Foucault’s Three Modes of Objectification
(turning the subject into an object)

1) Dividing Practices
2) Scientific Classification
3) Subjectification
Foucault called the first mode of objectification of the subject a dividing practice.

These dividing practices are social and usually spatial:
- social in that people of a particular social grouping who exhibit difference could be subjected to certain means of objectification;
- spatial, by being physically separated from the social group for exhibiting difference.

The actions of dividing practices are tolerated and justified through the mediation of science (or pseudoscience) and the power the social group gives to scientific claims. In this process of social objectification and categorization, human beings are given both a social and a personal identity.
The actions of dividing practices are tolerated and justified through the mediation of science (or pseudoscience) and the power the social group gives to scientific claims. In this process of social objectification and categorization, human beings are given both a social and a personal identity.

Foucault’s research surveys many historical examples of situations where people, specified by the State as abnormal, have been spatially and socially divided.
Foucault’s Three Modes of Objectification

1. Dividing Practices

An example is the confinement of the poor, the insane, and “vagabonds” in the great ‘catch-all’ General Hospital in Paris 1656.

Foucault argues that the classifications of disease and the associated practices of clinical medicine in early-nineteenth century France, the rise of modern psychiatry and its entry into the hospitals, prisons, and clinics throughout the nineteenth and twentieth centuries, and finally the medicalization, stigmatization, and normalization of sexual deviance in modern Europe, have all helped shape modern forms of dividing practices.
Foucault’s Three Modes of Objectification

2. Scientific Classification

- The second mode for turning human beings into objectified subjects Foucault refers to as scientific classification. For Foucault, scientific classification is the practice of making the body a thing through, for example, the use of psychiatric diagnostic testing.

- Foucault shows how, at different stages of our history, certain scientific universals regarding human social life were held privileged. Through this privileged status certain scientific classifications have acted to specify social norms.
Hence, socially produced specifications and categorizations of normal and abnormal behaviour evolved which perpetuated classification and what Foucault calls totalization techniques (culturally produced notions about the specification of personhood).
Another commonly used practice of classification is the documentation of lives which became available through the invention of files (medical, psychological or otherwise.) The file enables individuals to be “captured” and fixed in time through writing and its use facilitated the gathering of statistics and the fixing of norms.

The file can be used as an instrument to promote the construction of unitary and global knowledge’s about people. This turning of real lives into writing is viewed by Foucault as yet another mechanism of social control.
Bateson was frustrated with family therapy’s want to name ‘things’ – thereby cutting these ‘things’ off from their relational context. He insisted that the “thing is not the thing named”.

“STAMP OUT NOUNS”
Gregory Bateson 1979
Naming and Writing Practices

- Our field went further than to just name things like ‘client’, ‘woman’, ‘employee’, giving fixed identities to persons and their experience, such as ‘depressed client’, ‘anorexic woman’, ‘unruly employee’, ‘deadbeat father’, ‘ADHD child’ etc.

- Supplementary knowledge connected to the inscription of meaning included cultural naming practices that marginalized and divided groups off from a ‘mainstream’ community of privileged others such as ‘single-parent client’, ‘native woman’, ‘gay employee’, ‘black inner city male’, ‘south Asian immigrant’, ‘migrant worker’, ‘working class father’ etc.
Names of this kind have been negotiated, distributed, and meanings were accepted and documented - on some level - by most of our helping institutions.

Within a name (OCD, Borderline etc.), one’s body is ‘naturally’ inscribed by rigorous science and the privileged status given to the naming and writing context (see Gremillion, 2004, Grieves, 1998), Unfortunately, the everyday act of therapies naming and writing person’s, and groups of person’s bodies into categories, is often a finalized, de-contextualized, and pathologized view of who they are and who they might become.
With over four hundred possible ways to be named psychologically abnormal (Caplan, 1995), we rarely find difficulty plotting the person’s life story within the text of the uber-professional naming book the Diagnostic Statistical Manual-five (DSM-V), and within other modernist modes of explanation.
Foucault’s third mode of objectification analyzes the ways in which human beings turn themselves into subjects. He calls this third mode – subjectification.

This process differs significantly from the other two modes of objectification in which the individual takes an essentially passive, constrained position.
Foucault suggests that subjectification involves those processes of self formation or identity in which the person is active. He is primarily concerned with isolating those techniques through which people initiate their own active self formation.

Foucault contends that this self formation has a long and complicated history as it takes place through a variety of operations on people’s own bodies, thoughts and conduct. These operations characteristically entail a process of self understanding through internalized dialogue mediated through external cultural norms.
Look around the room for a moment and notice what people are wearing. Somehow all of us came to this conference dressed in a fashion statement in concert with the norms of ‘what to wear to a family therapy workshop’. No one came in Halloween costume, formal dinner wear, or naked.

The question is how we knew what to wear and why did we follow along?
Much of the humanist psychology movement promotes the idea of self determination/ transcendence/ understanding.

Foucault suggests that these would be difficult to achieve since all our actions, from eating to dressing to working are tied to and influenced by cultural discourse.

It is therefore impossible to be outside of culture in any action in which we partake.
What can be said – Who can say it –
and With What Authority

- The discourse is not a neutral entity as was outlined in the mid-eighties by Laurie McKinnon in her critique of the Milan Team’s (and the field of family therapy) use and belief in the idea of neutrality.
"Identity," says feminist Jill Johnston is "what you can say you are, according to what they say you can be". Identities are not freely created products of introspection or the unproblematic reflections of a private inner self.

