Using Foucault’s History of Madness to Examine the International Development Industry

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This thesis is presented for the degree of Research Masters with Training of Murdoch University, 2014.
I declare that this thesis is my own account of my research and contains as its main content
work which has not previously been submitted for a degree at any tertiary education
institution.

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Abstract

Many theorists have attempted to explain the lack-lustre performance of the United Nations (UN) and other international development bodies in their work to reduce global poverty. Furthermore many of these initiatives have been largely unresponsive to a growing body of criticism from a variety of discourses. The work of contemporary French philosopher Michael Foucault has been used extensively to problematize and thereby lay open for examination the hidden assumptions and mechanisms behind the West’s ongoing development agenda. Such works draw heavily on Foucault’s theories of Knowledge and Power and Biopower. This research attempts to demonstrate that Foucault’s earliest work, “The History of Madness”, provides an inclusive and far reaching framework from which to critique development initiatives. In his theory, Foucault analyses the history of madness and details the emergence of a psychiatric movement whose role was not to cure but to reinterpret madness in order to contain and control it. This research draws links between the key elements of Foucault’s theory and the capitalist, neoliberal history of international development. It begins with linking the concept of the Noble Savage with the Divine Fool and continues by comparing Foucault’s Doctor/patient relationship with the development “expert,” and the creation of the early asylum with the activities of UN operations in developing nations. The discussion is supported through the analysis of a series of photographs taken from the UN website in which these similarities are foregrounded. The research concludes with the assertion that if we apply Foucault’s theory of madness to UN development activities, the knowledge and expertise of the development experts is illusory, and experts serve only as “rational” representatives of Western capitalist ideals. The relationship of the expert with developing nations remains static and functions purely as a mechanism to label and control. This theory highlights the importance of maintaining unequal power relations and precludes the possibility of transformation. It is hoped that creating an awareness of this dynamic will allow practitioners to reassess the assumptions behind their own programs and encourage the consideration of more fundamental development needs such as affordable healthcare.
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Prologue

My previous work involved two heady years in Cambodia, working as a freelance consultant to many of the UN agencies or NGOs headquartered in Phnom Penh. At the time I had a degree in Communications and an interest in gender issues, but no other development specific knowledge or even a particular desire to “help.” My partner and I picked up many well paid short-term contracts beginning with editing of research reports or designing NGO brochures, to writing press releases and conducting evaluation research. In retrospect I think my Communications background was extremely useful for a researcher in the Third World. It had provided me with the ability to deconstruct Western cultural assumptions and see clearly where these assumptions were causing Western projects to run into brick walls or explain the perplexing “obtuseness” of local staff.

The alleged incompetence of local staff was the bane of existence for all foreign employers in Cambodia, be they Chinese garment factory owners who resorted to punching Khmer staff when errors in their work were discovered or well-meaning but bemused NGO heads committed to “inclusive” action research ideas and who clearly had no idea why their projects were failing. A distasteful, local joke at the time went “What is the difference between a computer and a Cambodian? – With a computer you only have to punch the information in once.”

The first time I heard this joke I was shocked, but soon began to see how a joke like this was borne out of a frustration people encountered when attempting to force a first world, educated, time-efficient, social democratic system on a largely farm-based people unaccustomed to watches, paper work, deadlines, meetings or mission statements. My first driver for instance consistently came to work late, even when we explained that we had an important meeting to attend. For him, morning was morning, and a half an hour was a meaningless unit of time. He owned a watch with Hun Sen’s face on it – Cambodia’s Prime Minister then and now - which was given to him in exchange for attending a raucous Hun Sen rally outside the royal
palace. He had never grown up with the constant drilling of what the big hand or little hand was pointing to and soon sold his watch to a backpacker.

On a daily basis, life was filled with many surreal challenges that foreigners would laugh or mull over in the few Western cafés. Some examples include the following:

- Standards were slipping at a popular Western hotel but the management couldn’t sack any of their staff because they had threatened to come back with hand grenades.

- A psychologist friend of mine had been asked to pass her training on to a young woman who worked at the same NGO. My friend had passed text books over to her but wondered what she was supposed to achieve when this woman could barely read or write.

- An NGO initiative to visit villages and immunise their farm animals backfired as villagers had been told it was actually a Khmer Rouge plot to poison their animals so farmers kept them away.

- Bun Rani, the prime minister’s wife, poured acid over her husband’s mistress in the middle of crowded street market. The victim – a famous Khmer actress – died and no action was taken.

- While my partner and I were preparing a report for one NGO that was going to be circulated among Christian donors in Europe, the NGO head mentioned that a group of “saved” homeless women had beaten to death a Vietnamese man they felt had cheated them out of fish stocks. Similarly, another woman in the refuge who had been diagnosed with HIV had bought weed killer and fed this to her six children with their rice. We discussed these issues with a wry smile over a gin and tonic in the same river front restaurant that staff had threatened to bomb. While the NGO head wanted to inform donors of the year’s events, some events would clearly NOT be making it into the report.

Soon I was encountering my own absurdities, a ridiculous clash of UN activity chaffing against the realities of Cambodian life. I had been commissioned by the United Nations Development Fund for Women
(UNIFEM) to examine and evaluate the impact of an initiative designed to increase women’s involvement in the 1992 elections – the first democratic elections held since Khmer Rouge rule. The program hoped to inspire local women to run in these elections and gender awareness training was meted out to various groups, safety permitting.

While collecting the experiences of women involved in this program, I spoke to one who described to me her experience of torture at the hands of the Khmer Rouge and how she managed to escape execution during these times despite being a school teacher. It was my job to steer the conversation gently away from the physical scars of torture she showed me, and toward the “impact” of any gender awareness training she may have received after that time.

In many ways, stranger things went on at the UN agencies and foreign NGOs. When I met with UN folk, it was in one of two places, the front lounge bar of the exclusive Inter-Con hotel (or a cheaper hotel if meeting UN staff from smaller, less well-funded agencies), or through the gated, barred and guarded agency headquarters dotted around the Phnom Penh suburbs. In these enclaves, it was possible to forget the odd blast crater appearing in the streets and argue delicately about which UN agency would use their cost code to cover the price of faxing documents to a third UN agency in Bangkok.

We constantly called on our driver whose name was Vutt to deliver or pick up documents from these agency headquarters. After several months, exasperated, he asked if we could provide him with some sort of badge or ID card as he was constantly getting turned away by the guards outside these buildings. We obliged, and designed an official looking pass with our contact details on it and got it laminated. This was the only way my Khmer driver accessed the buildings of the UN agencies and NGOs that were in his country to “help” him.

Once, Vutt’s son fell dangerously ill, as had many of the children in Phnom Penh at that time. He had mentioned to us that his son was ill, but I imagined a bad case of the mumps and naively didn’t realise that Vutt feared his son would die. Looking to outside agencies for help, he joined the Mormons (who were a curious sight cycling around the city) and brought with him to work their Bible written in Khmer. He
asked if they helped with medicine but we laughed and explained that it was a religious group, not a charity or NGO.

Now when I look back, the only thing my driver wanted out of any international organisation was help for his son, as good medical care was impossible to secure for the average Khmer. In reality, he had trouble simply delivering documents to these places on our behalf, or found himself pursued by religious groups more interested in church numbers than saving lives. Unfortunately what the local people like Vutt wanted never seemed to factor in the latest rash of development projects – a Phnom Penh bus system from the Japanese, improved marketplace drainage from the International Labour Organisation or Amnesty International conflict resolution workshops when villagers were still at risk of landmines or dying of malaria.

About this time a book began to circulate among the aid worker community. It was “Lords of Poverty: The Power, Prestige, and Corruption of the International Aid Business,” by Graham Hancock (1989). The only second hand book shop in Phnom Penh produced a dozen illegal copies, stacked up for sale in the front of the shop. This book described the people of the UN as little more than gourmet parasites, demanding huge salaries and indulging in a depraved “Third World tourism,” collecting exotic handicrafts to adorn their upmarket apartments back home. Meanwhile, Hancock argued, the conditions in aid recipient countries did not improve, in fact, in all cases they got worse.

The book touched a nerve among the aid community. Meetings in bars or cafes to discuss projects would continue as normal, but as people loosened up once talk of business was over, Hancock’s book would edge into the conversation accompanied by a weak uncertain smile, and a joking admission that perhaps we were all crazy. The conversation would then wind up. Nobody wanted to discuss this book in detail because it really did challenge the *modus operandi* of many of those with whom I worked.

This thesis therefore is an attempt on my part to understand or come to terms with the fact that so many development staff put a lifetime of work into assisting developing nations and yet achieve so little. Virtually everyone I met was committed to improving the quality of life for Khmer people and yet were
struggling to overlook or explain away failed projects and blown budgets. Why, with so much expertise, goodwill and money available (so much in fact that the Asia Development Bank had run out of large scale projects to fund) was Vutt’s son unable to access the basic medical care that would have diagnosed his illness and provided treatment? Why was the UN paying me expatriate rates to evaluate gender initiatives when life was so precarious for Cambodian people?

At the end of my evaluation study into promoting women in politics, I concluded that the number of women in Cambodian politics was around 2%, which at the time was pretty similar to Greece and Japan, hinting that maybe we should question why this money had been spent on Cambodia when similar UN initiatives would have been spurned in other countries. As a feminist, I believe women have an important role to play in politics, however, Vutt’s son’s illness caused me to question how fashionable Western ideologies are pursued before the needs or wants of indigenous populations. This sense of unease with my role in Cambodia, coupled with my guilt of not recognising how seriously ill my driver’s son was, has lead me reflect on my feelings at length, and search for an answer to explain both the tragedy and comedy of the development field.
Chapter One

The United Nations (UN) is a huge organization with a current budget in excess of three billion dollars. In the last 50 years the UN has spent over $2.3 trillion in an attempt to alleviate global poverty (Easterly, 2006, p. 4). Despite this investment, not only have the results been disappointing, some countries have gone backwards in terms of progress against human development indicators compiled by the UN (United Nations Development Program, 2005, p. 17).

In this thesis I will propose an alternative analysis of the field of international development which attempts to explain both the persistence and failure of current approaches. I will attempt this not in light of the merits or otherwise of individual initiatives, but in terms of an examination of the epistemological underpinnings of the field, and the constraints and limitations that accompany this. To help with this task I will use the philosophies of Foucault, who devoted his life’s work to uncovering the hidden histories of both our rational and moral development, which he described as an “Archaeology of Knowledge.”

A key claim of his work is that knowledge can be seen as an arbitrary product of society, but is then imbued with status or importance depending on prevailing hierarchies of power. In this thesis, I shall be viewing the field of development as a social and historical construct and examining the implications of this in terms of approaches and outcomes. To support my theory I shall subject a series of photographs taken from the UN website to a qualitative analysis. I will identify and discuss a number of themes which align with my proposed theory and use these to support an alternative reading.

To begin with, in this chapter I will discuss in detail the limited impact of UN activities on global poverty, and the wide-spread awareness of experts and academics to this problem. I will briefly discuss some of the theories put forward for the lack of progress and identify the various schools of thought currently critiquing development. Finally I will discuss the school of post-development and its use of the work by the French philosopher Michel Foucault in providing insight and analysis to this complex issue of why so much good will should produce so little.
In chapter two I shall propose my own post-development theory that is derived from an early work by Foucault, *The History of Madness*, originally published in English as *Madness and Civilisation*. I believe this work provides a number of useful and hereto overlooked analytical tools for investigating the field of development and the role of the UN. I will conclude this chapter with a comparison of the assumed claims to “rationality” made by both development experts and Foucault’s asylum doctors. Chapter three contains a qualitative analysis of photographs, and chapter four contains my closing discussion and conclusions.
The Failure of Development

It is hard to criticise International Development efforts in the face of simplistic pronouncements such as “X amount of dollars will provide African farmers with seeds for a year” or “Just X dollars will help us dig wells for African communities so every child will have access to fresh water.” The provision of a few seeds plus a well seems a straight forward and reasonable response to poverty which easily justifies the provisions of funds. While adverts on TV explain to us just how easy it will be to end poverty with more donations, a growing number of theorists – chiefly those engaged in Post-Development Studies but also anthropologists, economists and journalists – are questioning the value and motivation of Western development initiatives, and their ability to deliver improvements in the living standards of poor populations.

The Human Development Index is the measure used by the United Nations to gage quality of life and standards of living across participating countries. It is comprised of three general indices measuring life expectancy, literacy and access to education and standard of living based on Gross Domestic Product per capita. It is used to rank nations from most to least developed and documents annual gains or losses for individual countries.

This quote taken from UN sources indicates the lack of progress made by development:

In 2003, 18 countries with a combined population of 460 million people registered lower scores on the human development index (HDI) than in 1990. (United Nations Development Program, 2005, p. 17)

To suggest that the UN’s various strategies to bring about development across the Third World have not lived up to expectations is not a controversial statement (Clammer, 2005, p. 102). Two decades ago, in his introduction to The Development Dictionary: A guide to knowledge and power, Sachs likened the post war vision of development to a beacon and wrote:

Today, the lighthouse shows cracks and is starting to crumble. The idea of development stands like a ruin in the intellectual landscape. Delusion and disappointment, failures and crimes have been the steady companions of historical development. (W. Sachs, 1992, p. 2)
One early opponent of development was Graham Hancock, who wrote *The Lords of Poverty: The free-wheeling lifestyle, power, prestige and corruption of the multi-billion dollar aid business* in 1989. The book documented the constant failure of first world countries to deliver disaster relief and contained stories of inappropriate relief shipments such as such as packets of diet pills, fashion shoes or foodstuff riddled with weevils. Hancock was unequivocal about his damnation of Western development efforts and the contrasting lavish lifestyles of aid agency staff, particularly those of the UN.

The UN is no longer circumspect in adding its voice to the neighsayers. While the 2007/2008 Human Development Report published by the UNDP focuses on the disastrous impact of climate change rather than failed development initiatives, the 2005 report provides a sobering picture of development efforts.

…as governments prepare for the 2005 UN summit, the overall report card on progress makes for depressing reading. Most countries are off track for most of the Millennium Development Goals. Human development is faltering in some key areas, and already deep inequalities are widening. Various diplomatic formulations and polite terminology can be found to describe the divergence between progress on human development and the ambition set out in the Millennium Declaration. None of them should be allowed to obscure a simple truth: the promise to the world’s poor is being broken. (United Nations Development Program, 2005, p. 2)

In light of these performance levels, many economists, development experts and other theorists have been asking fundamental questions regarding the methods employed by the UN and how the money is being used. Yet despite the numerous and direct criticisms from many quarters, the UN and other international development agencies continue to operate in the same manner with funding levels intact and have done so for a surprising length of time.

In an article titled rather unambiguously “The Aid Effectiveness Literature: The sad results of 40 years of research”, Doucouliagos and Paldam state that is “widely known in the field that the correlation between aid and growth is essentially zero” (2009, p. 433). Their research also supports claims made by Hancock that countries which refused UN help routinely performed better than those did not. China is one example, and India is another country that has seen a large drop in mass poverty despite receiving little aid.
While the alarming results of 40 to 50 years of development history have not changed, the development rhetoric has. Duffield has noted that the field of development possesses a “singular ability to constantly reinvent itself as a ‘new and improved’ formula” (2007, p. 1). It is puzzling to consider why change is not afoot. As Easterly writes regarding the tenacity of the development industry, “Response to failure was to do more of the same.” (2006, p. 72).

While the rhetoric of the UN now reflects this disappointing performance in the assault on poverty - and leaves readers with the impression that change is at hand, the wording of reports such as these are careful to deflect criticism of development approaches, placing the blame at the feet of world leaders.

The shortfalls in progress towards the Millennium Development Goals are not because they are unreachable or because the time is too short, but rather because of unmet commitments, inadequate resources, lack of focus and accountability, and insufficient interest in sustainable development. This has resulted in failure to deliver on the necessary finance, services, technical support and partnerships. (United Nations, 1210, p. 31)

In general, responses to the lack of progress fall into three categories:

1. Those who argue that development is on the right track and failures are due to poor funding from rich nations and a lack of commitment from poor ones.
2. Those who argue that the current approach to development is fundamentally flawed and incapable of delivering change. Progress is possible however with radical changes in delivery and increased monitoring.
3. Those who argue that the notion of development itself is fundamentally flawed and needs to be abandoned. In its current form it delivers nothing to poor nations and even has a detrimental effect on target populations.

The most famous proponent of the first position is Jeffrey Sachs, author of such influential books as The End of Poverty: Economic Possibilities for Our Time (2005), and Common wealth: Economics for a crowded planet (2008). As director of the Millennium Project as well as a Harvard academic, Sachs can be seen as representing the official UN standpoint. The approach is characterised by the belief that wealthy
nations can assist poorer nations to attain the same wealth and levels of development by becoming a financier and tutor – a role wealthy nations feel duty-bound to fulfil. This assumes that wealthy nations represent the pinnacle of nationhood and others should strive to emulate their neo-liberal, consumer-based capitalist societies. It also assumes that methods of achieving development are not culturally specific and can be replicated in any country with expert assistance.

The second stance is argued most prominently by William Easterly (2006, 2008), a professor of economics at New York University and a vocal critic of Sachs. Development experts like Sachs, he argues, place too much faith in large-scale, scientific and technical solutions which fail to grasp the complexity of different cultures, politics and the far-flung diversity of emerging economies. Instead Easterly advocates for small, localised initiatives over top down economics and large scale utopian strategies favoured by the World Bank and others. While these are well intentioned, he argues that their grounding in first world ideology at the expense of pragmatic delivery methods leads to a continuing cycle of failure.

Easterly uses the example of the failure of UN initiatives to provide effective, long term retroviral therapy to those affected by HIV in Africa. He agrees that a project of this size is a complex, painstaking and expensive mission which requires heavy funding and furthermore, that AIDS/HIV is a new disease presenting development planners with unique challenges. However, in comparison, Easterly points out that killers such as diarrhoea or malaria are not new diseases, they have plagued Africa for centuries and are cheap to treat or prevent. Nevertheless, around 2 million children under 5 die from pneumonia and diarrhoea each year (United Nations Children’s Fund (UNICEF), 2012), and approximately 216 million malaria episodes occurred in 2010, leading to approximately 655,000 deaths (World Health Organization 2011).

