



# A re-evaluation of the modern psychiatric hospital from the standpoint of the Kyoto school's critique of modernity

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## Abstract

Michel Foucault defines the modern psychiatric hospital as an institution of power that excludes and disciplines those who are deemed immoral, perverse, or abnormal in society. Rather than a facility for healing, as Foucault has taught us, the psychiatric hospital operates more as a punitive method of the body. But what is not considered in Foucault's historical account of the psychiatric institution are the epistemological preconditions that allowed for its original formation. Drawing on the Kyoto School philosophers' critique of modernity, this article will discuss how the biomedical model underlying modern psychiatric care is rooted in a prior epistemological duality that was developed even earlier within Western intellectual history—a duality we will call the “epistemology of nihilism.” Foucault's political technology of the body is therefore a symptom of the epistemology of nihilism, that which leads to consequences beyond mere panoptical surveillance. This article will discuss such consequences, in particular the mechanization of human life derived from the excesses of scientific technology, in the service of introducing a new way of thinking about the limits of psychiatric treatment in today's world.

**Keywords** Mechanization · The Kyoto School · Psychiatric Care · The Biomedical Model · Western Modernity · Cultural Nihilism · Michel Foucault

## Introduction

The contemporary critique of modern psychiatry is said to have begun with Michel Foucault, whose extensive works on the birth of the institutions of confinement and their effects on the production of “madness” in Western civilization have led to new ways of thinking about how to reform psychiatric care. What Foucault taught us originally was that the original purpose of the Hôpital Général in France, which was the first psychiatric hospital of its time, had little to do with real medical concepts (Foucault 1984, p. 126). Rather, it was an instantiation of how monarchical and bourgeois orders were organized during that time because what was developed in common both structurally and in function were precisely those institutions that confined the poor, the unemployed, prisoners, and the “insane.” In other words, the proliferation of the institutions of confinement across eighteenth-century Europe was not much more than legitimized

acts of “policing” (Foucault 1984, p. 128). This is because confinement held the same meaning at its historical basis all throughout Europe, which was an attempt to isolate and discipline those who did not fit within the moral codes of society, and those deemed “insane” or “mad” in society were therefore housed in psychiatric “asylums” (which are now called psychiatric units) and then subjected to the “methods of cure” developed both within religious doctrines and medical science (see Foucault 1984, pp. 141–166).

The psychiatric practice of the time, as Foucault describes it, was less about science as a tool for self-empowerment as such and more about the deployment of scientific knowledge by apparatuses articulating the social and moral orders (Foucault 1984, p. 160). The physician exercised absolute authority over the “diseased” and “the insane,” which was a severe break from Greek medicine, because no such autonomy existed for medical knowledge in Greek society (Foucault 1984, pp. 160–164). Although framed as liberators, physicians would examine their patients, extract “objective knowledge” from their objects of study, and then develop not just a theoretical account of the origins, but a cure for their madness or sickness. What Foucault points to in his reading of psychiatric history is the formation of the punitive

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methods that lie at the basis of a political technology of the body. The discourses of science are not outside of power but are expressions of power in the very roll out of the procedures of surveillance and policing of marginal identities. While psychiatric institutions think of themselves as independent of political institutions, they are in fact what create the institutions of power that normalize moral judgment (Foucault 1984, pp. 188–205). This is why, as Foucault argues in the *History of Sexuality*, the sexual practices which fell outside of the Victorian moral standards were construed as perverse and unnatural within the field of psychoanalysis (See Foucault 1990). The evidence we have to substantiate this claim is not hard to find given that until relatively recent “homosexuality” existed as a psychopathological category in the DSM.<sup>1</sup>

What we can say at this point is that not much has changed. Within the contemporary psychiatric hospital, those struggling with chemical addictions are “rehabilitated” through the “cures” of religious discourse (e.g. AA) and those struggling to self-discipline both within and outside the walls of confinement are reconditioned to conform with the de facto morality undergirding and hidden from psychiatric knowledge. This procedure of going from dysregulation to regulation through the principles of scientific discovery on hospital premises can be thought of as a process of druging the patients into moral compliance, and those failing to submit to the powers of psychiatric medicine are further punished, disciplined, and corrected. Foucault’s critical account of the birth of the asylum is just as relevant today as it was then: there are a multitude of scientific journals that publish the “discourses of healing” for those in a state of crisis, but the procedures themselves and the concomitant knowledge that produce the classification systems for understanding such crises are just as much about the domination and control of the confined as they are about eliciting methods of self-care within a very limited domain.

The more important question we need to ask though is: what is the driving force of these institutions of power in their casting of the punitive measures? Foucault suggests the following in his televised debate against Noam Chomsky:

...if you were to push me to an extreme, I would say that our society has been afflicted by a disease, a very curious, a very paradoxical disease, for which we haven’t yet found a name; and this mental disease has a very curious symptom, which is that the symptom itself brought the mental disease into being. (2006, p. 59).

What Foucault’s comment elucidates here are those hidden compulsions deep within society that seek to identify,

name, and exert power and control over the aberrant. In other words, there is a real madness to society in its pursuit of control over each particular, and the real paradox is that “if our society characterized itself as insane,” as Foucault writes, “it would exclude itself” (2006, p. 58). What is left open for us to ponder then are those very compulsions within society that seek to legitimize domination and control over the particulars on the periphery. The purpose of this article is not to schematize these deeper compulsions as such, but to launch an investigation of their epistemological origins within the context of the psychiatric hospital.