Identities are conceived within certain dialogic ideological frameworks constructed by the dominant social order to maintain its interests.
Internalized personal discourse is viewed by Foucault as an action of self control guided by set social standards. He suggests that people monitor and conduct themselves according to their interpretation of set cultural norms.

Foucault's description of architect Jeremy Bentham's seventeenth century Panopticon is an example of control of the subject and subject control. Here the Panopticon's structure and function serves to promote an externalized cultural (normative) "gaze" which is internalized by the subject, and moves the subject to practices of the body deemed desirable by the culture of power.
Taken together, the three modes of objectification of the subject designate the landscape of Foucault’s inquiries:

- those that categorize, distribute, and manipulate;
- those through which we have come to understand ourselves scientifically;
- and those that we have used to form ourselves into meaning-giving selves)

Clustered tightly around the problem of the subject are the twin terms of knowledge and power.
Foucault espouses the position of the **constitutive dimension of power and knowledge**.

This suggests that all discursive practices (all the ways a culture creates social and psychological realities) are interpretations imbedded in specific cultural discourse, where the subject is considered created by, and creating of, the cultural discourse.

Bakhtin (who is gaining allot of attention in certain therapy circles) has a lovely saying:

‘I create you and you create me’.
Foucault's conception of the inseparability of power/knowledge is reflected in his confrontation of those who argue for the ascendancy of a particular brand of knowledge over others.

Foucault suggests that alternative knowledges are often silenced through their disqualification. Foucault calls these knowledges - local knowledges - which often contrast those cultural knowledges which survive and rise above. The latter he calls global knowledges.
The privileging of specific cultural practices over others also acts to disqualify whole groups of people, who through their actions are viewed by the culture as "different". These groups, who for instance practice a different sexual preference, or spiritual orientation are quite often marginalized.
Arguments for the ascendancy of one idea or practice over another promote the rhetorical position that actual “truths” exist. Foucault (1980) writes:

There can be no possible exercise of power without certain economical discourses of truth which operate through and on the basis of this association. We are subjected to the production of truth through power and we cannot exercise power except through the production of truth. (p. 73)
A community of discourse is a cultural creation which allows for social norms to be dictated through a complex web of social interchange mediated through various forms of power relationships.

What constitutes a community of discourse may include a veritable potpourri of influences. Discursive influences, from Jimmy Hendrix to Karl Marx, Jesus to Popeye, Disney to Freud - are sculpted through intricate and ritualized power plays, all of which are set up to control the discourse.
Communities of Discourse

- All “knowing” within this community context is viewed as mutually shared and shaped.
- Without exception, all conversations of our community that have gone before us are us, affect us, and are participated in by us.
- Persons take rhetorical positions on all issues, speaking or not speaking.
Each generation of speakers, from the founding “fathers” of government, Republicans and Democrats, the National Association of Women, punk musicians, and Bill Gates, all make attempts to sway the discourse in particular directions and of course are swayed along, to and fro, by the discourse.
Post-structuralism

- A hefty area of study – my brief definition would be – how is it that certain ideas, disciplines and practices have remained over time (and others have not), what are the structures (ie. institutions) that have maintained them, and for whose interests?.

- How each therapist creates meaning about people and problem conversations (and how they view how it is that each person comes to know her/himself as problematic) is directly influenced by, and negotiated through a myriad of political, cultural and psychological practices which she/he has come to believe in, and those that have been discarded along the way.
A first ‘rule’ of narrative interviewing is similar to the first rule of real estate.

LOCATION, LOCATION, LOCATION.
I propose that the meaning given to relational externalizing conversations is directly mediated through the ideological structures we live in.

Relational externalizing conversations is the production of separating the identity of the person from the identity of the problem and looks at how each has been produced.
This therapeutic position unsettles any essentialist psychological notions of the stable autonomous person, the original author (of problems or otherwise), or a given reality of what constitutes the self.

The focus of our therapy is to render transparent the discourse and status of identity-based politics in the life of the problem, the effects these discursive practices have had on the person’s relationship life, and tracks how they have responded looking for sites of resistance.
Persons are not viewed as fixed within problem identities; *a person’s identity is viewed within the politics and power plays of a culturally manufactured and constituted self.*

A therapist’s preferred meaning can be viewed as a type of practiced and politically preferred, hermeneutic cultural twist. Therapist responsibility then, lies in the question - *of what psychological and political orientations do our questions that externalize the problem, belong to?*
Unfortunately, in the transport of externalizing ideas into therapy we saw the mixing and mashing together of externalizing ideas with a more modernist view of persons and problems and the result is that much of the theoretical elegance has been lost.
Therapists may be externalizing problems through a linguistic separation of the problem from person(s), i.e., by asking a question such as, “is the depression getting the better of you, or are you getting the better of it?”

However, without understanding the theory ‘BEHIND’ an externalized question – to situate the person in a community promoting of a depression lifestyle (i.e. abuse, racism, loneliness, misogyny, physical disability, poverty, long corporate work hours, school yard bullying) - the depression will ultimately stand – as Irving Goffman points out - as an ‘isolated strip’ outside of its culturally created community relational
A narrative therapeutic interview may be shaped by the following practices:

1. Questioning how the "known" and remembered problem identity of a person has been manufactured over time;

2. Questioning what aspects of the social order have assisted in the ongoing maintenance of this remembered problem self;

3. Locating those cultural apparatuses that keep this remembered problem self restrained from remembering alternative accounts and experiences of lived experience;