Other critics viewing development purely in economic terms point to overt failures to reach targets or examine accompanying economic theory. In “Kicking Away the Ladder,” Ha-Joon Chang argues that paradoxically, the economic approaches foisted on developing nations by the First World were precisely the ones they themselves chose not to adopt when attempting to establish economic growth for fledging industries (Chang, 2004).
The third position can be said to represent a Post-development view of development, and this study falls under that heading. The most vocal theorists in this camp are Escobar (1988, 1995, 2011), Esteva (1992) and Wolfgang Sachs (2010, 1992). This view was initially characterised by two things – a complete rejection of development approaches or development itself, and a heavy reliance on Foucauldian theories to support this. Recently contributors such as Sachs have also incorporated theories from the emerging field of Environmental Sociology (namely Pomeranz, 2009). They argue that it is impossible merely to transplant Western pathways of economic growth into poorer nations as the economic success enjoyed by developed nations was due largely to their appropriation and exploitation of new resource stocks through colonisation. This is a strategy categorically unavailable to aid recipients.

The post-development school bluntly rejects “development” as a meaningless Eurocentric invention, a cynical form of domination by the wealthy few over the poor majority. Local cultures are objectified and denigrated in favour of Western norms and knowledge and the promise of “real” development in the form of universal prosperity is nothing more than a myth. At its most vocal, post-development theory likens development to a “Holocaust” (Esteva & Prakash, 1998, p. 2), which argues that modernity has nothing to offer poor populations but the destruction of their culture and communities.

A more generalised definition is provided by Escobar (1995, p. 215). He writes that post-development theory can be characterised by four things: its call for a complete rejection of the existing development paradigm, the foregrounding of local knowledge and culture, a more critical stance towards scientific discourse, and the cultivation of local, grass root organisations as opposed to outside agencies.

Ziai (2004) adds another observation about post-development theory and points out that the field is a complex one with differing threads of debate. He notes a definite division between theorists who are anti-modernity with a tendency to romanticise “traditional” cultures, and those who lean towards a more neoliberal approach whereby the foundations are laid for individuals to seek their own path, free to reject Western development ideals.
While it is possible to debate the merits of various post-development arguments, the school itself has been criticized. As argued by Pieterse (2000) and Schuurman (2000), post-development theorists decry Western development efforts but offer little in the way of alternatives. There is some truth to this. Post-development theorists tend to suggest empowering local communities and enabling them to direct their own “development” alternatives by gaining a voice in the mêlée of global politics, economics and science etc., and yet provide no strategies for achieving this. However as Nustad notes, “lack of instrumentality is not a weighty argument against the analysis itself” (2001, p. 479).

In this vein, I believe that generating debate and putting forward theories as to why development efforts have yielded such poor results will eventually provide researchers and those employed in the field of development with a solid and critical framework from which to evaluate their work and to devise constructive strategies. I now turn to a discussion of the work of Foucault that informs much of the current post development critique.

**Foucault and Post-development Theory**

Currently Foucault is the most important theorist used in the niche field of post-development studies and his work provides a variety of unique and singular tools with which to analyse the unwieldy and highly political subject of Third World aid. The bulk of Foucault’s work has focused on the development of individuality in its modern forms, and especially on how this develops within the intangible but pervasive web of power operations. Below are some brief descriptions of these theories. It is important to note that Foucault’s power theories evolved and matured throughout the course of his work. His theories therefore have a tendency to bleed into one another as they reappear in relation to different subjects and different stages in Foucault’s career see an emphasis on different elements of power operations.
Power and Knowledge

The power/knowledge dynamic was a key focus in Foucault’s post 1970 writings and one he later replaced with theories of governmentality (discussed later). He argues that knowledge does not develop or evolve along a progressive scientific route, but is determined by whichever dominant discourse is in power at the time. Power therefore produces knowledge for its own purposes by legitimizing sites of knowledge production, and knowledge, in turn is used to legitimise the exercise of power. Under this theory, knowledge can have no claim to “universal truth” or to exist outside the boundaries of a cultural and historic context.

Escobar (1995, p. 39) – a seminal post-development theorist - uses this reading of Foucault as a tool to lever a critical entrance point into the complex world of self-validating and self-replicating discourse: “What does it mean to say that development started to function as a discourse, that is, it created a space in which only certain things could be said and even imagined?” Sachs also critiques development by using this same Foucauldian knowledge/power dynamic (1992a), as does Esteva who uses the term the “autonomous production of truth” (1987, p. 146).

A dominant discourse with the backing that comes from a seemingly disinterested scientific methodology, has the power to both produce and constrain the production of knowledge in a way that controls knowledge content and suppresses or discredits alternatives. Within development, Escobar explains how the dominant discourse not only determines the problem in question, but articulates it in a way and in a language that places it firmly within existing and sanctioned fields of development knowledge, this in turn generates conclusions which reinforce and reproduce the discourse (1995, p. 105).

Taking the approach of such authors as Said in his book Orientalism and combining Foucault’s theories of discourse and knowledge, Escobar was able to create a platform from which to view development not as a lucid and guided response to Third World ills, but as a largely artificial and composite system of beliefs whose origins could be pegged to arbitrary moments in time or transitory political whim. It is an approach used to isolate and defamiliarise the central concepts driving the development industry.
By labelling a problem or group as “malnourished”, for example, Escobar explains how that group become “fixed” within an established sphere of understanding. Foucault would argue the legitimacy of this label is derived from a nexus of cultural and historical power relations, however when this label is seen as being “true,” it elicits a generic response from development experts (Escobar, 1995, p. 107).

**Discipline and Punish**

Although the subtitle of Foucault’s 1975 book “Discipline and Punish,” is “The birth of the prison,” the analysis of how socially justified forces of power operate on the human body has much broader implications. The work continues an examination of the genealogy of power which begins in his previous work – *The History of Madness* - and terminates with the *History of Sexuality* Vol 1.

In *Discipline and Punish*, Foucault examines how methods of punishment have evolved from those principally aimed at the body, i.e., such things as torture, floggings and long drawn out executions, to punishments aimed at the soul such as incarceration, solitary confinement or rehabilitation programmes. Modern punishment has become a system populated by experts – social workers, psychologists etc., seeking to both punish and reform errant members of the community, using their perceived knowledge of criminality. Foucault suggests that this new approach does not symbolise a desire “to punish less, but to punish better.” (1977, p. 82).

Foucault describes modern punishment as “better” as it now prescribes retribution on both the physical and mental levels. Whereas earlier forms of punishment were savage but unfocused, modern day punishments demand a greater level of control of the individual on a psychological level. A criminal must be seen to show remorse or demonstrate a personal transformation which gravitates towards a standard morality, whereas previously a criminal was required only to undergo whichever physical punishment was prescribed. As forms of control evolve therefore, they become more pervasive and ensnare the individual more tightly. Foucault describes this new circumscribed soul as “the prison of the body” (1977, p. 30).
Foucault’s analysis of power in *Discipline and Punish* has been useful to Post-development theorists both in terms of providing a breakdown of how a modern individual could be caught in a web of power whilst seemingly being “free,” and in providing an insight into some of the covert mechanisms through which modern power is administered in the development field. Foucault expands this theory by examining how people’s behaviour can be moderated simply by keeping them under surveillance or the threat of it. Starting from everyday situations, i.e. a classroom organised so that a teacher is able to see every child, and culminating with the purpose-built prison panopticon – a centralised viewing tower from which supervisors can see into every prison cell - the hierarchical gaze serves to instil in subjects a sense that their behaviour is on permanent display and open to swift repercussions from authority.

The description of a hierarchical, institutional gaze is one that post-development theorists have found translates easily. Parallels with institutions such as the World Bank or IMF, particularly in terms of the level of scrutiny developing nations are subjected to once they become enmeshed in a tangle of IMF loans, are apparent. Brigg (2002, p. 430), while reluctant to accept an overwhelmingly negative interpretation of World Bank operations (particularly from Escobar (1995, p. 167) who likens the World Bank to merely a more sophisticated form of colonial/imperialistic power), describes how the Bank can be seen as functioning as a panopticon in terms of the mechanisms by which it affixes developing nations in a grid of experts, advisors and statisticians. World Bank operations, like the ongoing scrutiny of government policies, the constant collecting of country statistics and population information coupled with its ability to punish swiftly through sanctions or the withdrawal of funds, firmly align the Bank and other development institutions with Foucault’s notion of the omnipresent, all seeing, all knowing hubs or microcentres dispersing power and repression.

The second element to Foucault’s notion of a dispositif or apparatus of modern power is normalisation. Through normalisation, a process which operates in tandem with observation, certain behaviours or practices are highlighted and discouraged not because they are overtly “wrong” but because they deviate from “societal norms.” A person’s actions or attributes therefore are viewed in terms of their
position on a scale ranging from normal or abnormal, or common or uncommon. Some measurements, such as workplace health and safety standards are important at a state level, others such as time spent at the gym function on a more social, localised level. The fear of being judged “abnormal” by peers or the institutional gaze causes people to police their own behaviour without an overt threat of punishment.

Many theorists who view development as an issue of international security both acknowledge and applaud the UN, World Bank or similar development agencies for their role in establishing international norms. Some have gone as far as to suggest that in terms of the UN in particular, its function of setting and policing norms is more important than success or failure in its many missions (Tannenwald, 2004, p. 6).

When applying the concept of normalisation to development, post-development theory argues that norms applied and upheld by the UN are derived solely from Anglo Saxon values rather than an impartial synthesis of “global” contributions, placing the Western nations firmly in the panopticon as scrutineer and judge (Krause, 2004, p. 35). Researchers in the post-development field apply these processes of normalisation and judgemental gaze on a micro level – as focussing on individual inhabitants, or on a macro level – operating on the nation state as a whole.

The process of normalisation requires a multiplicity of categories, scales or variables for each individual to be held up to and judged against. As more categories are created the breadth and depth of measurements by which an individual can be judged against increases, thereby both constructing and increasing knowledge about a person. It is possible to uncover how an individual’s identity can be artificially constructed by a combination of categories, and these categories in turn can be documented and monitored by the state.

A discussion of normalisation links back to Foucault’s theory of Power and Knowledge. Foucault explains therefore how individuals within a society necessarily consist of a series of categories or “essential truths” that they are compelled to accept and internalise, and how these truths are made concrete through the process of the “examination.” The “examination” is a fundamental site of Foucault’s knowledge/power dynamic as people are compelled to subject themselves to examination and the results are seen to unveil an
individual “truth.” These can then be documented and added to files and records and in turn compared to measurements of other individuals, fixing people in elaborate and cross-referenced scheme of information. The use of normalisation as a mechanism to both construct and then measure an individual is the foundation of Foucault’s theory on modern government.

**Bio Power- Bio Political**

The term first appeared in *The Will to Knowledge*, Foucault's first volume of *The History of Sexuality*, first published in French in 1976. The concept describes how normalisation is used to channel a form of power designed to monitor, steer and ultimately safeguard society. The categories of normalisation are prescribed by the state and sanctified by scientific or medical knowledge. As noted, they may be mundane or significant. The manifestation of modern state power has become the means by which the value or utility of a population is measured or developed according to a summation of these categories. An entire population can be reduced to several key statistics depending on the information needs of the state.

In operation, this is the process by which the statistical make-up of a suburb can quickly determine the provision of additional public services. Health statistics can determine the well-being of certain subpopulations and allow the state to intervene by funding health campaigns or providing free health checks. These actions of the state comprise Foucault’s theory of governmentality, a later addition to his concept of biopower. Using the idea of a shepherd and flock, Foucault demonstrates how the state can respond effectively to the needs of individual members.

Foucault’s notion of state “care” is closely entwined with “control” in that people are scrutinised, assessed and compelled to behave in certain ways “for their own good.” Before discussing Foucault’s theories further, it is easy to see how post-development theorists (such as Escobar and Esteva), have found the concept of biopower and the associated process of normalisation a particularly useful one, as it allows theorists to demonstrate how developing nations are subjected to powerful forms of control through
seemingly benevolent development interventions aimed at promoting the health of populations. This is especially true when examining the changing mechanisms employed by Western nations as contact between the first and Third Worlds has shifted from one defined by colonisation to one defined by development.

Foucault explains how biopower replaced sovereign power as society moved into the modern era. Sovereign power was characterised by the concentration of power with the monarchy, who had the authority to seize property, order punishments and exercise random, repressive measures to meet the needs or whims of the crown. Biopower on the other hand is a non-centralised, diffusive power designed to promote the life and well-being of a population. A straightforward comparison outlined in Brigg (2002) aligns Foucault’s description of sovereignty with the colonial era and biopower with post-colonial development.

Through the theory of biopower, Foucault enables theorists to explain how developing nations are still in the thrall of colonial powers. While overt signs of domination, such as the violent responses to local protests, are absent, they have been confusingly replaced by an assertive, well-funded benevolence. In order for development planners to “help”, they must begin by turning poor populations into subjects of Western research, redefining individuals according to Western standards and in turn imposing an alien identity and reality. Both Escobar and Esteva discuss development in terms of its “colonising mechanisms”, or colonisation of the mind or of reality, and use the theory of normalisation to demonstrate a pervasive and debilitating force that continues to assail Third World inhabitants. “The new empire thus operates not so much through conquest, but through the imposition of norms” (Escobar 2004, p. 9).

Briggs does not necessarily dispute that biopower may be used to exert a colonising effect on Third World citizens, but makes two arguments. First, he notes that Third World nations accept Western efforts designed to help them achieve higher levels of “development”, and second, that writers such as Escobar and Esteva chose to apply Foucault’s theories of governmentality in a purely negative light. This is contrary to Foucault’s own assertion, and an observation made also by Stoler (2002, p. 143) who laments that lack of attention given to possible sites of resistance. Briggs further concludes that the failure of development practices so far to achieve any measurable success, should not automatically problematise development
initiatives *per se*. Instead, he suggests a move away from a “colonisation metaphor”, and to consider the “productive modality” present in Foucault’s theories of power.

Interestingly, although Foucault himself might argue the same, this criticism was levelled at his theories of governmentality before their application to post-development theory:

Contrary to his own claims, the social-theoretic determination of the character of modern techniques of power contains nothing more than the conceptually differentiated but nonetheless fundamentally reductionist idea of a one-sided rule of force. (Honneth, 1991, p. 175)

One comment made about post-development theory is that it has been “Foucaulted out” or that “the dominance of Marxist and neo-Marxist theories has been replaced by an equally pervasive hegemony of Foucauldian discourse.” (Graaff, 2006, p. 1387).

Nevertheless, in this paper I would like to add one more Foucauldian theory to help explain why development and international aid has not been more effective. I would like to propose that an examination of Western development discourse will reveal that it operates in order to *contain* and not to *transform*. I would like to suggest that the forces assailing people encountering development in Third World countries are not so much related to bio-power, discipline or governmentality, or anything attempting to redefine an “essential” individual identity or truth, but a discourse designed to undermine, manage, subdue, and ultimately institutionalize. It parallels what Foucault describes as the *myth of progressive enlightenment*.

To do this I draw upon one of Foucault’s earliest works, *Madness and Civilization*, in which he traces the cultural history of madness from the Renaissance to the birth of psychiatric medicine in the late 19th century. Foucault describes a process whereby madness is stripped of the substance and significance it held in medieval times to become nothing more than an empty, meaningless, medical problem. A closer examination of this work is the subject of the next chapter.
Chapter Two

In this chapter I shall begin by providing a brief outline of Foucault’s theory of the History of Madness. I shall then discuss the context of this work and how it was received by scholars and professionals alike, including the confusion caused by his unique cross-disciplinary approach. I will then compare the theories found in The History of Madness and another of Foucault’s well known works – Discipline and Punish and explain how the two works both contribute to the post-development debate. At this point I will explain why I believe The History of Madness offers a “better fit” for the current approach to development and thus a stronger tool for use in post-development analysis.

I conclude this chapter by touching on other points of similarity between Foucault’s theory and the history of development to provide an overall picture in which to locate this analysis. This includes a brief summary of the history of development and how its claims to offer a rational, scientific approach to end poverty can be questioned.

Foucault’s History of Madness

Mediaeval Madness

Foucault begins his history by describing the fearsome madman of Mediaeval Europe. Here madness was associated with higher knowledge or a link to the divine. The mad were shunned, but their symbolic presence was significant within society as their state of mind was thought to represent a higher level of spiritual understanding. This, it was believed, allowed the mad to contemplate the human condition stripped of its grandiosity and conclude that the common reality of the masses was worthy only of derision and ridicule.

This perception is summed up most succinctly by Jean Khalfa in his introduction to the first full English translation of Foucault’s The History of Madness, who explains, “From a Christian point of view,
human reason is madness compared to the reason of God, but divine reason appears as madness to human reason.” (2006, p. x).

Foucault writes that the mad were a source of social dis-ease and their presence along with their altered state of mind was perceived to be a latent threat to social order. They were driven from society literally, being chased from town to town or inhabiting the outskirts of cities. They represented another form of truth which was unsettling and caused people to question, that in the face of hardship, death and uncertainty, are the mad really so misguided when they appear to laugh at the futility of civilization?

The role of the mad as a signifier or symbol was common in literature and art at the time. Foucault draws on these sources in order to flesh out and dissect the hidden or ill-defined historical social attitudes to madness. The most obvious of these is Bosch’s painting, “Ship of Fools.” The image confronts the viewer with a chaotic picture of life and mortality in which every one of us is a metaphorical passenger of the ship, happy to eat, drink and make merry and yet at the same time, unaware of where we have come from and where we are travelling to.

According to Foucault, at this stage an embryonic division began to form between madness and mainstream society. Society had begun to look within itself and develop an awareness of its mechanisms and components and formulate institutional responses.

**Madness during the Classical Period**

Madness changes form as the seventeenth century ushers in the Classical period. The mad lose their significance as purveyors of hidden knowledge and become a troublesome, irksome population unable to take their place in the changing economic world. They are herded into asylums and their existence ceases to mean. They are now simply unproductive and disruptive members of society who, alongside the destitute, the sick, the criminal and the aged, have become part of a wider and a decidedly unromantic social problem.

Foucault blames the rise of Western notions of rationality which emerged during the Classical age for the mad’s gradual decent into meaninglessness. He argues that from this point, society’s understanding
of madness was forever bound by an imaginary notion of universal truth and morality. A mad person was judged in comparison to the concept of a “normal” person, who was imbued with an inherent and positive grasp of the natural order of things. This “normal” man, Foucault argues is nothing more than a product of society, a creation of the system which became the measure of all things.