This article will begin with what is prior to the birth of modern subjectivity in Foucault’s intellectual history. This is because there is something rather naïve about Foucault’s account of madness and its relationship to the modern psychiatric hospital: in other words, violence certainly exists within the institutions of confinement, and violence existed throughout society that first initiated the campaign to seize and confine “the insane.” As a result, we have to be careful not to romanticize the struggles of those in crises, especially the institutions of confinement themselves given that they are not a safe space for anyone. Therefore, the framework we are using to interpret the history of the modern psychiatric institution then will not be one that presupposes a logic of good versus evil as exemplified in the way Foucault’s historical account of policing has been read—which assumes a kind of innocence of the confined or the “insane,” corrupted by the panoptic policing and surveillance of modern psychiatry. Instead, we will explore how crises and their relationship to the production of the modern psychiatric institution can be read as cultural symptoms of a deeper nihilism manifesting in Western intellectual history, that which drives the mechanization of the modern world and thus render the social conditions for the proliferation of domination. Towards this end, this article will critique the psychiatric institution from another cultural-epistemological standpoint that traces and problematizes the very philosophical foundations of modernity, which we will argue is what legitimizes Foucault’s political technology of the body inside and outside the walls of confinement. The goal of this article then is to engage Foucault’s historical account by making explicit the epistemological origins that gave birth to the modern psychiatric institution as hermeneutically extracted, appropriated, and read from Kyoto School philosophy’s critique of modernity. What is gained through this approach is not just the visibility of the epistemological frameworks that made possible the political technologies of the body to appear natural and inevitable interventions in modernity, but also a new way of thinking about the nature and structure of the psychiatric institution and how we can begin to re-think its purpose and role in today’s world.

<sup>1</sup> The first move to eliminate this category in the DSM was in 1973.

## The biomedical model and the subject-object duality within western intellectual history

It is already well known that the scientific basis for psychiatric treatment in the contemporary hospital is derived from the biomedical model. That once admitted into the walls of psychiatric confinement, the first order of treatment is the administering of pharmaceutical medication, and if this treatment fails to heal the patient in crisis, the patient undergoes ECT (electroconvulsive therapy) in order to “reboot” the brain networks involved in mental production.<sup>2</sup> During times of crisis, nonetheless, the overall goal of psychiatric treatment is to regulate the biochemistry of the patient before any process of rehabilitation can begin. Whatever treatment is ordered however, the “methods of cure” that are discovered and thereby implemented come from a system of knowledge that has reduced the body to dead matter. While it is difficult to deny the efficacy of some of these treatments, their usage comes at a cost: that is, the knowledge produced from the scientization of the body has moved beyond the psychiatric hospital and has seeped into the common sense of modern subjectivity. This is where we see the more devastating consequences of the biomedical model.

Nishitani Keiji, one of the major thinkers of the Kyoto School, provides us with some insight into the violent consequences of those standpoints that scientize the natural world. As Nishitani claims, the system of knowledge that reduces subjectivity to lifeless matter does more to contribute to a mechanization of life than to provide freedom from the problem of human existence (1961, pp. 91–96). This is because, within a mechanistic world, we tend not to think of subjectivity as a motivated actor seeking to affirm its own self-existence, but rather an object in space driven by a series of mechanisms. What constitutes the internal spirit of subjectivity is therefore robbed of any meaningful expression because it is formulated as materialistic causes that can be regulated and controlled through our technological pursuits. In the end, according to Nishitani, a mechanized society culminates in a “process of inversion” where those who thought were in control of the external world are now under the control by their own insatiable desires for dominating the natural world through scientific rationality (1961, pp. 95–99). In the process of being mechanized, subjectivity will begin to imitate the procedures of technology by acting in mechanistic ways. At this point, subjectivity is anything but

free, only an object of domination, fitted for the technological machine of modern life.

Semblances of this critique have been heard before, particularly in Martin Heidegger’s critique of technology in the 1950s.<sup>3</sup> Nevertheless, there is a point of intersection with Foucault’s account of the political technology of the body that needs to be made explicit here: that what lies at the historical basis of the political technology of the body are the frameworks of mechanization that were already established in Western modernity. According to Nishitani, the philosophical origins of the mechanization of the world can be found in Descartes’s cogito, which sowed the seeds for imagining the epistemic subject and object to be two different substances (1961, pp. 18–19). Following the development of the cogito, as Nishitani argues, the ego was then formulated as an autonomous consciousness facing the world of matter. Such a bifurcation coupled well with a view of linear progress that believed the “I-think” needed to be free from the struggles of nature because the self *qua* substance cannot exist without some form of protection from the outside; and one way to safeguard the substantive self from harm is by controlling the external world through scientific technology (1961, pp. 94–95). The political technology of the body, as discussed by Foucault, did arise with the inventions of modern science, but it did so within a particular history that has already philosophically prepared subjectivity to be reduced and treated like a material substance. In other words, the policing of the body that is thought to be the origin of the modern psychiatric institution in Foucault’s account began even earlier with the intellectual tinkering of subjectivity as a standpoint that thinks of itself as a substance existing in conflict with an external object.

