a miracle happened to me, or the doctor who calls me unlucky because I got sick? They'll drive me crazy here!"*

Madness is recorded in the human body and its research by any scientific view focuses on the image and its moves. Specific moves of the body, today, consist of a motivation about diagnosing madness as a disease. With the power of diagnostic truth or medicine imposes a variety of procedures to reset "normal" social background. A procedure of achieving this goal is the incarceration and the enforcement of discipline, something that is scooped with the corporation of other social institutions.

However, the constant changing of diagnostic criteria and their focus on the human body, as the narrations and other researches demonstrate, such as Rosenhan (1973), who proved that "patients" with the same behaviours and body moves got different diagnoses by different psychiatrists. In addition, the data of the research demonstrated that the design of psychiatric places of incarceration and the procedure of transporting the psychopaths by the "outside" society to that of the sanitarian is similar to the correctional procedures of prisons. The rationale of incarceration in both situations is the hazard and the fear of causing damage to others. Rationale, which according to research provides the ability to doctors to perform experiments for therapeutic methods on psychopaths bodies, methods that are proved ineffective.

The forming of perception about the image of the psychopath contributes to social media, which because of the necessity of commercialism and viewership, imposes the choice and presentation of the subjects to promotion in such a way to promote the extremity and exaggeration.

All told, by the data of the ethnographic research on which this study is based, as by between those who espouse the social-cultural model, an ambiguity is demonstrated in modernising, concerning to understanding and tolerance of madness. It's under methodological questioning that, until now untested, acceptance of psychopath meaning.

This study, based on local research, expands the pre-existing researches from rural to urban Greece, performing

comparative analyses of both, as long as institutions of incarceration with structures of social reintegration in modern Greece. By analysing them, I hope to consist of a source for further ethnographic and historic researches and studies in this specific matter.

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