Foucault’s conclusion in charting this shift is that the existence and experience of madness is shaped entirely by society. Madness does not have a fixed reality or a discrete set of boundaries which determine consistently who amongst us is sane. Rather it becomes a no-man’s-land of experience, a dumping ground for whatever facets of the human condition society or the state choose to take issue with at any one time.

As this period that Foucault calls the “Great Confinement” draws to a close, the destitute, the aged or itinerant are freed from the workhouses. The mad remain in confinement, however their status and treatment begins to change. This leads to Foucault’s conception of the birth of the Asylum. To illustrate this transition, Foucault uses the story of Pinel, an early French reformer who symbolically and literally undid the shackles of madmen confined by the state and thus heralded in a new age of altruistic state care. The aim would no longer be confined to removing the mad from the streets, but to respond to their condition and implement methods of treatment which would culminate in the eventual “rehabilitation” of the mad, and their reintegration into society.

His actions were echoed across the channel in England by Samuel Tuke, who founded a Quaker asylum known as the “Retreat” which initiated the pantomime of tea parties for the inmates. While history views these men as men of science who responded compassionately with enlightened attitudes to what is now understood as a disease, treatments were based on a religious morality which had little to do with any scientific epiphany in the study of mental illness.

The mad, who are now seen to be in need of doctors and not gaolers become subject to a rudimentary medicalisation. This new and scientific categorization results in the emasculation and apparent demystifying of madness. Pinel may have thrown off the chains, but physical restraint was replaced with
more insidious and ultimately more brutal forms of control in which mind of the mad person was subject to relentless scrutiny and assault.

The lynchpins in the new and elaborate framework of confinement and treatment were the concepts of error and sin. In this fundamental shift, the mad were no longer beyond reach or blinded to reality in the eternal grip of their own delusions, but were morally enfeebled and therefore complicit in their confinement. By acknowledging their illness and trusting in the intervention of the doctor, incarceration coupled with an unstinting, vigorous moral regime could straighten out even the most obtuse patient/inmate. The instillation of a strict internal ethos would shake off convoluted reasoning thereby restoring the patient to a natural, reasonable state.

Inextricably linked to sin and error were responsibility and punishment, the cure for madness rested ultimately with the patient’s decision to accept or reject medical intervention. Only the doctor could lead the patient to sanity but intervention could not succeed unless the patient acknowledged their madness and submitted to authority.

As well as constraining the notion of madness on a philosophical level, the medicalisation of madness stripped away the essential human experience of madness on a number of levels. Firstly, by defining madness as a set of simplified, recognizable symptoms, the individual nature of madness is lost. Madness ceases to be interpreted as a highly personalized, unique experience, the cause of which can be located somewhere in individual’s history, and is reduced to a simple and transferable combination of symptoms.

This serves to create artificial categories which in turn imposes an artificial experience on a sufferer. Through this imposition, differences between individuals become obscured. The wider experience of each individual is neglected as Doctors search to define and repress manifest behaviours. This also leads to the conflation of mind and body ailments, further locking in madness to a biological cause and excluding a deeper examination of the mind. This is the process through which Foucault argues the mad are reduced to
“non-beings,” which took hold and took place on a regimental scale in the burgeoning asylums which sprang up in the 18th century.

**The Early Asylum**

Interestingly, Foucault argues that the mad were “rediscovered” in the houses of confinement – a rediscovery which led to increased scrutiny and pseudo medical documentation – due not to leaps in medicine, but to public fear of institutions as a breeding ground for disease and pestilence which could spread into neighbouring populations (Foucault, 2006, p. 358). Public fear and not innovative treatment, Foucault argues was the agitating force behind many of the reforms which took place throughout institutions of this type during the late 18th century.

It was during this time that the mad were first given their own space, either in purpose-built institutions, or were moved to separate areas in larger houses of confinement. These facilities were as yet unmedicalised in that there were no physicians present. The result instead was asylums which were now disease free, and safe for curious members of the public to enter and view the peculiarities of the inmates. As madness was still seen as the result of leading a depraved and godless life, public exposure to the mad was considered to serve as an important moral warning (Foucault, 2006, p. 358).

Foucault notes that early, clumsy attempts to categorise behaviour began once the mad were separated from other types of inmates and housed alongside one another. This allowed onlookers to discern differences between the mad and attempt some form of description in record keeping. Initial descriptions were crude, such as “lunatic” or “weak minded.” Foucault suggests that many early categories arose more from a need for staff to identify the different types of threat posed by individuals under lock and key, rather than from any objective medical conclusions (2006, p. 388).

It is the emergence of this process that marks the beginning of rational man’s decoding of madness and the gradual unravelling of its secrets. The encroachment of scrutiny coupled with categorisation and labelling enabled reason to enter the forbidden zone of madness, assessing and organising its contents, each
new category becoming a foothold from which the sane could slowly transform the terrain into recognisable behaviours and symptoms.

Foucault writes that initially, this mastery was largely theoretical and abstract. It did not translate into control over the mad or the ability to return suffers to reason, however it formed the beginnings of a discipline that would slowly undermine and neutralise the significance of madness, already robbed it of its status, voice and message, now robbed of its inscrutable shadowy existence.

**The Medicalised Asylum**

Foucault described the asylum as “a religious domain without religion, a domain of pure morality, of ethical uniformity… The asylum sets itself the task of the homogenous rule of morality…” (1965, p. 257).

During the Classical age, the mad had been interned to protect society or as a response to social sensibilities. With the creation of the asylum, the mad were now locked up in order to be cured. The alienation of self which had supposedly led to the rejection of reason could be reversed with the right support and treatment. The space within the asylum became viewed as the only place where a mad person could hope to have their natural freedoms restored through the administration of knowledgeable, benevolent, scientific interventions. In practice, argues Foucault, the asylum merely ushered in new forms of control.

This space became medicalised by the presence of the Doctor. Foucault suggests that the Doctor was more widely considered to be a moral man, a wise authority figure rather than a person in possession of specialized medical knowledge or any proven ability to cure.

In this way the asylum was designed to operate as a highly moral family setting. The status of medical staff was elevated, with the Doctor functioning as something of a father figure with the unquestioned authority that derives from this position outside of the rule of law. In this way asylums were set up to function as very simple societies or models of the biblical patriarchal household. Familial
structures such as this were thought to provide the happiness and security of a social group, with rules of
behaviour enforced by the relentless imposition of social norms rather than chains, and on the patriarchal
and final judgement of the Doctor. The power to pass judgment and prescribe punishment immediately
rested with this figure alone and for a patient there was no appeal.

The role of the Doctor as judge was in line with creation of an environment imbued with an intense
and perpetual morality. Within this space, patients were constantly observed and judged for signs of
improvement or relapse. The emphasis on morality and blame under the guise of informed medical
knowledge served to alienate the mad from themselves, cutting them off from their personal reality and
forcing them to accept the shame of a condition they believe themselves to be complicit in.

Through these mechanisms at work in the asylum, Foucault demonstrates how the physical chains
binding the mad did not disappear but merely shifted to become psychological chains. While the mad were
now unfettered, and stories recount how they were granted their freedom within the asylum and allowed to
eat meals with staff, this came in exchange for the burden of responsibility. Forcing the mad to acknowledge
a complicity in their diagnosis made them assume the blame for their captivity. This in turn served to silence
the voice of the mad as they were made to believe that the doctors were as anxious for them to leave the
asylum as they themselves were and full submission would speed this process.

Having patients in their thrall, the medical system capitalised on this foothold by developing and
enforcing a revised and alien self-consciousness for the mad, the adoption of which would lead to freedom.
Religion formed the basis of this blueprint. Its fundamental authority was seen to lie in its role in both rule
and nature. Nature, as it was an ingrained and ubiquitous aspect of society, and rule in that it formed an
over-arching and unquestionable basis for morality.

To maintain an unflinching environment of morality and self-examination, Foucault writes that it
was important for asylums to maintain uniformity amongst patients. They were not allowed to mix freely
with other inmates away from the judgement and scrutiny of staff, in order that they should never catch or
recognise a glimpse of their own truth in the face of another. To do so would leave open the doors of other
truths and possibilities in which the mad may seek solace at the expense of the true road to salvation carefully mapped out by doctors.

It is important for the purpose of this study to note that through the processes illuminated by Foucault, literal unchaining of the mad did not lead to emancipation. The mad were free only to become compliant and subservient patients. Their freedom relied on their gratitude to their jailors cum doctors, sealed in a non-reciprocal relationship of silence and obedience.

**Evolution of the History of Madness**

To date, Foucault’s *History of Madness* has not been used by post development theorists and is perhaps one of Foucault’s least referenced work. This in part explains why a full English translation (as opposed to the abridged *Madness and Civilisation*) has only recently become available. This section discusses how The History of Madness was met with bafflement by scholars and practitioners alike with neither group sure who the work targeted, a confusion it could be argued the work has never thrown off, eclipsed as it was by Foucault’s later work. Before applying the theories behind *The History of Madness* to development, it is therefore useful to discuss its general debut, including the criticisms that followed.

It has been suggested that *Madness and Civilisation* be viewed less as an unproblematic piece of historical research and more as a symbolic history or a philosophy of ideas (Midelfort, 1992, p. 106). To an extent, *The History of Madness* is similar in approach to the later work *Discipline and Punish*, in that it charts the history of the institutional response to a marginalised group, demonstrating how what we consider to be forms of treatment actually function as tighter forms of control.

*Folie et derais: Histoire de la folie a l’age classique* was the title of Foucault’s published doctoral dissertation in 1961. The English version was translated from an abridged version of this work published by Foucault in 1964. Around three hundred pages had been removed and unfortunately for scholars, so had around 800 footnotes and the bibliography.
Criticisms of this work fall into three categories, most of which can be attributed to the initial incomplete translation or crucial mistranslations. These have persisted as an English translation of the full thesis has only recently been published. Criticisms unrelated to translation centred upon perceived inaccuracies in research and were used to invalidate many of Foucault’s assertions – for example, the Ship of fools Foucault uses to illustrate mediaeval treatment of the mad – a wandering but essentially a more complete existence - was quickly seized upon by critics who pointed out that this ship was nothing more than an artistic or literary metaphor and no record actually exists of the mad being sequestered and shuffled from town to town in this way.

While this inaccuracy does little to detract from the overall importance of Foucault’s main arguments it raised a question mark over the accuracy or brevity of Foucault’s background research which angered historians. Foucault himself chose to stay silent on the debate and controversy plaguing the many abridged and re jigged publications of his work, adopting a stance still popular among post modernists, that the text should be free to bob around unfettered in a sea of debate and interpretation “without the person who happened to produce it ever being able to claim the right to be its master and impose what he wished to say…” (Preface to 1972 edition). Other criticisms came from the medical establishment itself who were anxious to defend their profession and unsure as to whether to view Foucault’s work as one of history or philosophy. Confusion was understandable as Foucault was not an historian, but had secured both a degree in both Philosophy in 1948 and in Psychology in 1950.

Foucault therefore was comfortable with the rigours of both disciplines and had no qualms combining the two methods of inquiry. His subsequent works also flaunted traditional discipline boundaries, which would again make it difficult for scholars to integrate his theories or grasp the full implications of his work. At the time, a bemused psychiatric establishment chose to confine their responses to countering the historical facts of Foucault’s work. Foremost in their criticism was what they perceived as Foucault’s romanticized view of the treatment of the mad. Abuse of the mad including ostracism, assault
and neglect was common place and Foucault is unrealistic if he believed that the development of asylum and specialized mental health is a greater evil.

The criticisms from the medical establishment are interesting in light of the fact that Foucault himself suffered from a life threatening mental illness – he attempted suicide in 1948 after several bouts of depression, and yet soon was working as a psychologist at the Hôpital Sainte-Anne in the early 1950s. By the time Foucault’s original PhD thesis was published in 1961, he had had experience on both sides of the physician’s desk. As he had also worked directly with the mad, it was difficult to attribute his writings to those of a distant academic.

**Philosophical Challenges**

The most prominent critic of *The History of Madness* was Derrida, who levelled a fundamental philosophical charge. How could one use the tools of order and reason to chart the history of the Other, something which falls outside the boundaries of our ingrained mechanisms of relating to the world? Foucault himself acknowledges this difficulty in his introduction. However he adds that, “..to write a history of madness will mean: to carry out a structural study of the historical ensemble – ideas, institutions, legal and police measures – which hold captive a madness whose wild state can never be restored in itself.” (1961, p. vii). He writes:

> Modern man, in the midst of the serene world of mental illness, no longer communicates with the mad person… There is no common language, or rather there is no common language anymore; the constituting of madness as mental illness, at the end of the 18th century, attests to a broken dialogue…The language of psychiatry, which is monologue of reason about madness, was able to establish itself only on the basis of such a silence. I have not wished to write the history of this language, but rather the archaeology of that silence. (1961, pp. i–ii)

While acknowledging the impossibility of this task, Foucault’s work attempts to deconstruct the mechanisms which have sprung up around the treatment of madness and trace the imprint of madness within
these. Thus Foucault tries to breathe life back into an authentic and yet nebulous aspect of the human condition before science and reason stepped in to sever the sufferer from their reality.

A further issue that becomes apparent at this point is again one of more interest to philosophers than historians or medical practitioners – does an essential “truth” about madness (or anything for that matter) exist? Foucault seems ambiguous on this point in some readings. While he expresses a desire to return to “the zero degree of this history of madness where madness is an undifferentiated experience,” he readily concedes:

A history not of psychiatry, but of madness itself, in its vivacity, before any capture by knowledge… But that is doubtless a doubly impossible task….. above all because these pains and these words are given to themselves and to others only in the gesture of division which already condemns and dominates them. (1961, p. vii)

Whether or not Foucault believes that this zero point can be reached, or what form it would take, Foucault believes a schism took place between the human experience of madness and the emerging Classical defined age of reason. The two became intertwined, their definitions arbitrarily tethered together and one, unable to escape its new epistemological boundaries was silenced. Madness and Civilisation therefore is characterised by a belief that there does exist, on some level, an authentic and repressed voice of the Other.

People familiar with Foucault’s work will be able to recognise theories in his original thesis which were to become centre stage in his later publications. It has even been suggested that the abridged version of *Madness and Civilisation* was deliberately desiccated in order to make Foucault’s subsequent and more widely circulated work look fresh. (Still & Velody, 1992, p. 4) Others suggest that Foucault merely reconceptualised his earlier works and adapted them to his later areas of interests. (Smart, 2002, p. 15)

Therefore the inflated and unquestioned position of the Doctor within the asylum, legitimised by a replicating but ultimately flawed regime of truth – coupled with the image of the redundant and silenced madman - can be seen as the precursor to Foucault’s later theories of Knowledge and Power.
The beginning of Foucault’s concepts of biopower can be seen as an extension of the early psychiatric attempts to reduce people to components of reason and morality and to compel them to look inwards in an attempt to realign themselves with social norms. Readers will also be familiar with the “archaeology of silence,” hinting at his later work “The Order of Things: An Archaeology of the Human Sciences” which examines the emergence and impact of dominant discourse and its role in socially sanctified processes of knowledge creation.

It could be argued that what lies at the heart of Foucault’s work on madness, sexuality, sickness and crime and punishment is an attempt to trace in all of them their own peculiar history of rationality. This, Foucault suggests, is not done by documenting a clear, overarching process of rationalisation, but by examining the mechanisms of rationalism as it manifests within key, finite spheres of activity (Hamilton ix as cited in foreword in Smart 2002). Surprisingly, Foucault himself criticised his early work on madness, (Smart, 2002, p. 32) describing it as “naïve,” and in his later work on Transgression, Foucault manages to deflate his own analysis of power operations. Particularly, Foucault believed he had overlooked the positive role that power can play in society, although it has been argued this has never been done adequately. In fact it is Foucault’s later work which enables us to appreciate The History of Madness/Madness and Civilisation as a history of ideas and Foucault as both a philosopher and historian. Initially, supporters of Madness and Civilisation were eager to use the work to add weight to the anti-psychiatric movement, and readings of the English abridged Madness and Civilisation were generally confined to debates of this nature. (Still & Velody, 1992, p. 4). This direct and simplistic understanding of Foucault’s work gradually fell from favour with the closure of asylums and increased challenges to the authority of the psychiatric tradition. When patients left to be cared for in the community, it became apparent that illness such as schizophrenia did indeed still exist and no great truth was revealed.
History of Madness and the Third World

For the purposes of this research, I am interested in what Foucault’s first work can be understood to say about the development of rationality within Western culture and how this impacts modern development theory.

Foucault’s work is vital in destabilising the rationality of the Enlightenment era and its accompanying assumption of universal validly. Claims of an equitable, self-evident and unshakable rationality were given birth to and are sustained by the exclusion or repression of alternative realities. It is Foucault’s ability to poke behind this blanket of universality that provides an alternative platform from which to view UN activity in the developing world.

There are numerous points of similarity which can be identified in the history of madness and Western perceptions of the Third World and a wider discussion of these is outside the scope of this study. However to provide a context for the parallels I will be drawing between the descriptions of Foucault’s early asylums and current UN images of activities in the developing world, it is useful to outline key aspects of Foucault’s theory and where it could be argued they coincide significantly with the evolution of colonial and post colonial development.

The Divine Fool and Noble Savage

A fundamental parallel exists between the notion of the Divine Fool and the Noble Savage. During the Renaissance, following the discovery of America - the “New World,” European philosophers began contemplating the virtues of the Noble Savage. Men such as Rousseau, Hobbes and Locke debated whether the “savage” possessed a sacred knowledge and a primeval oneness with nature that held the key to the true nature of man. By pondering the lifestyle of the savage, who lived alongside nature free of money, property or institutions, it was thought possible to gauge the rigours of “civilisation” on Western man. This idea that the “Noble Savage,” might somehow be in possession of a profound wisdom beyond
the reach of, or perhaps forgotten by Western society echoes the wary reverence afforded to Foucault’s madman.

Like the Madman, the Noble Savage is an example of the “Other” whose composition shifts according to the whims of society. It has no inherent identity but develops according to the needs of individual philosophers. As Sinclair (1991, p. 84) writes: “Whatever the European mind wanted to believe of primitive man, there was always an opinion of the Indians to bear out his belief.”

The demise of the Divine Fool mirrors Western society’s gradual disenchantment with the Noble Savage. For a multitude of reasons, including a strengthening belief in capitalism and science, the spread of the farmer at the expense of traditional lands, and concern over “savage” behaviour amongst minority groups in Western society (Sinclair, 1977, p. 90), the Noble Savage fell from its philosophical pedestal. Just as the Age of Reason became disillusioned with divine madness and relegated sufferers to institutions, the Western world lost its use for the Noble Savage mythology. Today the Noble Savage has become the underdeveloped – the poverty stricken, the illiterate, the war torn and the starving.