Nishitani’s mentor, Nishida Kitarō (along with Heidegger), provided the raw materials for such a critique of modernity. In Nishida’s last writings, we find a critical reading of Western modernity similar to Nishitani’s charge that the “substantive ego” forms the basis for a mimetic web of mechanistic domination. Nishida argues that when we depart from a substantive ego as the ground of reality (which is one of the epistemological preconditions for Western secularism) what follows is an unregulated space of competition and political struggle for unity, because it nurtures a culture of individualism and selfishness seeking to dominate others (NKZ 11, p. 460).<sup>4</sup> The act of subjugation is therefore an act arising out a substantive self itching to control the face of

<sup>2</sup> In fact, throughout the literature on psychiatric research, ECT is widely acclaimed and thought to have “reached new heights of recognition as a safe and effective treatment for various psychiatric disorders” (Prinsloo & Pretorius 2004, 38) and thus viewed as another option for a continuously scheduled method of treatment.

<sup>3</sup> In fact, Heidegger’s critique of technology looks a lot like Nishitani’s critique of scientism. See Martin Heidegger, *The Question Concerning Technology, and Other Essays* (New York: Harper Perennial Modern Classics, 2013).

<sup>4</sup> The abbreviation here stands for Nishida Kitarō Zenshū volume 11. For the remainder of this article, I will continue this abbreviation as the citation style.

the external world in order to meet its perceived exigencies. Nishida adds, however, that it is not Descartes's *cogito* as such that led to the epistemology underpinning scientific materialism because the origins of this viewpoint can be traced back to Aristotle's logic of substance.<sup>5</sup> In other words, as Nishida contends, the origins of the subject-object duality ossified in Descartes's *cogito* perhaps began with Aristotle's substantive metaphysics and his concomitant logic seeking to capture semantic truth claims because such insisted that the individual (*qua* Being) is what constitutes the knowing subject (Agustín Jacinto Z 2009, p. 87). In what Nishida calls the *basho* of absolutely nothing, which is a non-dualistic, ungrounded, a-substantial place where all discursive standpoints such as being and non-being, form and non-form, and subject and object are logically structured, one can see the beginning of the position of Being formed at the inception of Western modernity (see NKZ 4, pp. 208–289). Being exists by virtue of its opposite Non-Being, as Nishida maintains, and so the *basho* of absolutely nothing delineates the conditions of possibility for the logic of Being constitutive of modern epistemology. This is all to say that our departure from a standpoint of Being (as opposed from a standpoint of *basho*) is what sets the stage for a dualistic view of the world, a view that lends itself to the substantive thought underlying those materialistic accounts often found in the sciences.<sup>6</sup> Therefore, to summarize it briefly, what we find to be the origins of the political technology of the body is the intellectual culture that has emerged from a standpoint of Being, with roots that hark back to Aristotelian metaphysics but with structures that materialized from Descartes's *cogito*.

The point here is that the fundamental logic structuring the modern psychiatric institution has a much longer intellectual history than what Foucault had accounted for. What this represents for our critique of the psychiatric hospital then is that the biomedical model that is the foundation of pharmaceutical, psychiatric, and nursing programs across the US and Europe is not only an instantiation, but a

reproduction of the mechanized culture established in Western modernity. To be sure, the development of the psychiatric institution is to some extent a rational response to the violence of psychological crises, because after all there were economic, social, and political demands that led to the development and justification for institutions of confinement (see Foucault 1984, pp. 133–139). But such rational responses are Hegelian in structure, and not Nishidian or Nishitanian. In this regard, the violence arising from psychological crises reflect the cultural mimesis of substantive selfs, and so the political technology used to control the bodies inside and outside the walls of confinement is not just a symptom of a logic of Being, but an expression of the collective will of a culture as well that grounds a view of the world from a standpoint that has ontologically separated the self and the world.

### The epistemology of nihilism and the symptoms of modern culture

The problem the discipline of psychiatry is trying to resolve will be impossible insofar the problem itself is external to its methodology. In fact, the problem is a symptom of a deeper issue, one that is historical, cultural, and existential all at the same time. Nishitani identifies the problem of modernity as one being an age of nihilism where inner meaning gave way to negativity, pessimism, and self-enclosure. Within Nietzsche's proclamation, "God is Dead!," are the karmic seeds of European nihilism, but the death of God for Nishitani is also a sign that Western philosophy has failed to grapple with the concept of nothing (Storey 2011, p. 10). East Asian cultural histories, as Nishitani suggests, are in a unique, if not a privileged, position in terms of handling the slipperiness of nihilism in human existence because a notion of nothing has been a fundamental concept in Buddhist traditions since Nāgārjuna. Being accustomed to the concept of nothing (or what he calls "emptiness") as the base of reality does not imply a nihilistic position in the world but rather speaks volumes as to how weak and vulnerable the Western intellectual foundation is in falling prey to the infinite regress. If we start from a standpoint of Being, which is thought of as a stable ground in Western modernity, then nihilism becomes its Hegelian antithesis, because an unstable ground cannot possibly be a logical standpoint of noetic thought. But what if non-existence and existence, subject and object, or being and non-being are dialectically woven into a deeper place of nothing that envelops and structures these oppositional categories? This is what Nishida's concept of *basho* of absolutely nothing seeks to clarify. And what if entering this place of nothing is what allows for an overcoming of nihilism (*qua* non-being)? This is what Nishitani offers as an intervention into the problem of modernity.

<sup>5</sup> It is important to keep in mind here that Nishida never launched such a scathing critique against scientific technology in the same manner as Nishitani. For Nishida, the question that needs to be resolved was how to overcome the duality between religious experiences and scientific rationality in the building of a logic of historical creativity, while for Nishitani, the concern was how to minimize the harmful effects of scientific technology brought on by modernity through the revitalization of Buddhist emptiness as a fundamental standpoint of the world. But the point is all the same: both Nishida and Nishitani pinpointed the subject-object bifurcation existing at the basis of Western modernity as the culprit of a cultural loss.

<sup>6</sup> To some extent, we might think of Nishida's *basho* along the lines of Nishitani's concept of emptiness, except that *basho* is more of a logicization of historical creativity rather than a foundation of human existence.



We might say that the culture of modernity itself is part of the problem insofar it proceeds along the lines of an epistemology that places the self against an external world. What the culture of Western modernity is based on then is an epistemology of nihilism that is searching for a stable ground. Of course, this is not to say that meaning cannot be found at all within a culture of nihilism; rather, the unresolved existential tension that feeds the culture of nihilism is precisely what allows for the conditions for certain forms of violence to be continuously repeated in modern life. It is well known that the psychiatric institution does not rehabilitate patients, but rather provides the material means to stabilize before they are released back into the world. This is because, as already fully known by medical professionals, the modern psychiatric institution cannot truly manage and heal the various forms of violence within society because it does not prevent crises, but only treats their material symptoms. The underlying causes of violence, therefore, remain firmly in place. This is not to discredit the real advances made by psychiatric discourse, but to call attention to the limits of the epistemology of nihilism where psychological crises are only met with more answers in the terrain of the biomedical model. What is ultimately hidden from view within the epistemology of nihilism is the cultural dependency on the biomedical model itself as a result.

The reaction to the absence of what satiates dependency or fixation is always severe and violent and thus in need of a well-organized intervention. As a response to such crises, coercion (real and perceived) becomes the fundamental strategy within the epistemology of nihilism. Why? What makes coercion the *de facto* response? Watsuji Tetsurō, a philosopher with connections to the Kyoto School, argues us that Western society itself is founded on a view of subjectivity that perceives society as a threat. For Watsuji, this assumption is visible in the way Durkheim speaks of society as an analytical object external or opposed to individual consciousness, where coercion is thought to be at the core of human existence (2004, pp. 110–112). As Watsuji holds, since Western society amounts to a collection of individual egos coming together to form a social contract in order to fulfill the desires and needs of each individual consciousness, the contract binding the subject and society into a single unit would therefore require subjectivity to regretfully give up part of itself before it can join the ranks of society. While society itself is apprehended as an external coercive force because it stamps the rules of conduct into subjectivity from the moment of birth, there is an internal coercion enacted within the Western subject as well because the act of sustaining the contract itself is also predicated on self-coercion. Therefore, if we assume society is an amalgamation of individual egos who must compromise their true nature in order to sustain the totality, then there is nothing left over for each individual consciousness to sincerely give.

All obligations are therefore perceived as coercive to subjectivity. The only possible alternative then is to eliminate all forms of coercion so that the substantive self is free from the object. At its most extreme conclusion, freedom would become defined as the elimination of any object that threatens the core existence of the (substantive) self.

There is a fundamental problem Watsuji is describing here that can be attributed to the epistemology of nihilism: that is, since Western modernity only examines the “notion of the individual that constitutes only one moment of human existence and then substitutes it for the notion of the totality of *ningen* [the human being]” (2004, 9), the broader complexity of the human being then is not only reduced to a single moment of the “I-think” standpoint of reality, but the theoretical management of the complexity of subjectivity and its relationship to the world will continue to circulate within a framework that conceptualizes coercion as the basis for which to judge and evaluate all external objects (from the standpoint of the “I-think”). What could be taken as trust in a Watsujian world, which is fundamental to maintaining human intimacy and connections between human beings, can easily become perceived as charlatanism within Western subjectivity, because the external world is often viewed through the lens of suspicion. Or, to put it another way: whenever the “I-think” is privileged above human relationships, like in any ego-based culture, most forms of cooperation are initially read as coercive, and so as humans age, any *de facto* trust they have with human connections and intimacy will eventually give way to the cold, harsh systems of calculative rationality.

The internal and external coercion that are the ingredients of the subject-object relationship as the basis of modern Western society reflect how psychiatric crises are understood and handled inside and outside the walls of confinement. Inside the walls of confinement, the modern subject in crisis tends to resist psychiatric treatment because such is perceived as an external threat to one’s true interior, while outside the walls of confinement, the modern subject in crisis tends to either withdraw further from the coercive forces of society into a well of existential nihilism or seeks fulfillment by satiating its void in the external world only to be perceived as a threat, if not a revolt, against society. As a perceived threat to society, the person in crisis then becomes subject to the political technology of the body, which in turn reinforces the viewpoint, from the side of the person in crisis, that treatment is a threat to its true (substantive) self. This is all because the epistemology of nihilism transpiring from a standpoint of the substantive self can only really imagine solutions that further reify the subject or object. If the object, represented as the external world, is the problem, then it is that which needs to change in accordance with a set of rules imagined by the substantive subject, thereby exonerating the subject from having any role of responsibility,

but if the subject, represented as the cogito, is the problem, then it is that which needs to be adjusted in order to uphold the de facto ideology *qua* reified object. The modern subject, confined by the horizons of the epistemology of nihilism, oscillates between the extremes, never to realize that the “self” was empty to begin with. What is left unquestioned as a result is the very epistemological duality itself.