As stated, a thorough examination of the ideas raised here are outside the scope of this study, but are useful in establishing a “zero point” or anchor, from which it is possible to consider a comparison of Foucault’s History of Madness with the evolution of modern-day development theory. This analysis focuses on demonstrating the parallels that exist along a small section of these two discourses, namely between current practices in development and the medicalised treatment of the mad as described by Foucault.

The parallels I seek to demonstrate in the following chapter are summarised in Table 1 below.
Table 1: Parallels in treatment mechanisms

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<td>The creation of a controlled, medicalised asylum separated from society in which the mad are imprisoned.</td>
<td>The “field,” which is the territory of any underdeveloped country functions as the asylum.</td>
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<tr>
<td>• Mad people in need of a cure</td>
<td>• “Unreasonable” people in need of development</td>
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<tr>
<td>• The imposition of strict controls</td>
<td>• Chaotic government/society/economy</td>
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<tr>
<td>• Involuntary confinement</td>
<td>• Tight borders sectioning off the populations from the developed</td>
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<tr>
<th>The Mad</th>
<th>The Underdeveloped</th>
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<tr>
<td>Divine Fool to Mentally Ill</td>
<td>The Noble Savage to Underdeveloped</td>
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<tr>
<td>Lacking clear definition</td>
<td>Lacking clear definition</td>
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<tr>
<th>The Doctor</th>
<th>The UN expert</th>
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<tr>
<td>• Prestige unrelated to ability</td>
<td>• Prestige unrelated to success</td>
</tr>
<tr>
<td>• Psychiatric discipline “borrows” from success of medical discipline</td>
<td>• Development “borrows” from rationality of related disciplines</td>
</tr>
<tr>
<td>• Derives authority through being a representative of the Reasonable, Moral man</td>
<td>• Derives authority through being a representative of Western knowledge, Western rationality</td>
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<tr>
<td>• Believed to hold key to sanity and therefore freedom</td>
<td>• Believed to show path to development and prosperity</td>
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<tr>
<td>• Tight, unequal Dr/patient relationship necessary for cure</td>
<td>• Close tutelage or “partnership” necessary for progress</td>
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<tr>
<th>The silenced “Other”</th>
<th>The silenced “Other”</th>
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<tr>
<td>• The mad are infantised and voiceless</td>
<td>• The underdeveloped are infantised and voiceless</td>
</tr>
<tr>
<td>• They do not direct their treatment</td>
<td>• Attempts to determine their own economic strategies are ignored</td>
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<tr>
<td>• The Doctors speak on their behalf</td>
<td>• Experts devise plans and communicate these on the international stage</td>
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<th>Use of “Family” in treatment</th>
<th>The UN “Family”</th>
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<tr>
<td>A Doctor assumed the role of both Father and Judge.</td>
<td>Nations are now members of the United Nations <em>family</em>. Punishment or reward in the form of funding is swift.</td>
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<th>Emerging medical discipline</th>
<th>Mainstream development theory</th>
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<tr>
<td>• Rudimentary categorisation of behaviours</td>
<td>• Study and categorisation of nations/people</td>
</tr>
<tr>
<td>• Believed to transcend individual experiences of madness</td>
<td>• Uniform labelling of diverse people</td>
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<tr>
<td>• Believed to be transferable from asylum to asylum</td>
<td>• Standard development approaches used country to country</td>
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<tr>
<th>Blame/Guilt</th>
<th>Error/Cooperation</th>
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<td>• Mad have chosen path of unreason, turning their backs on sanity.</td>
<td>• Poor nations are at fault for not pursuing neo-liberal capitalism</td>
</tr>
<tr>
<td>• Could be cured by accepting the label of mad and accepting their role of patient.</td>
<td>• Could be cured by accepting the help of development experts and their own role as transgressor.</td>
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Use of institutional gaze

- The mad were kept under constant vigil
- Scrutinised for any concealed signs of crazed behaviour

Use of institutional gaze

- Constant monitoring and control
- Scrutiny of policy documents
- Control of meeting sites/guest/agendas.

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Return to Sanity (Mythical)
At the end of successful treatment the mad return to sanity and leave the asylum

End of Poverty (Mythical)
Through neo-liberalism, poor nations will leave their underdeveloped, disorganised, “mad” state and participate in the global economy as defined by Western nations.

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Why the History of Madness and not Discipline and Punish?

Now that parallels have been drawn between development theory and *The History of Madness*, it is possible to compare this work and *Discipline and Punish* and explain why I believe the former provides a more accurate and useful “toolbox” of theories when deconstructing the field of development.

As mentioned, Foucault was continually refining and building upon his theories of power. Later works:

- contained more complex descriptions of power;
- moved away from heavily centralised hubs of power to an interaction of microcentres;
- shifted in emphasis from overtly coercive power to the mechanisms by which society compels individual to govern themselves;
- emphasised that power is neither a positive or negative force.

While Foucault’s later theories are excellent in examining the actions of modern power in developed nations, I argue in this paper that the power operations at work through the UN in developing nations can be best understood in terms of a more direct, overt, superficial and centralised power operation.

Unlike his later theories, I argue that:

- Development in the Third World is driven by easily recognised centres of power such as the UN, International Monetary Fund (IMF), World Bank etc., as opposed to dispersed, smaller,
centres of power;

- This power is overtly manifest in the form of experts, filling the mythical role of Doctors in the asylum;
- Developing nations and their populations, like asylum inmates are perpetually on the losing side of a straightforward power imbalance with no meaningful platform for resistance;
- This power does not seek to “transform” individuals, merely impose a superficial obedience or containment;

The construction of developing nations and their populations as “Other” necessitates both their containment and silencing, precluding their participation in a two-way or more equitable power dynamic.

The main difference in theory between History of Madness and Discipline and Punish is that Foucault moves from examining a group defined and constructed as “the Other,” to groups defined and constructed as “marginalised” (Gutting, 2005, p. 89).

While on the surface this distinction seems minor, it is possible to see a divide in attitude and approaches to Third World issues embodied in various disciplines along this line. In other words the way certain disciplines envision Third World issues is influenced by whether the developing world populations are seen as on a ladder or continuum of development and civilisation – albeit on the bottom rung – or “on the other side of the fence” with lifestyles in need of total transformation. Alternatively, do populations in developing nations have anything of value to contribute to developed societies, thus leading to amalgamation, or do they need to be distanced and contained based on a fundamental incompatibility and fear of contamination?

Foucault suggests that within the power mechanisms described in Discipline and Punish, the marginalised – in this case prisoners – are still part of society, generally sharing its language or many of its values, and have an economic and social role to play. While their existence has been relegated to the
boarders or fringes of society, the marginalised still challenge the mainstream and are able to rally political representation.

In contrast, in Foucault’s description of the Mad, incorporation within mainstream society is impossible, as to acknowledge that the mad share any common ground with rational man would require the destruction of core values and institutions. The notion that the mad have any alternative or meaningful contribution which may enrich society is rejected, necessitating their “banishment” and silence.

The image of the “Other” as opposed to the marginalised has always been a defining concept in anthropology (see Anthropology’s Native ‘Conundrum,’ Benavides 2004). In the same vein as Said’s Orientalism, Benavides (2004, p. 164) writes, “The existence of a native Other is needed to ground (and define) a Western identity which, at the same time, highlights how that native identity is grounded in Western concepts that enable its production.” The dehumanizing effect of being cast continually as “Other” as opposed to “marginalised” is expressed thus:

..there is still a tendency to deny the inherent humanity of the native informant as a ‘real’ person; that is, a human being who cannot be inherently all good or all bad but rather is a combination of complex behaviours. (Benavides, 2004, p. 160)

Alternatively, proponents of globalisation can be seen to believe that all peoples in theory, should be able to come equally to the table and contribute to a new world order. As noted by Clammer (2005, p. 113):

“Globalisation should in principle liberate alternative epistemologies, and with them alternative anthropologies..”.

Another aspect of Discipline and Punish is the idea that within a modern society, power assails individuals from many directions. There is no powerful “them” and “us.” Foucault explains how all people are subjected to the exercise of power, repressive or otherwise, even those perceived to be in positions of power are still judged according to norms and required to govern their behaviour. Power therefore ebbs and flows through all levels of society rather than being generated solely by repressive institutions.
By contrast, in the *History of Madness*, Doctors within the asylum are beyond judgement and scrutiny by virtue of their position. Power flows from them directly and overtly, in one direction only and the insane are always powerless. I seek to demonstrate through this study that the major development agencies do function as prominent centres of power, overriding other local hubs of power as their presence increases in the developing world. Development experts extend and embody this power. It is easily recognised, clearly mapped and unambiguous compared to Foucault’s later descriptions of diffuse, dynamic power.

Benavides (2004, p. 170) recognises that NGOs as well as UN institutions function as centralised sites of power/knowledge when he writes that they “provide a cultural global understanding” and can be used by the indigenous people to translate and transmit their identity. Furthermore, the ability of the World Bank to impose swift and substantial economic punishments solidifies their extreme position of bearers of top down rather than diffuse power, eclipsing even national governments.

One last point is that while Foucault’s later work explored how power was internalised by individuals, who accepted a perhaps contrived social construction of themselves and modified their behaviour accordingly, Foucault’s *History of Madness* requires no such internalisation in that the Doctor/patient relationship does not end in a return to sanity and release from the asylum. It merely requires that individuals acknowledge their delusions and adopt a rational conduct that can be observed by outsiders. It doesn’t matter therefore that a madman may be contemplating murder and anarchy while taking part in the ritualised staging of a tea party, it matters only that their behaviour is seen to conform to social expectations. In terms of developing nations therefore, it does not matter how reluctantly or grudgingly countries adhere to the stringent, top down economic policies prescribed by development experts, merely that they constantly be seen to do so.

These distinctions exist among academic studies of developing nations, particularly between the fields of post-development and international security. Post Development Studies lament the current development initiatives that seek to impose a “modern,” foreign reality on populations and “colonise their
reality” (Escobar, 1995, p. 5), while those in the field of international security see development as nothing more than an attempt to contain and control populations which in some way threaten the international order (Duffield, 2007, p. 147).

At this point I would like to elaborate on the similarities between the position and function of a development “expert” and the doctors of Foucault’s asylums. This will include a brief history of Western approaches to development to date throughout which I will make explicit the similarities to Foucault’s Doctor/Patient discourse. This is done in order to problematise the discourse, and to demonstrate that unlike many forms of science - the fruits of which are borne of a rigorous, constant and incontestable method - development continues to be an imprecise and fractured discipline more governed by fashion and ideology. This section will conclude with two points. First I will explain how, in the absence of science, “rationality” has become to the development expert what “morality” was for Foucault’s psychiatrists, and second, how the failure of rational approaches can easily and conveniently be disregarded by problematising the patient.

**Psychiatry and Science**

According to Foucault, early psychiatry achieved and maintained a status inconsistent with its ability to restore sanity. Foucault argued that doctors in the asylum were granted positions through their reputations as moral, reasonable men, not because of their medical knowledge or ability to cure. Few inmates were “cured” and yet this did not diminish the reputation of doctors nor lead to the abandonment of psychiatry.

Likewise, I argue that one of the reasons development agencies are able to secure funding year after year in the face of increasingly vehement critics is that the “rationality” underpinning their activities is as unquestioned as the “reason” possessed by the sane men representing an enlightened society in the asylum. While many post development theorists tend to focus their critique on the Modernisation theories which came into force after WWII – namely Sachs, (1992), Escobar (1984) and Esteva (1995), others
argue the roots of development theory can be traced back to classical ideas of change (Cowen & Shenton 1995). Escobar (1995, p. 221) touches on this reasoning when he writes that “(d)evelopment is the last and failed attempt to complete the Enlightenment in Asia, Africa, and Latin America”. From the inception of development studies in the 1950s until the present, the field has always been propelled by an entrenched set of truths borne from first world theories of modern social, economic and political functioning.

As the political situation in the first world shifted after World War II, the United States came to the fore. This was a country that lacked a significant colonial empire compared to older European nations, and it heralded a different type of world order or an alternative recipe for success. There was no place in the modern world for weakened European empires with fragmented chains of colonies and the process of decolonisation began.

The plight of the poor in colonial nations and the importance of raising living standards had concerned leaders before decolonisation (Sylvester, 1999, p. 704). This concern was to be carried into a postcolonial era and, coupled with the need to provide developing nations with a speedy alternative to communism, became the impetus for Western governments to supplement their (often haphazard) mechanisms of establishing political independence with a range of more reasoned Keynesian economic planning strategies.

Immediately a dialogue was created which mirrored the redundant, defunct status of the mad within late 18th century psychiatry. The new relationship was clearly laid out by C.E. Ayres in the foreword of his 1962 edition of “The Theory of Economic Progress,” first published in 1944:

..the technological revolution is itself irresistible, the arbitrary authority and irrational values of pre-scientific, pre-industrial cultures are doomed….The only remaining alternative is that of intelligent, voluntary acceptance of the industrial way of life and the values that go with it. (1962, pp. xxiv–xxv)

There are several things to note from this short extract – firstly, the untouchable nature of modernity. The phrase “the technical revolution is itself irresistible,” suggests that no decisions have been
made promoting a technical revolution because such a thing is inevitable and outside the control of planners. It is a fact beyond debate, a truth, the same as which was bestowed on Foucault’s man of reason, cementing his position of authority in the face of madness with the indomitable power claimed by classical reasoning.

The excerpt goes on to describe how irrational values of pre-scientific cultures are doomed – indicating that the love affair with the exotic and “noble savage” is well and truly over. Again, as in the case of madness, Third World cultures have ceased to mean and first world nations have no choice but to lead them through the transition to sanity. To be successful, like rehabilitating the mad, the Third World nations will need to exercise a natural “intelligence,” that is bound to lead them voluntarily towards modernisation, just as the mad must desire their own cure and cooperate with doctors.

In terms of a substitute for Foucault’s “reason” we can see that Western claims to rationality are used in the same fashion to judge and then sanction action. The spotlight is taken away from preconceived hasty Western ideals and placed firmly on irrational, unintelligent pre-industrial cultures. This serves to hide Western “values” and rationality from examination. We can also see that whereas the early asylum would attempt to appeal to a madman’s lurking sense of natural morality to gain a foothold, through either religion or the constant enforcement of bourgeois social norms, here the author appeals to a lurking or latent “intelligence” which developers can somehow tap into and harness in order to effect a cure.

It is interesting to note that throughout the history of development initiatives and theories, what the Western world decides is “rational” changes from decade to decade. That all initiatives retain their “rational” label despite their basis in ever shifting ideologies is testimony to how well protected are the devices of Western knowledge production.

In the early post war initiatives, the dominant themes were guided by an unshakable belief in the virtues of the West and based around decolonisation, rationality and development. Early problems were pinned on the belief that developing countries were positioned on a universal and linear road to progress and hence would need to follow the route of Western nations and encounter their own tumultuous industrial revolution. The natural route to modernity was therefore the tutelage of benevolent first world nations, the
“rational” use of local resources mixed in with a democratic government. Adoption of these – considered inevitable norms in any case – would soon catapult nations into a comparable and comfortable modernity in a matter of decades (Sylvester, 1999, p. 705).

By the 1970s, this simplistic approach was called into question by the fact that countries weren’t progressing as expected. This allowed a brief hiatus during which some experts began to theorise that exploitation under colonialism had deprived nations of the resources and self-organisation to progress and furthermore, lingering colonial positions were maintained through unequal trade relationships (Sylvester, 1999, p. 706).

New theories rose to the fore, the most prominent being those from feminists and environmentalists. While these interpretations found an audience, they had little impact on the next ideology to be taken up by international agencies - belief in the curative properties of the free market. These new theories were just as “rational” and as failsafe as the old ones, and were underpinned by the latest theory which was actually called “Rational Choice Theory.” It re-cast people of developing nations as rational actors responsible for picking their way through a range of opportunities and choice in a fashion that maximizes their material welfare and reduces their costs.

It followed on from this that a neo-liberal approach would be the ideal development springboard. From an economic perspective, neo-liberalism involves the establishment of market conditions and a retreat of the state, or less direct governance and more trust in the regulatory effect of the market. The rise of neo-liberalism was actually part of a new and powerful global vision that emerged in the 1960s. Countries would now become part of a unified global economy, giving regulation over to the equitable, dispassionate and highly efficient governing mechanisms of capitalism. Given the right environment – furnished through public sector reform, economic structural adjustment and good governance, the markets would deliver an effective and intuitive platform from which Third World people could be “free” to exercise the rational judgements that would lead to improved standards of living.
To establish these fertile market grounds, developing nations would be monitored even more closely and bound up more tightly with Western economies. Loans were still made, however, they were only given to countries with “good policies” and used to impose the desired structural reforms. Fundamentally this parallels Foucault’s description of the treatment of the mad in the belief that a shred of sanity or morality lurked somewhere if only Doctors could coax it out. If an individual could be placed in the midst of an ideal neo-liberal market environment, they could engineer their own rise from poverty through the application of rational choice, just as a madman find their way to sanity in the ordered and medicalised environment of the asylum.

As the failure of free market reforms became apparent, the next step was to foster good institutions. Some theorists (notably Mitchell, 2002 and London & Hart, 2004), have since argued that economists underestimate the degree of social control and conditioning that a society must conform to in order for a Western style market place to function, and furthermore, the idea that the economy can be viewed as an independent entity divorced from a cultural context is false. Easterly (2006, p. 60) writes that failure of this approach was blamed on poor countries, who were thought to be possibly interfering with free market approach. This is an echo of early asylums in which a doctor could maintain their authority despite constant failure by arguing that their treatment regime didn’t fail, the patient simply didn’t try hard enough to get better or wasn’t committed to change. Easterly explains how after decades of poor progress, encouraging remarks are made about improvements in a country’s attitude to development or willingness to implement policies and then another cycle of similar initiatives under different names resumes.