But what makes the epistemological duality so invisible to modern subjectivity? Or to put it another way, why is a non-dualistic account of the world viewed as non-sensical or irrational while a dualistic account of the world is viewed as sensible and rational from the standpoint of the modern subject? According to the Kyoto School, the reason for this is due to Western epistemology’s failure to clarify how paradoxes exist as the very dynamic structure of historical reality: given that Aristotle’s non-contradictory logic is the dominant framework throughout Western intellectual history, it becomes difficult for the rational mind to conceptualize how a bottomless negation of the self is a teleological affirmation of the self or how subjectivity can live inside and outside of language without calling attention to their contradictory claims. The dominant epistemology that began with Aristotle, but then magnified by Descartes’s cogito and Kant’s subject-object duality,<sup>7</sup> therefore demonstrates the limits of (scientific) rationality in terms of providing alternative views and responses to the world.

Interestingly, in the work of Ueda Shizuteru, third generation Kyoto School thinker, we find that the existence of paradoxes can be elucidated within the structural dynamics of religious experiences. This is because, as Ueda argues, Zen practices for instance afford a bilateral movement of “exiting language and then exiting into language” within subjectivity.<sup>8</sup> In fact, the Zen experience of *kenshō* in particular, this “exiting language and then exiting into language,” is emblematic of a breakthrough in and out of conventional consciousness, thereby demonstrating a radicalization of experience not found in the normal everyday experience (Davis 2019, p. 724). What this tells us is that while

language is fundamental to everyday life, there are certain events where language is torn through. For example, when a person is silent in the moments of *kenshō*, language is suspended, but then language resumes when silence comes to an end (Ueda 2011, p. 768). The point Ueda is making here is that language and consciousness are transformed within the very process of exiting out of and exiting into the stream of language because subjectivity is not inherently trapped in the language of the everyday. The experience of *kenshō* is therefore the liberation of language toward language within experience itself, not the reconstruction of thought through thought.

Ueda reminds us that we do not have to cultivate these types of elite experience in order to make sense of this paradoxical structure of reality. In fact, this structure is visible in our everyday experiences—in particular, our “Oh!” or “Wow!” interjections within speech. Like religious experiences, Ueda maintains that “Oh!” moments elucidate how our experiences relate to language and speech, only to demonstrate our freedom from it. Ueda explains:

...the example of the “Oh!” has illustrated...the experience of words being taken away and at the same time experiencing the birth of words. Presence simply robs people of language and as such is at the same time the very first word itself. It tears itself away from language and pushes itself into language. So through the “Oh!” and as the “Oh!,” there is an extreme circular movement away from words toward words. This movement means “death and resurrection” at the same time among the linguistically gifted or the people speaking. It treats itself as a radical freedom from language and at the same time from the most original freedom of speech. (2011, p. 31).

For Ueda then, as well as for many of the Kyoto School thinkers, experience precedes language and thought and therefore points to the ground for understanding the paradoxical structure of reality. The challenge to overcoming the duality of modern epistemology then, that which is driving the epistemology of nihilism, is impeded by the prioritization of representation and thought over a framework that would take experience and thought existing in a dialectical relationship.

More broadly speaking, what Ueda’s discussion of experience and language teaches us are the inadequacies of Kant’s dualistic epistemology, whose work is foundational to the social sciences, because the narrative frame of subjectivity is not a matter of being bound to the limits of representation, but rather a matter of being bound by the language we reify. But what does this all mean in the context of the modern psychiatric hospital then? What this all means then is that although the origins of psychotherapy are found in Freud’s thought and methods, the resources for constructing

<sup>7</sup> Hegel moves us forward towards understanding the limits of rationality and how contradictions exist as the structure of historical reality, but his monistic conception of the world fails to capture the real as the very paradox itself as an inherent tension of immanence and transcendence, one and many, subject and object, and form and non-form and so forth. See Maren Zimmermann, “Nishida’s ‘Self-Identity of Absolute Contradiction’ and Hegel: Absolute Negation and Dialectics,” in *Frontiers of Japanese Philosophy*, ed. James W. Heisig (Nagoya, JP: Nanzan Institute for Religion and Culture, 2006), pp. 184–204.