Sachs, in his highly influential book *The End of Poverty: Economic Possibilities for Our Time*, (2005) praised by everyone from the *Economist* to the *Financial Times* and with a forward by Bono, unwittingly goes along with this analysis. His overarching response, however, is to blame the “experts” or development doctors for their lack of foresight and ad hoc guidance. In other words, the Doctor/patient relationship must stay firmly intact, however *Doctors* must lift their game. (A further discussion of Sachs Doctor/patient script appears in the following chapters).
In some ways it can be argued that the failure of UN/World Bank development theories to embrace new approaches or “think outside the box” is a product of a drive to remain aligned with the narrow Western grasp of rationality. One theorist has put this bluntly, suggesting that a system of global capitalism, now being revived in the musings of neo-liberals, was actually articulated as far back as the 1920s through the writings of people like Lenin, Hilferding and Bukharin, the latter who was already employing such catch phrases as “world capitalism, a world system of production” (Lewellen, 2002, p. 76). Lewellen goes on to write that “if our post-modern constructs of globalisation seem fresh, it is only because we have forgotten, or are ignorant of many similar processes taking place at the turn of the twentieth century.” This explains why Easterly (2006, p. 237) describes development studies as operating within a paradigm containing a limited number of pre-existing theories that are continually re-ordered or reinterpreted and delivered up periodically as new, borrowing little from the alternative theories of post-colonialism or post-development.

Belief that development studies are based on an undeniable, classical rationality also explains why the discipline remains so fixed in the face of globalisation, which in theory should mean an equal and global exchange of ideas. If this exchange were actually to occur then it would rob Western knowledge of its place at the top of the hierarchy and as one theorist has proposed, it would become nothing more than a marginalised, provincial perspective on the world, open to the same doubts, criticisms or ridicule as any other (Chakrabarty, 1992, p. 37). As it stands, “The people who dominated the world have never been more secure in their belief in the grand narrative of economic progress.” (Gare, 2001, p. 80).

It is important to stress that the criticisms of Western rational knowledge within this thesis and the parallels drawn with Foucault’s description of psychiatry pertain only to the function of “rationality” within development theory. Clearly theories based, for example, on our understanding of the human circulatory system and medical interventions developed from this, have the same origins in our rational understanding of the world. The difference is that development theory is protected by the same umbrella of rationality and yet, unlike medicine, continually escapes the need to demonstrate its effectiveness.
This parallels the charges that Foucault levelled at psychiatrists, in that their claims of value-free, empirically based medical know-how was appropriated from other avenues of medicine. This guise became necessary in order to meet the criteria of scientific knowledge that rose to the fore as 19th Century medicine advanced. Before this time, it was enough for asylum doctors to function as authority figures based on a social status and a stern morality. In order to maintain this authority, they needed to shift this basis of legitimacy from moral therapies to science.

Foucault therefore accuses modern psychiatry of having “borrowed” a status of scientific legitimacy that divests them of the responsibility to produce proven treatments or cures for the mad and at the same time exempts them from close examination and evaluation.
Chapter Three

While I have discussed claims to rationality made by the development field in general, led by the World Bank and IMF, my analysis focuses on UN photographs of their activities overseas. At the time this analysis was begun in 2002, these photos were taken from the first two pages of press photographs which appeared on a United Nations’ website entitled Around the World. They can currently be found at this website:


The original selection of photographs were a series of 117 images and appear in the appendix. A portion of these have been selected to appear in this analysis. The images selected were those best suited to illustrate the themes of this thesis. Underneath some of the photographs are the captions as they appeared on the website, which provide the Western viewer with a brief explanation or context of the photograph. Some of this text I have included in the analysis. A cursory examination of the photographs appearing currently on the website suggest the selection used here are wholly representative of recent additions.

In terms of methodology I draw in particular from the work of Kress & Leeuwen in their 2006 edition of Reading Images: The grammar of visual design. Their work attempts to provide a tool box or resource which can be used to make explicit the hidden language of images within social semiotics, which they define as “an attempt to describe and understand how people produce and communicate meaning in specific social settings...in which sign making is well institutionalised and hemmed in by habits, conventions and rules”. (2006, p. 266)

Here the data under analysis is a succession of photographs. Kress and Leeuwen argue that even so-called “naturalistic” images do not capture or present an objective truth. Instead they demonstrate how
photographs hold clues which allow us to pinpoint the socio-cultural identity of the intended viewers (2006, p. 163). This is discussed by Escobar from a development perspective who writes that “intellectuality and historical agency are placed only on the side of the (Western) viewer, and specularity on that of the passive other.” (1995, p. 191) He goes on to suggest that “placing the human body (or human groups) into a field of vision within the panoptic/enframing logic of modern knowledge systems entails a certain dehumanization and violence.”

By attempting an analysis of these photographs I draw attention to the words of Kress and Leeuwen in which they explain that through their methodology they do not hope to provide a “definitive grammar” of images, but rather “useable descriptions of major compositional structures which have become established as conventions...” (2006, p. 1). In terms of this analysis, it is impossible to categorically decode the photographs I use or attribute an unequivocal meaning. What I do aim to achieve, however, is a critique of a selection of UN photographs informed by an understanding of Foucault’s theories of madness. I hope to draw attention to similarities which could be instrumental in demonstrating a wider relevance, or resonance within the development industry.

The Mad

They [the mad] are regarded ‘as children’. They must be given immediate punishments and rewards… a new system of education must be applied, a new direction given to their ideas; they must first be subjugated, then encouraged, then applied to work.. (Tuke quoted in Madness and Civilization (Foucault, 1965, p. 239)

Characteristics according to Foucault:

- Madness becomes an object – lacking ability to define itself
- Voiceless
- Childlike
- Lacking organisation and responsibility
- In need of reform of attitude and behaviour
There are many theories and observations that recognise the reduced status of the populations of developing nations. Du Bois (1991, p. 2) explains that development discourse works on a deficit model, assuming that some individuals or societies are deficient and require external intervention to become viable.

This thesis builds on the claim that people of developing nations do not participate in development as self-defined partners and instead seeks to demonstration that they are perpetually cast in the role of Foucault’s madman. Evidence to support this transposition can be found in the following images.
The first thing to note is the stillness of these photos above compared to the modern world of complex time schedules and haste. This alludes subtly to a need for intervention and for the creation of purpose and agitation. These photos echo Foucault’s description of madness reduced to a non-being, a silent, empty category. They are images of the Third World in which other cultures have long since lost their “inherent significance” and become a tedious collection of pathological behaviours. These photos depict the world encountered by the UN, a disorganised, idle and irrational place.
In Photo 1, women surround a gift of generator and look confused. The blank faces when confronted with basic technology are testimony to the folly of their traditional, unproductive ways. They are unable to appreciate the gift, unable to seize upon the opportunity presented here without the guidance of Western experts.

Photo 2 continues this theme of unproductively - women and children who have come to watch, seeming to have no other activity to occupy them. We are given no information about them; they may have been travelling somewhere or have chosen to leave errands, curious about the crowds. The photo captures them without a context; they are a blank canvas waiting to be acted upon by the UN. The other photos reinforce the theme of idleness, time slipping by as people wait to be “transformed” or made useful in some way. Without UN intervention there is an unnatural inactivity and hopelessness. These photos suggest the irrational and destitute wandering madman, an object devoid of inherent meaning, out of step with the Western world and holding no place within a recognised social order.

Photo 5 in this set is particularly revealing. It suggests the faceless silhouette of an unnamed local person, staring in through a window like an untutored child, full of wonder and curiosity about the UN and the things that might go on under their strange shrouded tents. He has neither the language, authority nor understanding to approach staff to satisfy his interest. Again we are told nothing about this person, where he was going or what he is doing. The UN presence makes him a stranger in his own land, automatically positioning him as a patient, peering surreptitiously into the unknown, someone seeking the mythological knowledge of the Doctor/Expert. His image is captured by a UN photographer - the childlike, ignorant and powerless image of a person waiting for transformation.

The image of madness as childhood echoed in the face of the undeveloped is a reoccurring theme throughout the photographs. We see the local population as infantised, in need of basic nurturing and guidance. Foucault quotes Tuke, a founding figure in the creation of early asylums, who writes that the mad are “as children, who had too much strength and who make dangerous use of it…” (Foucault, 2006, p. 489).
Escobar writes that the image of the developing world as childlike and in need of adult guidance is a common one throughout development discourse (1995, p. 30). He cites Ashis Nandy, an Indian scholar who has been vocal about the West’s historical tendency to infantilize the developing world as a legitimating metaphor for continued oppression and control.

Every aspect of the asylum was organised to reflect this minority status. The status of the mad therefore is further undermined through the lack of autonomous meaning, in that the madman existed as an adjunct to the man of reason whose presence was necessary to bestow meaning and validity. In order to seize a presence and voice, the mad were forced to assume the role of child as this was the only mode of expression recognised and sanctioned in the asylum.

**The Doctor**

If medical practitioners were required, then it was not for the knowledge that they brought, but rather as a moral and juridical guarantee of good faith. (Foucault, 2006, p. 504)

The knowledge of madness supposes in the person who holds it an ability to distance the self from it, and to remain aloof from its perils and its charms, a certain manner of not being mad. (2006, p. 460)

*Characteristics according to Foucault:*

- Doctors were inflated figures of power and authority within asylum
- “Breeding, dignity of tone or manner” as important as medical skill
- Assumption that they alone had the power to cure though hidden knowledge
- In reality supervised rather than cured
- Assumed the role of
  - father figure
  - judge
  - representative and defender of bourgeois morality
Below are two photos of individuals, one a UN expert and the other a local man of a developing nation. It is interesting to compare these two side by side to reveal exactly how the image of the doctor/expert is reinforced when viewed by a Western audience. These two photographs are a perfect example of what Kress and Van Leeuwen (2006, p. 48) describe as *represented participant* and *interactive participant*. The interactive participant is one represented in action or in active communication, while represented participants are those being acted upon, written or spoken about.

The photo of the local man positions him as a representative participant in that the photo is “mug shot” style. The photo is a close-up and therefore we can see no indication of activity or tools of trade, possessions etc. or anything to provide this man with a social context. It is a “National Geographic” type photograph, a silent portrait with little accompanying text about the person. This can be interpreted as the blank and silent face of Foucault’s madman – an empty canvas for the world to project its fears and discontent perhaps of what Foucault describes as an ongoing fascination with the “Other,” images of which return as the object of longing or intrigue.
An elderly internally displaced person (IDP) is waiting to register. Dry weather is allowing the launch of the initial registration phase carried out jointly by the United Nations Mission in Sudan (UNMIS), and Sudan’s Government of National Unity, in support of the organized return of the IDP’s and refugees.

Location: Khartoum, Sudan
Date: 21 November 2006

UN Special Envoy for Darfur Jan Eliasson addresses a meeting of key commanders of non-signatory rebel groups to the DPA (Darfur Peace Agreement), in Um Rai, Sudan.

Location: Um Rai, Sudan
Date: 14 February 2007

Figure 2: Images of the Doctor and Patient

In the first picture we are told virtually nothing about this man except that he is elderly, an Internally Displaced Person, and waiting to “register.” We do not know his name, his occupation or what his individual circumstances were that led to his arrival in front of a UN photographer. We are given the impression that this man was doing nothing before the arrival of the UN, however now he has the chance to register his presence and contribute to the statistical information.

It is interesting to note in the accompanying text that this man has come to the attention of the UN through no action of his own but due to favourable weather. This reiterates the theme of inactivity and a people awaiting organisation. It is likely the UN will decide where he will reside and when he will return
home. We have no information about how the man feels about his circumstances or what his wishes might be, he is without a voice or any control of his future. His photo is a vivid example of Foucault’s silenced madman.

In comparison we are provided with much information about the UN staff member. Looking at the image alone, he is framed in what Kress and Van Leeuwen call the “expert” shot, otherwise called the “breast pocket shot.” (2006, p. 126). Brunsdon and Morley (1978, p. 65) suggest that greater distance in photographers signifies respect for authorities. We quickly learn that his title is “special envoy”. Importantly we are told his name. We can guess that he is European although by his clothes we can tell he represents all Western governments. The photo shows him in action. We are not observing a passive “Other” but watching a Western man in a self-explanatory pose. He is caught in the act of speaking – and the photo explains to us precisely who he is talking with and what it is about. He is the voice of reason in an unreasonable space. He is problematising local practices and setting norms.

In the 2011 preface to his revised 1994 book Encountering Development: The making and unmaking of the Third World, Auturo Escobar describes these people:

These transnationalised middle-class experts, from both the Global North and the Global South, disseminate a normalized rationality and commonsense with significant cultural and political consequences. (2011 p. xvi)

The theme of a knowledgeable Doctor/expert delivering order, judgment and wisdom in the midst of chaos is echoed in these photos:
The photos illustrate the carefully orchestrated gulf between those adults that are patients and those that are doctors. Foucault argues that the status of the Doctor was purposely inflated and the powers of the Doctor mirrored not only those of a medical expert but also of an archetypal father figure dispensing instant judgment and punishment.

These men are clearly distinct from the UN uniformed foot soldiers, by either their business suits (sans tie but complete with hankie in breast pocket), or the sheer number of people in surrounds. The technology indicates the importance of their pronouncements – the microphone to increase the volume or to transmit the words to wider national or international audience, and recorders to save the speeches, which may be transcribed to appear as quotes in newspapers. It is a clear that these men are the generators of sanctioned knowledge and the microphones indicate that his is the only legitimate voice in the space of this other world. If nobody listens to the voice of the Doctor then there is no hope for the mad to be rehabilitated and enter the outside world.
Another image of technology contributing to this status includes the helicopter, an expensive form of transport designed to carry a select handful of people rather than large people movers. The helicopter indicates that only he and his ilk have been vested with the authority to journey between the first and Third Worlds, or the world of the reasonable man and the asylum. This is indicative of Foucault’s Doctor figure serving as the intermediately between this world of reason and the asylum. Here he speaks confidently, winning Third World populations over with the undeniable weight of first world reason, having dispensed with guns and chains of yesteryear. He is then charged with reporting back to the UN, effectively providing a conduit of information between the confused, incomplete, chaotic Third World and the “real” world of reason and modernity.

The Dr/Patient Relationship

[the mad] were entirely controlled, as psychological subjects, by men of reason, who became for them the incantation of adulthood, i.e. both domination and destination. (Foucault, 2006, p. 489)

The whole existence of madness...was enveloped in what we might describe...as a ‘parental complex. (2006, p. 490)

The...relationship is never a man-to-man relationship.....but an instance of the master-servant relation, of intelligence versus devotion, of wise strength against brute force...(2006, p. 479)

Characteristics according to Foucault:

- Transformative, turning a neutral space into a medicalised asylum
- Legitimising
- Nexus between two worlds

For the people once known as savages but now classified as underdeveloped, gratitude, humility and cooperation define the relationship with the West once maintained by guns and redcoats. Gratitude to benevolent, fatherly gaolers who removed the chains of colonial rule and now come armed with the
promise of raised living standards serves to trap the underdeveloped in a web of intangible demands and social obligations. By replacing the brute force of colonialism with the coercion of social or family groups, the UN maintains control over populations which now must be compliant not through the fear of suppression by armed colonial forces, but through a complex and latently coercive patient/doctor or parent/child relationship.

Photo 1: Humanitarian Affairs Chief Holds Joint Press Conference in Sudan
UN Photo/Tim McKulka

Jan Egeland (left), Under-Secretary-General for Humanitarian Affairs and UN Emergency Relief Coordinator; and Riek Machar (right), Vice-President of the government of southern Sudan, speak to the press, in Juba, Sudan following their meeting on peace talks between the Lord's Resistance Army (LRA), and the Ugandan government aimed at ending 21 years of civil war.

Location: Juba, Sudan; Date: 11 November 2006 # 133584
Photo 2: Humanitarian Affairs Chief Holds Joint Press Conference in Sudan
UN Photo/Tim McKulka

Jan Egeland (second from left), Under-Secretary-General for Humanitarian Affairs and UN Emergency Relief Coordinator, Ruhahana Rugunda (left), the Ugandan Minister for Internal Affairs, hold a joint press conference, in Juba, Sudan, following peace talks between the Lord's Resistance Army (LRA), and the Ugandan government, aimed at ending 21 years of civil war.
Location: Juba, Sudan; Date: 11 November 2006 # 133583

Figure 4: Doctor-patient relationship

These photos are particularly powerful at demonstrating the subtle supplicant/doctor relationship which characterises the first world attitude to developing nations. Note that in the text for both photos, the UN official is named first, even when he is furthest from the viewer. In the first photo, he looks on as the vice-president of southern Sudan speaks to the media. The UN official is clearly not doing the talking as the microphones cluster around the vice-president. Instead he listens and observes a Sudanese man espousing the progress made in UN-organised peace negotiations. His presence serves to mentor the vice-president, make sure the right words are spoken and the correct message is delivered. He is watching, supervising, ensuring no slip ups occur through which his ward might forget himself and reveal his underlying madness to the world.

These photos also demonstrate the Doctor’s presence lending weight and legitimacy to the actions and words of the patient. They ensure that while the Doctor is present, the patient will speak meaningfully and should be listened to as during this time he will not ramble nonsense and unreason like a child. We
know this as a fact when reading the top photo’s caption, as the announcements are the result of their earlier meeting. The doctor and patient have agreed beforehand on the content of the announcements, the patient has agreed to follow Doctor’s orders and will not stray from the script.

His presence and his words were gifted with that power of disalienation, which...revealed the transgression and restored the order of morality (Foucault, 1965, p. 273)

In exchange for being granted a momentary voice and in order to fulfil his side of the bargain, the African men in both photos – the second being the Ugandan Minister for Internal Affairs - need to demonstrate in earnest that they are able to meet all expectations in terms of conduct and allegiance and behave in ways befitting to the image Western nations have of political leaders. This involves renouncing their previous mad behaviour – in this case an ongoing civil war – and submitting to Western forms of negotiation. The recognition and denouncement of their past behaviour is key to any efforts to establish a relationship of mutual respect and to be deemed fit and free to leave the asylum and care of the doctor.

As with the mad, it is impossible for Third World inhabitants to break from playing these child/father roles in the tightly scripted roles of the asylum as it is the only platform of communication available, or in the case of global relations, the only form of international dialogue open to them. If they refuse to assume their prearranged speaking positions they must remain silent on the world stage.

Underlining these social compulsions is the threat of punishment in the form of reduced aid payments or sanctions. Host countries are made to understand that any recourse of that nature would be their fault alone, that their uncooperative behaviour would force the Doctor to deliver a quick, decisive punishment. In this way “Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility”. (Foucault, 1965, p. 273)
UN Peacekeeping Soldiers – The Keepers

The space reserved... for insanity would now be haunted by those who were “from the other side” and who would represent both the prestige of authority that confines and the rigor of the reason that judges. The keeper intervenes, without weapons, without instruments of constraint, with observation and language only.... In fact it is not as a concrete person that he confronts madness, but as a reasonable being, invested by that very fact, and before any combat takes place, with the authority that is his for not being mad...... The absence of constraint in the nineteenth century is not unreason liberated, but madness long since mastered. (Foucault, 1965, p. 251 – 252)

The characteristics of asylum staff according to Foucault:
- Moral representatives
- Non-physical interventions
- Deliberately selected from outside asylum population
- Roles are to observe and judge

Moral representatives

Cementing the presence of the Doctor are his institutional representatives, who derive their status not through transformative knowledge but by their ability to anchor strongholds of reason in an unfamiliar environment. Foucault draws on an anecdotal tale told by Tuke (one of the first proponents of benevolent institutional care for the mad in the late 18th century) to explain how moral authority replaced imprisonment and brute force. In this tale, a violent madman was walking with the superintendent in the grounds of the retreat. Suddenly the patient suffered an attack of madness and seized a rock which he made as if to throw at the superintendent. Instead of responding with force, the superintendent stepped up to the madman, looked him in the eye and commanded that he drop the rock. The patient complied and allowed himself to be led quietly back to his room (Foucault & Khalfa, 2006, p. 488). This tale, Foucault
argues, marked the end of repression and the beginning of authority. The doctor was unafraid when confronted with a violent madman, protected by his faith in his own superior knowledge and a power so irrefutable it did not need to be supplemented with weapons or objects of constraint.

In the early asylums, Foucault writes that the selection of staff changed significantly from the age of classical confinement. Previously the choice of jailor was unimportant and selected from the most trustworthy or least crazed of the inmates. As treatment regimes focused on morality and reform, the choice of staff and their ability to serve as representatives of reasoned thinking and social norms became the key requirements. A description of peacekeeping personnel taken from a training manual entitled *Commanding United Nations Peacekeeping Operations* (Major General Tim Ford (Retd), 2004, p. 27) emphasises the UN’s role as one who brings calm to a situation through a heightened display of morality and conduct.

..[personnel] must be trained to maintain an attitude of disciplined impartiality and professional performance in order to command the respect of the conflicting parties.

The importance of morality in the conduct of development professionals is reiterated by Sachs in *The End of Poverty*. So important is moral conduct that Sachs places it side by side with expertise as vital to the success of transforming developing nations. He suggests that the relationship, as with doctor/patient relationships, should be governed by a code of conduct and a professional work ethic befitting of the privileged status awarded “experts” (2005, p. 78). Furthermore, Sachs writes that a lack of morality can lead to failure or poor outcomes when experts fail to undertake their tasks with a fitting sense of responsibility.

A superior morality then, has now become the weapon of choice in the developing world as in Foucault’s asylums where non-physical moral authority replaced genuine struggle and combat. The refusal to engage in violent confrontation with the mad was seen by Foucault as another form of degradation and alienation as struggle and violence indicate a shared dialogue between equals. In terms of development, colonial armies and settlers viewed spear-shaking natives as a real and present threat to be
repelled with brute force, an action that suggested the equality of two rivals settling disputes in the shared language of combat.

**Figure 5: Law and order**

The photo in Figure 5 is a striking example of the move from force to authority in Western relations with the developing world, corresponding directly to the evolution that took place in early asylums; “...his parade of presumption and outrage was met with indifference... The faces of the enemy disappeared...for him others were now nothing but a limit that constantly retreated as he advanced.” (Foucault, 2006, p. 497).

In this picture a row of faceless people line up behind riot shields. These soldiers are no longer trying to “win” a battle through body count and bloodshed; they serve only to contain a short term agitation by forming a passive human barrier. The caption indicates that they are peacekeepers providing security – a neutral term and a far cry from colonial images of armed troops. The shields and protective helmets are prominent as opposed to weapons, and the soldiers form an ordered line. Their individual features are obscured and the UN logo on the shields indicates that these soldiers are interchangeable. They are motivated by professional duty as opposed to being angry land owners or permanent armies roused by local politics. Furthermore these peacekeepers are foreign and unlikely to speak the language or fully understand local sentiment, ruling out any form of exchange or appeal during a confrontation.
Their presence reinforces the image of the Third World inhabitant that is no longer a real or serious threat and whose agitation can be met with detached routine training. In comparison, Foucault writes how with the “liberation” of the mad, the guards ceased to become gaolers and persecutors, being replaced with disinterested, blameless orderlies and the madman now found himself insignificant and ignored.

**Armed with Only Authority**

In contrast to the colonial era when troops functioned in a full military capacity, the role of UN troops is limited to acting as observers and mediators, and their presence is confined to creating a sense of confidence and facilitating dialogue (Sens, 2004, p. 142). While the UN has been involved in armed combat on occasion – notably in the Congo when they became embroiled in a civil war, generally peacekeepers are dispatched to countries carrying only light arms designed for self-defence only.

The fact that this continued soft-arm response is a purely ideological rather than an empirical response to unrest is revealed by the on-going failure of this approach in the developing world. In reality, missions have failed when poorly armed peacekeepers were sent into war zones. A 1999 UN report on Srebrenica, concludes:

> None of the conditions for the deployment of peace-keepers had been met…. there was no clear will to peace and there was no clear consent by the belligerents. Nevertheless…the Security Council decided that a UN’s peace-keeping force would be deployed. Lightly armed, highly visible in their white vehicles, scattered across the country in numerous indefensible observation posts, they were able to confirm the obvious: there was no peace to keep. (1999, para. 492).

An examination of UN peace-keeping records reinforces the approach described by Foucault as madness mastered on a theoretical level which precludes the need for a physical response (i.e. the move from repression to authority). Over the last fifty years, the organisation has been extremely reluctant to designate any action of the misguided, deluded madman of the Third World as genuinely threatening.
Rarely will the UN officially identify any county’s actions as “an act of aggression” – not even the Iraqi invasion of Kuwait (Lee and Price, 2004, p. 134).

**Staff Selected from “Outside”**

The use of troops from across the globe can be seen to function as a cordon of “sane” or sanctioned representatives which surround the errant nation with a network of like-minded and connected countries. They are selected to represent the global moral majority and the occupied nation is unlikely to find allies amongst them. This corresponds to a technique of control described by Foucault as the imposition of a consistent and “air tight” asylum environment with which to isolate the mad within a seamless regime of morality and order, unable to see images of themselves or collude with others like them. The vast majority of “experts” are expatriates. Graham Hancock in “Lords of Poverty,” explains the UN is so often loath to hire local experts from developing nations in place of expatriate, Western counterparts, even to the point of hiring less qualified expatriate staff over locals (1989, p. 115), and still today thousands of Western experts are sent to work in developing nations.

Foucault writes that “The asylum must represent the great continuity of social morality. (257)” The flags of various nations – like the one in the photo below - can be seen to represent a continuity of social morality, which indicate to the errant population that the moral sphere of the UN encompasses all nations, ruling out the possibility of recourse to others who may serve as allies. The UN states that missions are meant to "reflect the diversity of countries and cultures in the international community" As of June 2013, 114 nations contributed to UN peace keeping activities, the top three were Pakistan, Bangladesh, India. (http://www.un.org/en/peacekeeping/contributors/2013/jun13_1.pdf) Conversely, the US was the biggest contributor of funds at the last official count on the 27 December 2012, (http://www.un.org/ga/search/view_doc.asp?symbol=A/67/224/Add.1), followed by Japan, Germany, the UK, France, Italy, China, Canada and Spain. Without entering into a discussion about Western money and Third World man power, the conspicuous use of troops from global regions serves to contain the
contagion of madness with the message that any nation is free to choose their own actions but they will remain errant and isolated.

There are several things to note in these photos, drawing from the initial tale of Tuke confronting the madman. Firstly, it is interesting to note that the troops disembarking in the first photo are women, less threatening than a line of male colleagues. They are dressed in army fatigues but these are a conspicuous blue and would be no use in a genuine combat situation. Rather than carry backpacks or utility belts, they each carry a bag in their hand – not unlike a shopping bag or a handbag. They appear to
be unarmed. Although the caption tells us that these women are beginning a tour of duty, it is obvious that these women will serve not as physical, combative deterrents, but as sentinels.

It is important to note that in the second photo, the people file across the tarmac led by the flag of their country. They are not random citizens plucked from arbitrary parts of the world, but representatives selected from countries deemed to be “sane” or operating in accordance with Western capitalist values. They are both differentiated in terms of their country of origin and yet assimilated into the UN institution. This signifies both the prestige of their country with UN membership and their right to act on behalf of the UN as observer and judge. They file away from the plane, having literally arrived “from the other side,” unprepared for direct attacks on their person as their uniforms signify an undeniable global authority amidst a madness long since mastered.

**The Asylum/Field**

*The asylum was to reduce difference, repress vice, and eliminate irregularity.* (Foucault, 2006, p. 494)

*The asylum was now to figure the great continuity of social morality, and was ruled by the values of family and work and all recognised virtues.* (2006, p. 493)

**Characteristics according to Foucault:**

- Creation of a simple, virtuous and rational society
- Belief that a conformity to a recognised and approved “social type” in patients could bring about a cure
- Regularity, uniformity
- Populated by representatives from “outside”

There are numerous parallels between the confined space of the asylum and the defined or demarcated “field” found in developing countries. Both operate as an enclosed space with one group
confined and another group free to come and go at will. In an asylum the patients are contained physically by locks and bars with security procedures at exit points which allow staff to leave.

In development, distance and visa restrictions serve as the walls and gates, with members of the sane world free to enter and leave at will. By contrast it is virtually impossible for people in developing nations to cross over into developed countries. Current international practice focuses on the restriction, return and reintegration of refugees through tightening immigration and visa controls. (Barnett, 2002, p. 252). The current tendency in maintaining global security is to provide “temporary” forms of protection to refugees, to support repatriation programs, and to attempt to stem refugee flows through UN peacekeeping interventions (Loescher, 2004, p. 168).

Many of the photos from the UN website illustrate this notion of UN representatives making a pronounced crossing from the world of order and sanity to the chaos and uncertainty of an asylum. Images include UN staff embarking and disembarking from aeroplanes and helicopters and sitting in plane seats in the middle of a journey. This reinforces the “outside” nature of UN involvement and indicates that any intervention will rely on the leadership of sanctioned international staff from “sane” countries rather than trust the “mad” with leadership.
Once in the “field”, staff travel in the ubiquitous white four-wheel drive vehicles, which correspond to the white coats of medical staff. The UN emblem functions as an identity badge indicating their status as a representative of the “Other” sane world to both fellow development representatives and the local population. Vehicles are equipped with two way radios and cars head out from base according to agency requirements. A solitary vehicle therefore represents an entire institutional presence with purpose, resources and backup as opposed to a traveller “going native” and traversing the land as a disconnected individual.
**Creation of Order**

*The asylum reduces differences.. eliminates irregularities.* (Foucault, 1965, p. 258)

*Now it (unreason) is judged... in order to be recognised, classified.. it is caught in perpetual judgement.* (1965, p. 268)

**Purpose of creating order:**

- Creates a regimented, systemised environment that both foregrounds and problematises irrational behaviour
- Isolates the mad by surrounding them with “alien” order and uniformity

Once UN staff enter a field they begin their transformative task of organisation and categorisation. In psychiatry, the newly conceived asylum was the “formation of new institutional sites under a diagnostic gaze, within which practices are organised for the rationalised normalisation of pathological persons to the status of social citizens.” (Rose, 1992, p. 144). In this way the imposition of Western organisational practises can be seen as a way of “digesting” local populations, that is ushering them into formations recognisable to Western culture, which in turn recasts populations as global citizens in an imperial world order.

This next series of photos demonstrate UN staff who both embody order and impose order. They penetrate the far reaches of the asylum and work to bring an accountability and regularity to the environment. The ordering and systemising of things demonstrates the UN creating meaning within empty, chaotic, unproductive spaces, or forcing an intelligibility on to the sphere of madness that classicalism has rendered silent.

Very literal examples of “bringing order into the asylum” are apparent in this next series of photos:
Figure 8: Images detailing the Creation of Order

The first photo is of neatly bagged grain, stacked in weight measured bags, easily quantifiable and waiting for a controlled and orderly distribution. The bags and depot are clearly marked as UN property to be dispensed as the organisation chooses. Photo 2 depicts ammunition laid in order and sorted according to type. In photo 3, people queue in an orderly line waiting for their turn to vote. In the last photo, taken in Liberia on International Women’s Day, the participants march in clear, pre-choreographed lines, and furthermore they are dressed in uniform. When a UN staff member is in the photograph they are clearly identified with a uniform and blue cap. This indicates that the imposition of order is taking place under supervision, the framework or criteria for the organisation originates from outside.

These images reflect the straight lines of order and discipline going to confront the chaos of the Third World. Creating order in an attempt to restore rationality is a recurring theme. Andrew Sinclair in his book *The Savage* explains how the relationship between civilized man and the savage was
symbolically reduced to the attack of the line against the irregular – the line of soldiers against the Zulu fighting masses, the field and the plough against the forest dweller, uncharted territory conquered by the map and gridline (1997, p. 103).

These are examples of the homogenous and pervasive environment of the asylum in which everything is scrupulously organized and treatment is systematic. Foucault likens this to patients being enveloped in a Quaker-like environment where they are consistently confronted with regular, uniform treatment and unyielding institutional structure. Early asylums employed the moral authority of religion as a regime which was seemingly universal and beyond question – even amongst the mad.

The scenes above involve the recreation of situations recognisable to the Western viewer. People have been assembled, organised, or involved in tasks. It is interesting to compare these pictures with the earlier photos of the underdeveloped at the beginning of this chapter which were characterised by confusion and inactivity.

**Creation of Artificial Categories**

Photo 1: Internally Displaced Persons Want UN Intervention
31 January 2007

Photo 2: Internally Displaced Persons in Sudan
31 January 2007

Photo 3: Internally Displaced Persons in Sudan
31 January 2007

Photo 4: UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
27 November 2006
The above examples are superficial creations of order in which UN staff attempt to rationalise the immediate environment. This is the equivalent of imposing rules and regulations in an asylum setting, for example the number of beds or rooms, treatment guidelines or meal routines. A more insidious form of categorisation also takes place which can be compared to the vocabulary that arose in early psychiatry when practitioners sought to put names on the mental illnesses they were confronted with.

Foucault first mentioned the use of synthetic categories which, when projected onto the mad, can be strung together to form an artificial analysis of individual cases, in *Mental Illness and Psychology* (1966). These categories function as a new vocabulary with an undeniably negative status and help to create an intelligible concept which can be used to broaden the sphere of discussion between experts.

A similar mechanism has been identified in the field of development. Benavides (2004, p. 161) explains, “…in another sense they [populations of developing nations] have been empowered to become “natives” by a developmental paradigm that needs “natives” to develop, and a nation-state that also needs “natives” to secure international funds.” In this case Benavides is describing how once a “field” has been identified as an UN or development agency target, the inhabitants are bestowed an identity which positions them as agents within a pre-scripted discourse. Regardless of individual difference or pre-existing group identities, this new label will be applied to people without negotiation. The new identities can then be used to lever development mechanisms into action, in this instance to secure funds.

Theories of arbitrary categorisation of people have a long history in post-development. Many writings use aspects of it to directly attack the methodology behind development initiatives and make
specific the manner in which development artificially constructs and imposes reality. Both Escobar (1995) and Said (1979) have discussed the contribution of categorisation and labelling in the production and maintenance of discourse. Escobar has described it as the result of Institutional Ethnography (1995, p.106). This is a process by which the discourse of development creates client categories such as “small farmer” or “landless labourer” in order to position people in ways “consistent with the creation and reproduction of modern capitalist relations.”

In the next set of photos we see evidence of these categories in the photo captions which describe people as “Internally Displaced Persons,” “War victim,” or “Palestinian refugee.” The point Escobar and others make is not that people fulfilling the criteria for these categories do not exist, but that an artificial framework within the discourse of development has imposed a value-laden identity upon these people which serves to fix them in a pre-ordained framework of sociocultural power.

In the pictures above we can observe how the process of simplistic labelling superimposes meaning on unfamiliar environments. In the first two photos, we are told the people are IDPs (Internally Displaced Persons), both groups sit in front of signs written in English – the first signs welcoming the UN troops and the second one celebrating International Woman’s Day 2006. We don’t know who wrote the signs, if the people photographed below them know or care about International Woman’s day, or even if they can read English, however the signs provide a story for the Western educated viewer. The people have been positioned in a narrative that may bear no relation to their reality or understanding but one which is makes sense to a Western viewer and provides the Western internet audience with a recognisable albeit artificial snap shot of life in poor countries. The people sit waiting impassively for UN representatives, frozen in time while the signs serve to both silence the people and yet speak on their behalf.

The labelling is particularly overt in Photo 5, wherein a man holds up a newly issued ID card. His name and designation have been decided upon, laminated and bestowed on him, fixing his position in the new order of things. When interacting with international agencies he will not be required to represent
himself or his situation on an individual level, or to present his own truth as he understands it. Instead interpretation of his communication or actions will be constrained by his new identity as an IDP. As the naming process continues the individuals in the supposed chaos of the Third World become part of an ordered system in the same way psychiatry imposed a superficial order on the mad which was devoid of depth or understanding.

The fact that this categorisation process is entirely one-sided mirrors Foucault’s observation when he wrote about the evolution of early psychiatric practice. Writing about madness and reason Foucault explained that there is no dialogue or exchange of information in the process of identification and classification. One group assumed the role of scientist and the other group became the object: *The science of mental disease… would always be only of the order of observation and classification. It would not be a dialogue* (1965, p. 238)

Other authors, in particular Scott, in the 1998 book *Seeing Like a State* have discussed the impact of what they describe as a population forced into intellectual poverty through the imposition of inadequate and simplistic development-based categories. They examine how the creation of artificial categories serves to compress complex and diverse realities into simplified rudimentary segments in line with a schematic model which in turn provides states with the mechanisms to intervene and control.

As Escobar writes, we are never given a glimpse into the world or experiences of these labelled people, or how their world “may contain a different way of seeing problems and life.” (1995, p. 111). Instead these categories provide the triggers and justification that galvanise development initiatives. As Rose, in his critique of Madness and Civilisation (Rose, 1992, p. 144) writes, psychiatric patients subjected to the contrived system of labelling, “become the target of systemized programs structured by the aspiration to rehabilitate.”