<sup>8</sup> For more on the paradoxical logic of religious experiences, see Ueda Shizuteru, “Leere und Fülle—Śūnyatā im Mahāyāna-Buddhismus Zum Selbstgewahrnis des wahren Selbst,” in *Wer und was bin ich? Zur Phänomenologie des Selbst im Zen-Buddhismus* (Freiburg: Verlag Karl Alber, 2011), pp. 11–38.

the relationship between the body and psychic functions can be traced back to Kant (see Carignani 2018), and in today's context with the move towards Cognitive Behavioral Therapy (CBT), there is still a serious debt to Kantian philosophy, because it "leads us to consider the cognitive frameworks or thought structures that underlie dysfunctional thinking patterns" (Nevid 2010, p. 605). In short, since the psychotherapeutic technologies that are introduced within the psychiatric institutions reflect the Kantian epistemological view of the world, the transformation that is sought through their interventions are mostly derived from rational correction via representational synthesis rather than a transformation of the entire subject-object relationship transpired by an epistemology centralizing the paradoxical structure of reality. The implications of the Kantian backdrop at the psychiatric facility only reinforce the importance of taking seriously Nishitani's concern for modernity as a world of growing mechanization.

### The mechanization of therapeutic interventions and its consequences

We have already mentioned that the dominant model of care within the modern psychiatric hospital is the biomedical model. But within a culture that has been mechanized, even those models straying from the biomedical model—i.e. the models of psychology that provide the basis for talk-therapy—are filtered through modernity's cultural machine. For instance, the introduction of "mindfulness" into the contemporary psychiatric facility, which has its roots vaguely in the non-mechanistic logic of Indian philosophy and practice, has come to serve a mechanized end. Mindfulness was first introduced in 1979 by Jon Kabat-Zinn at the University of Massachusetts to treat the chronically ill, but the central purpose of the program was more or less to reduce the stresses of everyday life. To decontextualize "mindfulness" from its historical tradition and subsequently re-appropriate it to accommodate the clinical interventions of Western psychology forecloses any sense of radical transformation of subjectivity toward the uprooting of the suffering circulating the world—an ethical principle that is quite central to Mahāyāna Buddhism. No robust concept of "help thy neighbor" exists within the "mindfulness" program—only how to "help oneself." In fact, instructing patients how to cope with daily stressors through mindfulness practices coheres smoothly with the techniques that police the body because it teaches subjectivity how to regulate itself in accordance with the social scripts of modern culture. Within today's panoptical society, there is becoming less motivation for external powers to discipline, punish, or enforce moral compliance because subjectivity is already learning to prepare itself for the internalization of the dominant discourse. The

mindful subject becomes the ideal Foucauldian subject of self-discipline.

The production of the mindful subject has consequences beyond the Foucauldian dystopia. Political philosopher Farah Godrej remarks that the kind of mindfulness practiced in the West does nothing more than to reinforce neo-liberal constructions of selfhood, because by being reduced to a logic of self-care, mindfulness molds itself to the narrative of a neo-liberal subjectivity, thus lending itself to the interests of global capital (2016, pp. 2–7). The more mentally sane subjectivity is, the more subjectivity can tolerate the plight of capital's dynamic nature. The mindful subject is not only the ideal Foucauldian subject then, but the ideal neo-liberal subject who becomes promoted to the owner of the means of production. It is not a coincidence that large companies like Google, Nike, and Apple have introduced mindfulness programs to their employees (see Levin 2017). But there is nothing inherent in the ascetic traditions of India that seek to reproduce the logic of capitalism. In fact, if we were to re-contextualize mindfulness by returning to its historical tradition and begin there as a new cultural foundation, then subjectivity would be more apt to critically respond to the problems of material consumption and capital accumulation. This is because capitalism itself, as Kyoto School philosopher Miki Kiyoshi maintains, is a historical form that is dependent on the subject-object divide, which exists in fundamental tension with the problem of human existence (see MKZ 3, pp. 1–156). To address the problem of human existence, at least for Miki, requires a new historical form that transcends capitalism, one that is organized around enriching the creative capacities of subjectivity, but as we can see, the problem is that the creative urges generated by mindfulness has been co-opted by the mechanistic tendencies of rational psychology to better serve the basis for an unregulated global capitalism. But such is all a symptom of the epistemology of nihilism.

The problem is not just mindfulness, but any therapeutic technique within clinical psychology adhering to the modern epistemological duality. Let us take Cognitive Behavioral Therapy (CBT) for instance, which is considered to be one of the more effective forms of psychotherapy. The central goal within CBT treatment is to change thinking patterns by correcting thought distortions (about oneself and others) while learning to face one's fears. But lying at the epistemological base of CBT is a substantive self with fluid content. The base target of CBT is not to transform the subject-object relationship in any bilateral way, like what we would see in a non-dualistic, non-mechanistic standpoint, but rather to trigger patient rationality in order to adjust the self to the institutions of society. CBT, not unlike mindfulness, then are imitators of a technological machine, cogs and parts that are continuously retrofitted

to ensure the machine does not cease to halt. Dialectical Behavioral Therapy, which was influenced by Zen Buddhism,<sup>9</sup> has not successfully broken itself from the machine either. Originally invented to treat borderline personality disorder, DBT ends up serving the mechanistic world because it re-appropriates Zen philosophy to support the latticework of rational psychology by converting its paradoxical structure into mere contradictions of the mind. The art of transformation within Zen Buddhism is not a Hegelian synthesis of contradictions via noetic negation but a never-ending process of self-negation at the heart of subjectivity aimed liberating all others outside of itself. Such is not the task of DBT: rather, the task is to learn to “self-heal” in the face of one’s own suffering. Therefore, DBT, and other forms of CBT, function no differently than mindfulness in the sense of the role they play within modern society.