A further effect of artificial categories is their ability to obscure individual differences. In readings of the Third World, regions or nations lose their distinctive cultures as arbitrary defining features are foregrounded and linked. In his reading of Foucault, Rose (1992, p. 144) notes that Foucault’s asylum
was not the result of responsive, individualised medical knowledge but a product of the gaze which sought to establish recognisable patterns of symptoms:

.. a range of troubles can become the object of continuous diagnostic and systemizing gaze that construes them alike as evidencing psychopathology, that can document and normalize them, that can aspire to organize their heterogeneous disturbances with a single tranquil space of knowledge…

The establishment of artificial labels further increased the status of the psychiatrist, in that it gave rise to the belief that psychiatric knowledge was transferable not only from individual to individual but from asylum to asylum. Armed with a theoretical psychiatric knowledge, a doctor was instantly an expert in every asylum in any country. In the case of development, a Western expert can travel to any developing country and begin applying the same categories - IDPs are IDPs whichever country they are in along with subsistence farmers, seasonal agricultural workers and malnourished villagers.

This “generic” expert approach is very much alive in modern development initiatives and discussed by Easterly (2006, p. 198), who writes that development experts tend to lack patience or understanding for local differences. He explains the emphasis is always on the supposed universality of aid problems and that with the right theoretical background, an expert can assess and remedy the situation in any country. This is also borne out by the short amount of time experts may reside in any one country and the fact that UN policy is to post staff to work in countries other than their own.

When approaching developing nations, the same pattern can be seen in the history of “one-size-fits-all” economic reforms doomed to failure, and the continuous re-applications of standard text book assessments made from country to country. It also explains why agencies are reluctant to employ nationals at senior levels. In the mind of development experts, the theories hold the truth about nation states and, as with psychiatry, every asylum will be populated by the same variety of ailments
Constant scrutiny/Institutional gaze

The proximity instituted by the asylum...does not allow reciprocity: only nearness of observation that watches, that spies, that comes closer in order to see better, but moves ever farther away.. (Foucault, 1965, p. 239)

Characteristics according to Foucault

- Non-reciprocal
- Inquisitorial gaze, constantly scanning for signs of digression or disorder.

The idea of a pervasive and non-reciprocal gaze is an important feature of Foucault’s work. He argues that under the gaze of a reasonable person, the madman was “invited to turn himself into an object” and assume the mask of an acceptable social type. The following photos are examples of Westernised gaze.

![Photo 1: United Nations Mission Helps Move Ballots in Congo Vote 30 October 2006](image1)

![Photo 2: United Nations Mission in the Sudan 14 November 2006](image2)

![Photo 3: Elections in Democratic Republic of the Congo 04 November 2006](image3)

![Photo 4: Collecting Ballots from Remote Polling Stations 04 November 2006](image4)

Figure 10: Pervasive Western gaze
The first photograph is dominated by the back view of man – an image which actually captures the UN in the act of scrutinising. His presence is foregrounded against indistinct background activity, by the vest he is wearing we are able to identify him as being a sanctioned UN representative as opposed to being a member of the local population. He stands out as a beacon of common sense and rational Western procedures adding a sense of legitimacy and accountability to the scene.

In the last three photographs the effect is magnified by the use of Western technologies not available to the general African population. These photos were taken from planes or helicopters and provide aerial views of the communities which are peculiar to Western culture and unfamiliar to the residents themselves. Furthermore these aerial shots can be taken without permission or participation. They serve to completely objectify the African people, who are viewed from afar as if under a microscope.

The images demonstrate the omnipotence of Western gaze, suggesting that locals can be spied upon in ways they cannot yet comprehend at times when they are least aware. The threat of Western-style observation has been used by nationals against their fellows - it was rumoured that the threat of covert surveillance was used to intimidate voters during Cambodian elections. Stories emerged of some older, rural people being told that satellites in the sky owned by Hun Sen could see straight into the voting booths and record their vote. Stories such as this indicate that Western technologies such as binoculars, cameras, videos, tape recorders and satellites can be seen as a threat even to the most humble and remote members of a community, reinforcing the notion that there is nowhere where a person may let their guard down.

An aspect of medical gaze described by Foucault that is reflected in the photographs is that the gaze gets close enough to scrutinise, but never close enough to become contaminated by the Other. It moves in and pulls back in a way that never allows an equal or frank exchange. This differs from the medical gaze of the past he argues, as previously, the classical, pre-asylum gaze was one of wary regard. The mad were able to stare back through their bars and trigger a sense of unease in the man of reason,
both through their custodianship of a person embodying an unknown and forbidden realm and the possibility that the man of reason might see in the face of the mad a portent to his own demise; a rational man who might suddenly find his own wits slipping away.

While many if not all of the photos discussed thus far could be said to reveal this non reciprocal gaze, the aerial shots explicitly illustrate this theme as they allow a Western viewer to gaze down upon a village or settlement without the risk of seeing or encountering an inhabitants. The mad cannot stare back from an equal footing and challenge the observer if they are not even aware they have become objects of scrutiny.

In terms of physical scrutiny, the extent is exhaustive and can be revealed statistically. Figures released by the OECD in Accra indicate that donors conducted over 15,000 missions last year to 54 recipient countries. The Economist (“The future of aid,” 2008) writes that both Vietnam and Tanzania play host to an average of three visits per working day and civil servants in Tanzania now produce 2,400 quarterly reports on projects annually. According to this article, stories are circulating in several African countries of health workers who claim that meeting with Western delegates takes up so much of their time that they complete their proper jobs of tending to the health of local people in the evenings.

Even the UN itself has drawn attention to the inordinate level of scrutiny aid recipients are subjected to:

Viet Nam reports that in 2009 there were more than 400 donor missions to review health projects or the health sector. Rwanda has to report annually on 890 health indicators to various donors, 595 relating to HIV and malaria alone. (World Health Organisation, 2010, p. xxi)

A final example of institutional gaze is demonstrated in this photograph:
Photo 1: Darfur Special Envoy Meets Internally Displaced Persons Leaders (Photo # 137721
UN Photo/Fred Noy)

Jan Eliasson, the Secretary General's Special Envoy for Darfur (fourth from left at the table), meets internally displaced persons' representatives in the United Nations Mission in the Sudan (UNMIS) compound, in El Fasher, capital of North Darfur, Sudan.

Location: Al Fasher, Sudan
Date: 12 January 2007

Figure 12: Monitoring adherence to scripted norms

Foucault writes that early asylums employed several different mediums through which to subject their patients to an institutional gaze. One practice involved scrutinising the conduct of inmates during arranged tea parties in order to detect any awkward or antisocial behaviour. During these times the mad were granted the rare privilege of partaking in the commonplace and yet tightly scripted activity of the sane.

There were social occasions in the English manner, where everyone was obliged to imitate all the formal requirements of social existence; nothing else circulated except the observation that would spy out any incongruity, any disorder, any awkwardness where madness might reveal itself. (1965, p. 236)

Although the comparison is crude it is possible to imagine the constant round of discussions and meetings convened by the UN as functioning as these same sort of tea parties. Here, the input of African leaders can be carefully monitored and scrutinised for signs of irrationality. The picture above is
disturbingly reminiscent of an asylum tea party and could be argued to have the same alienating impact on participants.

Foucault points out that these tea parties were never pleasant social exchanges, but theatre stages, or elevated moments of scrutiny on which the mad understood they were to affect and mimic the behaviours of others. It was during this time that the mad were most strongly compelled to abandon their inner truth and adopt the mask of someone alien in a situation that was as non-sensical to them as it was ordinary to the medical staff. Foucault writes, “Curiously, this rite is not one of intimacy, of dialogue, of mutual acquaintance; it is the organization around the madman of a world where everything would be like and near him, but in which he himself would remain a stranger.” (1965, p. 237)

Note here how, unlike previous photos in which Western figures and Western input is foregrounded at the expense of local people, here the reverse is true. While the table contains the ubiquitous Doctor (hidden half-way down the left side), local people have been ushered to take their place around the Western-style conference table while Westerners look on, seated around the peripheries.

The meeting takes place in a Western-style, carpeted building with an air conditioning and artwork. The clothes of the Sudanese participants are the only signifier to a different cultural or inner “truth.” Bottles of water take the place of cups and saucers in highlighting the strangeness of the situation and it is likely that the presence of women as representatives is also an imposition discordant with local culture. Never-the-less, the Sudanese people around this table understand that Westernised behaviour is expected of them in order to render any of their input “sane” or to maintain the favour of UN “Doctors” invested with power over themselves and their people. The Sudanese representatives are compelled to participate in meetings such as this as other forms of agreement, negotiation or exchange without UN attendance would be ignored and therefore the outcomes automatically delegitimized on a sanctioned international stage.

This photo demonstrates what Foucault describes as treatment which alienates the mad from themselves. Local people are compelled to adopt or mimic a foreign system of behaviours. They must
“act” like grateful, responsible people who are finally getting a chance to experience the rational and homogenous environment of liberal democracy. They must uphold the symbolic meanings behind the trapping of Western organization that they have been granted. Should the mask fall at any time, they will be caught and judged by the unbroken gaze of a watching world.
Chapter Four

Having conducted a Foucauldian analysis of UN photographs, it is useful to demonstrate briefly that the theory can be applied effectively to other texts writing on the issues of development, and that the insights gained throughout the analysis are not isolated to small area of media output. The following excerpt is an obvious example:

Third World people are neither docile slaves and zombie victims of Western development discourses, nor the embodiment of an authentic insurrectionary Other ready to be mobilised into social movements resisting imperialism on every front. The villagers I encountered .... seemed to me more cautious, contingent and situational in their responses towards state and development discourses. Rather than rejecting all dimensions of development as a matter of principle, they engaged with specific components of development packages which were opposed, circumvented, recast, accommodated and embraced depending on whether they met the particular needs of beneficiaries. The villagers seemed to exercise agency and savvy in their complex and nuanced negotiations with external forces and agents. (Robins, 2003, p. 282)

It is unfortunate that the paragraph above, written to champion the voice of the undeveloped and push for its inclusion in the development model, should operate instead to highlight their position as Foucault’s childlike madman. Here the writer can be viewed as an inquisitive visitor to the asylum who concludes, after scrutiny, that perhaps the mad aren’t as mad as we assumed – that they have been observed engaging in observable and seemingly rational thought processes, and weighing up aspects of a development project in light of their needs.

Note that the villagers visited did not explain to the writer that they analysed development packages – if they were asked as one person to another it is unlikely their words would be given weight. Instead the writer made a series of impersonal scientific observations which were untainted by input from the subject, and cautiously, rather than concluding than the villagers were “savvy in their complex and nuanced negations.”, suggests that they seemed to be so.

In terms of the Doctors of Development, as stated previously, the most recognisable representative of this category is Professor Jeffrey Sachs, who is a strong proponent of the “development
works if we try harder and spend more” school of thought. He draws directly and unselfconsciously on the imagery of a Doctor/Patient relationship when explaining the role of development experts, beginning with the Doctor’s moral duty to “help them on the ladder of development.” (J. Sachs, 2005, p. 2). Phrases like “Will we have the good judgment to use our wealth wisely… to end the suffering of those still trapped by poverty..” already positions the expert as the only agent able to step in and bring an end to decades of chaos and misery. Tales of woe in Africa, coupled with a call for increased UN resolve, sets up the simple equation of a Third World illness in need of some Western medicine.

The image of a doctor patient dynamic is continued as Sachs writes about Bangladesh: “..various donor governments that rightly viewed Bangladesh not as a hopeless basket case but as a country worthy of attention, care, and development assistance.” (my italics, Sachs, p. 14). There are two things to note here, firstly, the use of the term “basket case” – and illusion to a mental illness, and the words “attention” and “care.” The reader is provided with a clear image of a hierarchical and normative therapeutic relationship that needs work and commitment from both sides, rather than a sure-fire dose of medication.

Further blurring of the boundaries between impartial expert and benevolent psychiatrist emerge when Sachs talks encouragingly about a group of women in Bangladesh who, unlike previous decades, are happy to have two children only as opposed to six or seven. (2005, p. 14). Not only does the Doctor want to bring prosperity to the country, he wants to see signs of individual rationality in his charges. Bangladesh therefore becomes the ideal asylum inmate, accepting of judgement - both on a government and individual level, happy to shed the dignity that comes with adopting a subservient patient role.

On the whole, Sachs’ book and similar imagery throughout development literature demonstrates exactly how comfortable the first world is in the role of Doctor. In a chapter entitled “Clinical Economics,” he writes, “On numerous occasions…. I have been invited to take on an economics patient - a crisis-ridden economy - in order to prescribe a course of treatment”. (2005, p. 75) He argues that development experts need to improve their performance by getting to know their patients better, rejecting one size fits all treatments, and tightening up their commitment and ethics. Sachs does not seek to
problematise the Doctor/Patient role, but suggests, that as well as countries striving to be better patients, development experts should also try to become better doctors.

In terms of applying a Foucauldian analysis, the main areas of concern for the development industry is the implications it raises for two significant areas – the voice of the Other, and the lack of movement allowed once in these roles. It is understandable then, that there is a large amount of study examining these two components.

Discussions of indigenous voices are not unique to the field of post development and have been ongoing in many works examining the nature of the “Other”. It is, however, a topic that has come to the fore in development studies as proponents search for new avenues or strategies to enrich development initiatives thereby improving outcomes. Summarised in Briggs and Sharpe (2004), the incorporation of the indigenous voice or indigenous knowledge is thought by some to enhance development practice by taking into account specific local conditions in order to tailor an intervention and promote ownership through input. Wolfgang Sachs (2002, p. 15) discussed this as a move towards critical engagement: “We need to turn to the poor themselves and recognise them as actors who shape their lives even under conditions of hardship and destitution.”

There are a number of theorists who have debated the lack of true communication between the West and the “Other” despite the West’s apparent willingness in some cases, to pursue inclusive approaches such as participatory planning. At one end of the spectrum are theorists like Spivak (1988), who grapple with the issue from a wide, epistemological perspective by questioning whether the “subaltern” can ever speak. She argues that indigenous knowledge has been marginalised, stripped of process and context and only heard through a translation or interpretation by the dominant system. At the other end are theorists like Cooke & Kothari (2001), who discuss more mundane challenges to effective participation such as the fact that innovative, responsive approaches to include local voices tend to become watered down through a process of institutionalisation, rendering programs once again unresponsive and one-sided.
From the Foucauldian perspective put forward in this research, the problem of communication can be framed as a Doctor/madman exchange. Simply put, the Doctor does not and cannot listen to the inmates as there is no intellectual common ground on which to meet. Foucault writes that there exists no common dialogue, and the language of psychiatry is a monologue about madness which exists on the basis of silence. The utterances of a madman do not contain meaningful content but are merely the marker or symptom of his “crazed” mental state. They no longer contain a hidden wisdom to be interpreted through the lens of religion.

When the mad do speak, there is no frame of reference through which the doctor is able to “take on board” or process the information as the doctor possesses a “rational” system by which to produce and receive information and the patient ostensibly has none. This does not merely restrict or slow down communication, it prohibits it altogether. The mad can only be heard, as hooks (1990, p. 341) argues in terms of indigenous voice, when the West makes an attempt to find or journey to a middle ground. Until then indigenous people must learn to parrot Western interpretations of their reality in order to speak.

It is out of the scope of this research to extend Foucault’s analysis to the problem of incorporating indigenous voices into development initiatives however it is interesting to wonder whether or not development continues to be confined by a pre-existing, binary approach to framing developing populations, i.e. – is development only capable of viewing populations exclusively either as the noble savage or the madman, and can any innovation or progression in the area simply be pinpointed on the arch of a pendulum swinging between the two? A small case in point is an example of youths in Nigeria rejecting what could be seen as new wave participatory planning initiatives in their community as “anti-development,” and instead demanding that development projects pursue a faster route to their goal of Western-style modernization (Simon, 2007, p. 206). This example suggests that some initiatives are, of their own accord, gravitating back towards positioning developing populations as the Noble Savage and this role is as arbitrary and artificial as the former.
Implications for Development

If we are to consider that UN operations in developing nations strive to regulate or impose a uniformity on local environments, which could be seen to mirror the creation of asylums as viewed by Foucault, the next step is to consider the fate of the developing world in light of the fate of the madman. Foucault believes that the aim of asylums was foremost to contain and “declaw,” the threat posed by madness, cures were a secondary consideration, and the field of psychiatry was largely unable to produce these in significant numbers. If indeed cures were common place, there would never have been the need to establish large costly institutions to house the mad.

If we continue with this thought and consider then, that an asylum’s ability to restore an inmate to sanity, amounting to them leaving the asylum gates and living independently was a rare event, we should compare this to the UN’s track record in facilitating a country’s transition from underdeveloped to developed. As discussed in previous sections, these types of economic transformations are continually failing to materialise. The “myth of a cure” which allowed the asylums to function and maintained the thrall of inmates can be viewed as “the illusion of progress” which maintains the continued “buy in” of both donor and developing nations.

This thesis suggests that based on the similarities between Foucault’s History of Madness and First world development approaches, real progress in terms of nations moving from third to first world, will remain elusive. This is for two reasons – one, because both processes lock participants into tightly scripted dominant/supplicant roles designed to control rather than advance and which offer no resolution and two, both are founded on mythical values or ideological norms with no grounding in fact.

The subject of mythical values has been discussed in the latter half of Chapter 2, where I described in detail how Foucault suggested that the field of psychiatry was largely without scientific validation in terms of theory or legitimate medical achievement. Instead it appropriated a scientific veneer, a reflection of the status and success of pure science, while remaining a discipline built largely on
personalities and the prevailing sense of order and morality. Likewise we have seen the rational, respected development expert basking in the reflected glow of disciplines such as economics, medicine and engineering. He or she commands an unquestioned power to intervene in world affairs on a national level and yet under close examination, his or her status is as scientifically groundless as Foucault’s asylum doctors.

Before I discuss the implications of working to achieve Western development goals bounded by the constraints of a Doctor/patient relationship, it is useful to outline the conclusions reached by other theorists and how they intersect with my own. While many theorists have highlighted disappointing levels of success, they have tended to point the finger at limited funding or poor project design. Others however have proposed theories more closely aligned with those of this thesis and point to problems with the “bigger picture” rather than discrete mechanisms.

A main theorist is Duffield (2007) who when discussing the ability of development to continue to attract adherents and money, believes a Western adherence to “liberal imperialism” serves as the mechanism keeping the development industry afloat and functioning in a manner unchanged since the 1970s. This mechanism operates to “freeze” Western approaches to development despite decades of failure and billions of dollars of wasted cash.

In championing equality and democracy, liberalism not only justifies the Western genius, it also defines the West's own moral self-identity and its place in the world. Rather than reducing the social and political distance between developed and underdeveloped species-life, development constantly reproduces it. (Duffield, 2007, p. 230)

While this theory looks to the undercurrents in the global hierarchy rather than to Foucault to explain the unchanging nature of development, Duffield is one of the few scholars who have not only accepted the failure of Western development initiatives but have gone one step further and attempted to explain why this constant failure is inevitable.

It is useful to mention theories like Duffield’s not to put forward or necessarily advance his theories, but to demonstrate that other critics have recognised a similar pattern described by Foucault in
which the on-going cycle of development functions surreptitiously to *reproduce and maintain* a pre-existing status quo rather than lead developing nations towards prosperity and self-determination.

Duffield, whose writing contributes to the field of international security – another academic stream – suggests that the key function of development is not to improve living standards in poor countries but to maintain a global level of stability stacked in favour of developed nations. Duffield argues that development exists to ameliorate the tensions in post colonial countries and failed states, and avoid internal conflicts which may stir up an “innovative, unstable and circulatory world of people.” (2005, p. 144) He also suggests that international aid can function as a new form of cold war, where allegiances with Third World countries are rewarded with aid.

His suggestion that the social and political distance between poor and rich nations is reproduced rather than reduced is congruent with Foucault’s notion that asylums functioned to contain as opposed to rehabilitate. It also supports the argument made in Chapter 2 of this thesis, where I suggest that the people of developing nations are aligned with the “Other” described in the *History of Madness* vs the “marginalised” described in *Crime and Punishment*, i.e. one group being wholly extracted while the other is merely on a continuum of rejection. By viewing developing populations as “Other,” it precludes them from ever renegotiating that position and moving towards developed status. They will never make the necessary intellectual leap, in the minds of development theorists, from “Other” to “marginalised” which then allows countries to be considered on a scale of similarity – near or far – from the Western liberal economic ideal.

In the following quote Duffield argues:

> Mass society is a fragile biopolitical equilibrium that enables a small part of the world’s population to live through consuming beyond its means while a larger part is allowed to die chasing the mirage of self-reliance. Development does not seek to remove this life-chance lottery. At best it operates as a security mechanism that attempts, through poverty reduction measures, conditional debt cancellation and selective funding, to insulate mass society from the permanent crisis on its borders by making the latter more predictable and manageable. (2005, p. 157).
The view that development seeks to control and contain populations rather than transform them is shared by other scholars, chiefly Escobar who wrote that, “If [development] has failed to solve the basic problems of underdevelopment, it can be said… that is has succeeded in creating a type of underdevelopment that has been for the most part, politically and technically manageable.” (1999, p. 385).

Foucault’s asylums were charged with an identical task “.. the religious and moral milieu was imposed from without, in such a way that madness was controlled, not cured.” (Gutting, 2005, p. 244)

The ultimate purpose of Foucault’s asylums was to create a space where madness could be scrutinised, contained and checked. There is a “gigantic moral imprisonment” that Foucault sneers “we are in the habit of calling, doubtless by antiphrasis, the liberation of the insane” (2005, p. 278).

This form of relationship between us and “Other” described by Foucault as the Doctor/Patient relationship manifests in the practice of “tutelage” between developed and underdeveloped nations – that is arrangements in which poor nations must accept the authority of donor nations and follow prescribed economic reforms (Cowen & Shenton, 1995). And as with the Doctor/Patient relationship, the lack of development progress achieved by any nation suggests that this first/Third World tutelage relationship is also one of inertia from which the “Other” will never move. The illusion of a cure is seen to rest on the patient’s willingness to accept both the Doctor’s moral superiority and his strict treatment regime, when in fact this relationship is doomed to fail as the “Other” can never become “Us”.

A point at which this tension between the expectation of progress and the inescapable and static Us/Other relationship surfaces is discussed by Easterly, who laments the immutable and smothering one-sidedness of development: “The officials who talk about ‘participation’ and ‘local ownership’ can’t seem to let themselves shift power to the locals – the bureaucratic incentives against it are just too strong.” (p. 197) Trusteeship or tutelage relationships are maintained and reinforced by top down development planning. Despite jargon such as participatory planning, the underlying theme of development resting on
America or the UN being a “beacon” (W. Sachs, 1992, p. 1) for poor nations to move toward suggests there is unlikely to be a role for indigenous input or control.

Foucault suggests that a relationship of this nature will remain fixed as the classical objectification of madness serves to delegitimize the utterances of a madman thereby reinforcing an epistemological silence. The mad can only be heard once they leave their authentic voice behind and appear to “cross over” to the side of sanity and conform to bourgeois norms. Honig (1993, pp. 12–15) writes that, “Difference is treated as legitimate to the extent that it manifests itself within liberal democratic frameworks”. In other words, diverse experiences of reality or other ways of knowing are valid only in as far as they can conform to and can be processed by Western ways of knowing. Therefore countries will be invited to “participate” in the planning process only in circumstances where their contributions are considered “sane” i.e. conform to first world liberal economic goals. Any authentic contribution they make will be dismissed as “mad ravings,” yet affected, polite tea party conversation of the early asylum regimes will be applauded.

This tendency to side-line the input of indigenous populations in development initiatives has been noted by Schrauwers (2001, p. 318), who accused development of “aiming to produce disciplined modern subjects for integration into modern capitalism.” A similar process was recognised by Foucault who writes that Pinel, believed that a “cure” for madness was merely the imposition of “a recognisable social type that was morally recognised and approved.” (Foucault, 2006, p. 479).

The idea that people of the developing world must learn how to communicate by adopting these false identities is supported by Benavides (2004) who explains how people of the developing world – in this case his article was about the indigenous people of Ecuador – must continue to replicate their development “identities” in order to maintain a voice or attempt initiatives that might meet their self-defined needs: “They use their ethnic oppression as cultural capital with which to obtain funds, political recognition from first world nations.” (p. 171). While some may view this as one of Foucault’s fabled sites of resistive power in which knowledge can be used by the oppressed to defend their position, I
would view that as an example of how the madman must parrot the language of the sane in order to be heard.

Another example is from Easterly (2006, p. 307), who writes that home grown project ideas or initiatives are often ignored and rarely receive donor funds, even when they have previously proved effective. This would be tantamount to the mad telling the doctor what their treatment should be and it is no wonder there is little patience or money available in these circumstances as it is contrary to the doctor/patient script.

The Continually Replicating Process

To complete the discussion, it is also possible to look to Foucault’s doctor/patient relationship when seeking answers as the perplexing longevity of conventional development approaches. A convenient offshoot to this pseudo therapeutic relationship is that the doctor/expert can quickly blame any failure to progress on a patient’s lack of commitment, only the doctor can judge which madman is trying hard enough to reform and therefore is deserving of more of the doctor’s time, and which are beyond reach.

Foucault explains this process further in describing how the mad are kept continually in the thrall of their benevolent doctors through the careful, one-sided apportioning of blame. The tacit acknowledgement of blame by the mad “...becomes both the concrete form of coexistence of each madman with his keeper, and the form of awareness that the madman must have of his own madness.” (1965, p. 247). An awareness of their blame and guilt confines the mad to becoming an object of punishment. Accepting the judgement of the doctor, and therefore his guidance, is the first step in the mythical journey to reason and therefore freedom.

In terms of developing nations, this dynamic compels them to recognise their inherent inadequacy and to submit themselves to the guidance of Western experts. Constitutions are written by foreign experts
to be enacted by local governments, existing policies are scrutinised or new ones written, meaningless treaties are ratified and large scale, poorly researched infrastructure projects are embarked upon (Easterly, 2006).

As progress fails to materialise, Western approaches remain immune from criticism, veiled as they are behind the illusion of rationality. Instead failure to progress is largely placed on the head of the developing nation. We have already seen how Sachs evaluates potential economic “patients” in terms of their willingness to comply wholehearted with the patient role. Easterly (2006) also provides examples of instances where host nations were blamed for project failure (p. 194) or where failure was blamed on host nations interfering with market forces (p. 60). Insisting that treatment can only succeed if the patient remains committed and complainant functions as a mechanism to obscure the true dynamics at play and problematises the wrong elements. Development itself and UN can remain off the table at donor countries, the UN and Western powers point fingers of blame. Eventually, as Easterly writes, after decades of poor progress, development agencies will come up with a new diagnosis, requiring more treatment and re-emphasise the need for the host country to maintain a positive outlook, continued cooperation and a real commitment to change (Easterly, 2006, p. 138).

At this point we can view development in terms of Foucault description of the mad who were granted “freedom” within an asylum and the removal of chains, while at the same time the medicalised asylum changed the nature of their confinement ensuring that it was even more pervasive and for the first time, insisted that the mad be complicit in the mechanisms of constraint. Foucault describes this as being caught up in an endless judgment or remaining on perpetual trial “which never ceased to hound it and apply its sanctions, proclaiming faults and demanding a frank admission of wrongdoing.” (Easterly, 2006, p. 269)

It leads us to conclude that development in its current form serves as a latent form of control ingeniously engineered to promote the compliance and supplication of nations which were once perhaps
rebellious and subversive. Under this post colonial arrangement, developing nations will willing control and suppress *themselves* under the watchful eye of powerful donor nations.

**Conclusion**

Foucault’s theory of the mad suggests that the process of development will never actually come to a conclusion, as a developing nation cannot escape its preordained role as patient any more than the madman will become the psychiatrist. The best that can be achieved is the role of a perfect patient, one able to mimic bourgeois behaviour under scrutiny but who will never themselves become the scrutiniser.

My thesis diverges from theorists such as Duffield who see development as a calculated practice not designed to bring first world prosperity to developing nations. Instead, I argue that development remains static and unable to respond to calls for change not because it aims to maintain the status quo, but because of the theoretical and inevitable “dead end” reached due to a misplaced belief in the principles of Western rationalism, “the mythical values that they pass off as the truth” (Foucault, 2006, p. 464). This explains why proponents of development such as Sachs remain committed to development in its current form, welded as they are to the “rational” tools of economic liberalism.

My argument supports and extends critics of development such as Escobar and Duffield, by outlining a redundant cycle that I suggest mainstream development has been trapped in. By highlighting themes in UN photographs and anchoring them within an existing theoretical framework, in this instance provided by Foucault, it is possible to view and assess the Western world’s approaches to development from an academic vantage point that allows us to pinpoint a Beginning and a theoretical End. It allows us to examine “Development” as a discrete entity and as a Western initiative, and deconstruct its mechanisms. It encompasses the history of the participants, their ideologies, expectations, assumptions and motivations and enables us to chart the connections and linkages which operate to form the Western development model.
From this vantage point we can examine the conflated roles of authority vs science, get a clearer picture of why different knowledges are prioritised or ignored, how decision making processes are legitimised or delegitimised and how some voices are silenced and others amplified. It also provides us with a map on which to place existing theoretical struggles and sites of tension - for example the debates on including an indigenous voice, the ambiguous and perplexing role of “partnership” vs tutelage, and the onerous monitoring and reporting requirements of countries subjected to the heavy institutional gaze, and why communication under this dynamic will always remain one way.

To understand how these existing sites of tension are an inevitable product of an inbuilt systemic failure in our approach to working with developing nations suggests that the problems encountered cannot be remedied by small tweaks or changes to project models. Initiatives such as including more local representatives or dispassionately gauging the value of projects using the scientific method do not address the underlying impasse that ultimately constrains all stakeholders.

Foucault’s theory of the mad shows that the prognosis for UN style development and intervention is bleak as the mechanism in place is fashioned purely to occupy and control rather than transform. The vision of developing nations advancing and emerging as equal member states serves only as the carrot at the end of stick and cannot be realised. The cycle I put forward begins with the West’s growing fascination with the noble savage, development becomes our ongoing attempt to reconcile this, and the inevitable end result as described by Foucault is the interminable patient, trapped in the spotlight by a global system that serves only to undermine and reject.

As a final note, when considering the future of development, it is useful to consider the basic needs of my driver Vutt, who would have liked access to a low cost medical clinic offering Western diagnostic facilities and affordable medication. There are NGOs that work to improve health care but I would argue that this should be the priority, ahead of infrastructure improvements, gender initiatives or sustainable farming techniques. Many projects aim to contribute to the overall health of a village such as the digging of wells and nutritional information for pregnant women but more point of need care needs be
available. A mother with a sick or dying child shouldn’t be faced with a conflict resolution training course setting up in the village square when all she wants is a nurse. Nor should she be reduced to selling her possessions in exchange for a mystery packet of medication bought from a travelling drug seller. It is confusing for local people, in this instance, to understand that an international NGO is willing to provide money and resources for increasing female participation in commune elections, but indifferent when it comes to the preventable death of a child. Furthermore it is ridiculous to expect people to overlook this discrepancy and “get on board” with donor priorities when they are so disconnected from the needs and fears of everyday uncertainty.
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Appendix

International Women's Day Observed in Liberia
08 March 2007

Special Representative for Children and Armed Conflict Visits DRC
06 March 2007

Launch of 'Sport for Peace' Soccer Tournament in Liberia
02 March 2007

Opening of the United Nations Integrated Office in Burundi
20 February 2007

Peacekeepers Provide Security at Trial in DR Congo
19 February 2007

World Bank President Visits Burundi
07 March 2007

Launch of 'Sport for Peace' Soccer Tournament in Liberia
02 March 2007

Launch of 'Sport for Peace' Soccer Tournament in Liberia
02 March 2007

UN Peacekeepers in Democratic Republic of Congo
19 February 2007
Peacekeepers Provide Security at Trial in DR Congo
19 February 2007

UN Peacekeepers in Medical Outreach Programme in Liberia
15 February 2007

UN Peacekeepers in Medical Outreach Programme in Liberia
15 February 2007

UN Peacekeepers in Medical Outreach Programme in Liberia
15 February 2007

Young Patient Receives Treatment in Sudan Hospital
04 December 2006

Chairman of Advisory Committee on Administrative and Budgetary Questions Visits DR Congo
15 February 2007

Leaders of Sudan Rebel Groups Meet UN, AU Special Envoys for Darfur
14 February 2007

Leaders of Sudan Rebel Groups Meet UN, AU Special Envoys for Darfur
14 February 2007

All-Female United Nations Peacekeepers Land in Liberia
31 January 2007

Internally Displaced Persons in Sudan
31 January 2007

Internally Displaced Persons in Sudan
31 January 2007

United Nations Peacekeepers Arrive in Liberia
31 January 2007

UN, AU Special Envoys for Darfur Arrive in Sudan
14 February 2007

UN Special Envoy for Darfur Addresses Sudan Rebel Commanders
14 February 2007

UN Special Envoy for Darfur Addresses Sudan Rebel Commanders
14 February 2007

UN Peacekeeping Operations in Haiti
09 February 2007

UN Peacekeeping Operations in Haiti
09 February 2007

UN, AU Special Envoys for Darfur Arrive in Sudan
14 February 2007

UN Special Envoy for Darfur Addresses Sudan Rebel Commanders
14 February 2007

UN Peacekeeping Operations in Haiti
09 February 2007

UN Peacekeeping Operations in Haiti
09 February 2007
Internally Displaced Persons Want UN Intervention
31 January 2007

United Nations Organization Mission in Democratic Republic of Congo
02 February 2007

Special Representative Holds Meeting in Darfur
30 January 2007

United Nations Peacekeepers Arrive in Liberia
30 January 2007

United Nations Peacekeepers Arrive in Liberia
31 January 2007

Indian Peacekeeper's Farewell
29 January 2007

United Nations Peacekeeping Operations in DRC
23 January 2007

Workshop on Sexual Exploitation and Abuse Held in Sudan
18 January 2007

Disarmament, Demobilization and Reintegration Exercise
15 January 2007

Disarmament, Demobilization and Reintegration Exercise
15 January 2007

Victims of War in Sudan Receive Medical Treatment
04 December 2006

Darfur Special Envoy Meets Internally Displaced Persons Leaders
12 January 2007
United Nations Mission in Sudan
22 December 2006

United Nations Mission in Sudan
22 December 2006

United Nations Mission in Sudan
19 December 2006

United Nations Mission in Sudan
22 December 2006

United Nations Mission in Sudan
15 December 2006

Special Representative Bids UN Personnel in Sudan Farewell
10 December 2006

UNMIS Staff Bids Farewell to Special Representative for Sudan
10 December 2006

War Victim Receives Medical Treatment
04 December 2006

War Victim Receives Medical Treatment
04 December 2006

Humanitarian Agencies Distributes Needed Supplies in Sudan
03 December 2006

Sudanese Gunshot Victim Arrives at UN-supported Treatment Facility
03 December 2006

War-Torn Sudanese Town Receives Supplies
03 December 2006

Sudan Town Receives Water Consignment
03 December 2006

Tutu to Head Fact-finding Mission on Gaza Deaths
01 December 2006

UN RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)
27 November 2006
United Nations Mission in Sudan
21 November 2006

Traditional Leader Calls for Peaceful Co-existence in Sudan
16 November 2006

United Nations Mission in the Sudan
14 November 2006

Resettling Sudanese Returnees
13 November 2006

Humanitarian Affairs Chief Holds Joint Press Conference in Sudan
11 November 2006

Peacekeepers Assist with Disarmament, Demobilization and Reintegration in Democratic Republic of Congo
09 November 2006

United Nations Peacekeepers Assist with Disarmament, Demobilization and Reintegration in Democratic Republic of Congo
08 November 2006
United Nations Peacekeepers Secure Polling Stations in Democratic Republic of Congo Elections
29 October 2006

Voting in Second Round of Elections in Democratic Republic of Congo
29 October 2006

Heavy Rains Precede Elections in Democratic Republic of Congo
28 October 2006

United Nations Peacekeepers Secure Polling Stations in Congo Elections
28 October 2006

Getting Ready for Second Round of Elections in Democratic Republic of Congo
28 October 2006

South African Peacekeepers' Farewell and Medal Parade
27 October 2006

South African Peacekeepers' Farewell and Medal Parade
27 October 2006

Educating Electorate Before Election in Democratic Republic of Congo
27 October 2006

Educating Electorate Before Election in Democratic Republic of Congo
27 October 2006