At this point, we can say that the entire clinical therapeutic canon itself will continue to reproduce these sorts of problems insofar it strips or downplays any ethical view of assisting “the neighbor” from its technology of healing. From the Kyoto School perspective, however, the concept of “the neighbor” is embedded within its ethical standpoint, which is generally defined as the never-ending negation of one’s independence from others in order to meet the needs of all members in the community. By virtue of a prior social existence, there is an ethical “service to the community” according to the Kyoto School thinkers, which is a call to negate egotism and selfishness in order to generate social responsibility. A clinical therapeutic technique from this standpoint would not be a focus on the self to help the self but a focus on subjectivity building and empowering itself for the sake of the community. Freedom is found from within the effort to assist others. In Miki’s view of ethics, in particular, there are additional steps that need to take place in order to resolve the problem of human existence: that is, to re-create social institutions around principles of cooperation, that which are organized around preserving and enhancing the creative potential of subjectivity (see MKZ 13, pp. 168–175). In other words, an ethical discourse within a Mikian world must accommodate both the liberal sentiments of an autonomous subjectivity, much like what we find in Western intellectual traditions, and the community in which we are all embedded in. While subjectivity serves the community, the community in turn must serve subjectivity.

Taking seriously the ethical discourses advanced by the Kyoto School brings to light one of the fundamental issues that subjects the modern psychiatric hospital to critique: the externalization of ethics from its philosophy of care. The controversy surrounding the externalization of ethics inside and outside the modern psychiatric institution has been raised before in Anthony Burgess’s *Clockwork Orange* where the ethical question that is posed is whether or not free will or autonomy of the confined is an important consideration in the decision of any form of clinical treatment. In Burgess’s story, the totalitarian state decided to treat Alex’s sociopathic characteristics with aversion therapy to the point where he becomes a lifeless robot. The state determined it a success, but it was at expense of the subjective will, which was removed during the therapeutic procedure. But what makes this story particularly insight is that the dilemma Burgess raises is only imaginable within the context of a mechanized society where utilitarianism becomes one of the ruling ideologies: that is to say, in utilitarian thought, which is the theoretical source for Jeremy Bentham’s panopticon, all objects outside of the self are reduced to instrumental value and thereby calculated on that basis in moments of ethical decision making. Instead of an ethics that take others as always in need of help or as sources of spiritual inspiration and wonder, utilitarianism approaches ethics from an assumed substantive self confronting a dead world.

What we find inside and outside the walls of confinement is the same utilitarianism that externalize ethics because the modern psychiatric institution is concerned with definite outcomes within only a specific arena of clinical application. The side-effects of pharmaceutical medication and ECT are indeed considered in the decisions of clinical treatment, which then become treated with other pharmaceutical medications or the termination of ECT (thus exemplifying how the biomedical model seeks to resolve its problems only within its precinct of knowledge), but what is externalized in the use of psychiatric technology are the ethical implications that are otherwise derived from the social, political, and economic conditions contributing to the psychiatric constitution of the patient. For instance: the problem of toxic masculinity is not deemed a problem that needs to be addressed within a psychiatric setting as such, but rather considered a debate or at most a controversy that can only be tackled within the ivory tower of academia; and if it is deemed a problem by the individual provider, nothing can be done other than to discuss the issue within the space at hand because there is no “clinical treatment” for problems that have social, political, or economic causes. The biomedical model is ill-equipped to handle such problems and therefore forced to defer to other reductive models of care (e.g. psychotherapy). In the end, clinical ontologies quietly reinforce the institutions of power that dominate subjectivity instead of advancing an ethics that prompt a responsibility to transform such institutions in the

<sup>9</sup> Marsha Linehan, who was the original architect of this approach, combined Thich Nhat Hanh’s Zen philosophy, Carl Roger’s humanism, and techniques drawn from CBT to help people increase their emotional and intellectual awareness around what triggers their reactive states.



service of addressing the root causes of psychological distress. Hence it is possible for nurses, physicians, and psychiatrists to be logically complicit with systems of oppression within a mechanized culture. The question is now: how do we address the epistemology of nihilism driving the mechanization of the modern psychiatric hospital?

### Conclusion: moving from an ethics of self-care to a politics of epistemic self-care

In order to subvert the technology that polices the body, Foucault argues for an ethics of self-care that is reflective and non-judgmental, that which seeks to resist domination while creating new relationships in the world (Foucault 1997, pp. 293–301). The source for ethical reflection for Foucault is Aristotle's *Nicomachean Ethics* and *Metaphysics*, but with a particular interest to recover the forgotten practice of focusing on the self for the purpose of constructing a moral self. As suggested within the sub-text of this article, however, the problem with Foucault's ethics of self-care is that it fails to unmask its own epistemological assumptions that would allow for a reformulation of them. In other words, Foucault's ethics of self-care is a resurrection of the epistemology of nihilism rather than an exiting out of it, because the very destabilization of political technologies is a reproduction of the very culture of nihilism that gave birth to it. Therefore, a Foucauldian ethical resistance is just another clinical technology aiming to heal the symptoms of nihilism because it is only a politicization of the discursive apparatuses from the standpoint of modern Being derived from an Aristotelian logic of substance instead of acting as a clarion call for cultural transformation arising from an epistemology seeking to decenter the subject-object duality altogether.

If we are determined to tackle the return of the repressed in the forms of the political technology Foucault speaks of, then not only do we have to look at the way modern epistemology has formulated the notion of Being, that which underlies the biomedical model dominant at the psychiatric hospital, but we also have to rebuild our culture from an epistemological standpoint that seeks to uproot our impulses to mechanize the world. The Kyoto School philosophers' critique of modernity is useful here because their starting point for inquiry is not from a notion of Being but from a place where transformation or becoming is the very logic of existence corresponding to the dynamism of historical reality. The challenge at this point then becomes centered around the vision of transformation that is necessary in order to overcome the epistemology of nihilism. To confront this challenge, the question that is posed cannot be framed within the traditional economic, social, and political logics of Western modernity where the pendulum swings between the extremes of the radicalization of the self (as exemplified

in those attempts to save liberalism) and the radicalization of the collective (as exemplified in those attempts to save Marxism), but rather within entirely new frameworks of thought that take non-dualistic accounts of reality seriously.

While it is beyond the scope of this article to sketch in detail the blueprints of this, it is worth mentioning how modern Japanese philosophers can be a resource for this task. In this article, the Kyoto School has provided us with the source material for executing a cultural critique of the modern psychiatric institution, but we have to admit at the same time that it is difficult to imagine a cultural vision from Nishida's, Nishitani's, and Watsuji's standpoints that could address the full breadth of the problem of psychological crises. According to Nishitani, for instance, we cannot remove the root of nihilism without advancing an epistemological standpoint that champions a negation of both subject and object. Therefore, in Nishitani's vision, the epistemology underlying modernity must be supplanted with that of Buddhist emptiness as a new mode of existing in the world. But this leaves open the problem of materiality as the return of the repressed, because if and when psychiatric crises are more materially constructed (i.e. psychiatric problems resulting from global capitalism like in cases of economic dispossession and exploitation), then there will be a theoretical impoverishment in terms of making visible the necessity of addressing materiality and its relationship to subjectivity. Interestingly, Marxist philosopher Kōjin Karatani has problematized such viewpoints that inadequately discuss how materiality unconsciously structures human existence. Karatani claims that insofar the material system of capital is in circulation, subjectivity will continuously fail to recognize and resist the very systems it reproduces (2010, pp. 6–7); and so if we ignore the problem of "unconscious materiality," as Karatani formulates it, then Nishitani's, Nishida's, and Watsuji's cultural vision will end up defaulting to the background ideology to justify the hegemonic order—which is what we saw with their writings during the war that ended up reinscribing Japanese leadership in the pursuit of colonial control.<sup>10</sup> While we may think of capitalism as a historical form that has its origins within the subject-object duality (à la Miki), Karatani's point about the power of "unconscious materiality" (e.g. capitalism) to re-constitute problems affecting our social existence still stands insofar we fail to incorporate this dimension into our analysis. To be sure, Nishitani can bring us one step closer to addressing the problems of capital and their relationship to liberalism in the effort to address the problem of

<sup>10</sup> For more on Nishitani and his link with wartime Japan, see Osaki Harumi, *Nothingness in the Heart of Empire: the Moral and Political Philosophy in Imperial Japan* (Albany: Suny University Press, 2019), 23–40.

mechanization (see Stromback 2020) but he does not go far enough in terms of overcoming it.

Miki is perhaps more relevant in this regard because he proposes a non-dualistic form of anthropological humanism that confronts the problem of subjective interiority and materiality at the same time—namely the problem of existence and the problem of capitalism.<sup>11</sup> In fact, Miki's non-reductive account avoids both a collapsing of the problem of human existence to the objective quadrant of production and the production of material relationships to the interiority of subjectivity while seeking to unify the existential necessity for internal transformation (subjectivity) with the need for external transformation (objectivity *qua* material production) in the direction of overcoming the social, political, and economic problems of modernity (such as bourgeois liberalism, communism, nationalism, and fascism). There are indeed some problems with Miki's philosophy,<sup>12</sup> which cannot be discussed in detail here, but if we bring Miki's philosophical work, along with the other Kyoto School philosophers, into conversation with the philosophy of care, then we are just another step closer to understanding not just the limitations but the possibilities to overcome the epistemology of nihilism fueling the production of the modern psychiatric hospital. Moving forward then, the goal is perhaps not to return to a pre-modern era of self-care, like what Foucault was nearly groping for, but to think of human existence and the philosophy of care as more materially, culturally, and existentially transformative, and less substantive and dualistic. In other words, the goal then is to entirely re-think what a psychiatric hospital is and does for those who are in a state of crisis from a standpoint that seeks to negotiate culture away from the epistemology of nihilism and towards a politics of epistemic self-care.

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<sup>11</sup> To see how the interior and exterior are organized into a dialectical logic that creates historical forms, see Miki's *Logic of Imagination* (MKZ 8: 1–519).

<sup>12</sup> One example of this is with his participation in the Shōwa Kenkyūkai. See Lewis Harrington, "Miki Kiyoshi and the Shōwa Kenkyūkai and the Failure of World History," *Positions East Asia Cultures Critique* 17, no. 1 (2008): 43–72.