Powers of freedom, governamentality and the psy knowledges: dialogues with Nikolas Rose (Part 2)*

This is the second of three interviews with Nikolas Rose from which we have explored some important aspects of his wide academic production. The first part had, as a central axis, questions about the State, Public Policy and Health and their relation with the concept of governamentality. In the current issue we discuss the role of knowledge and practices psi in the government of conduct and the genealogical research. At the last interview we will have an opportunity to reflect with Rose about his recent research on Life Sciences, Biomedicine and Neurosciences.

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I will open this conversation with some broad question about research and methodology. In the first part of your interview\textsuperscript{c} we had the opportunity to talk about your dialogue with Foucault’s work. In this context, can you discuss the criticism that you make of what you call the Foucauldian commentators and your affirmation, in the book “Powers of Freedom”\textsuperscript{d}, that we should take Foucault’s ideas about government as a starting point for these investigations and not a general “theory or history of government, politics or power latent in Foucault’s writings, which should be extracted and then applied to other issues”?

There is, of course, much valuable work to be done on Foucault’s texts. A work which comprises commentary and analysis of Foucault’s books, lectures and interviews, exploration of the conceptual and philosophical architecture, the epistemological infrastructure and the theoretical implications of Foucault’s work; and also the relationship between his work and that of other social scientists, other philosophers and other people who have worked on the analytics of knowledge and power. That is a perfectly valid task, and there are some excellent commentators or analysts of Foucault’s work along those lines. But I don’t think that is all Foucault’s work invites us to do. For a whole range of reasons - personal taste, reasons of personal competencies - and because of what I think is most socially and, if I dare say, politically important, I’ve chosen to take a different route.

If you want a kind of justification in the texts of Foucault for the routes that I have taken, you could link this to some of his remarks. First, let me take his idea of field work in philosophy. Rather than seeking abstract philosophical justifications for his approach, he is more interested in doing empirical investigations into the practical and effective forms that philosophy has taken in making up our world, and in the range of practices that we are engaged in. One can see that from his most abstract work in The Order of Things or The Archaeology of Knowledge, through to the specific analyses in Discipline and Punish. This little phrase field work in philosophy is an incitement to do the kind of work that I have been attempting.

Second: the question of whether his ideas amount to a general theory. In many texts, Foucault is critical of attempts to develop a general theory which is the property of intellectuals who can apply that to any situation. He counterpoises that idea of the general theory, of the general theoretician, to that of the specific intellectual working in particular practices and trying to make sense of the configuration of knowledge, power and subjectivity in those particular practices. Again, that for me is an invitation to carry on work in that vein.

This does not mean that there are no general lessons to be learnt from the analysis of a specific practice. It does not mean that everything is tied to its particular time and place and location. But it does mean that one should be very cautious about trying to erect these into some sort of general theory, like a theory of modernisation or detraditionalization or reflexive individualisation or risk society, or whatever. It would run counter to the ethos of Foucault’s work turn it into a general theory, which could then be evaluated against others. I don’t find that a particularly fruitful approach. Maybe it’s a matter of personal taste or maybe it’s a matter of the kind of work that will have most traction on the problems that concern me.


You mention your research’s methodology as a *History of the Present*, *Critical History*, *Present Centred History*, and *Genealogy of Subjectivation*. Are there conceptual differences between them? Do they intend to respond to different problems? What are the common grounds and the differences between them and Foucault’s archaeology and genealogy?

I’m not a very systematic thinker or, rather, I’m not terribly interested in systematising the kind of work that I have done in the different studies that I have undertaken. In different texts I have addressed myself to different problem spaces, to different literatures, to different sets of concerns and I’ve tried to articulate the approach that I’ve taken in relation to those specific problems. I’ve used different phrases at different times to describe this but I would avoid trying to find big theoretical differences on them. The first three terms that you mention - ‘History of the Present’, ‘Critical History’, ‘Present centred History’ - all qualify the term history in some way. In doing that I’m trying to indicate the difference between a genealogical investigation and an historical investigation.

When I teach this to my students, I start by asking what is the most obvious meaning of a genealogy these days? It is a family tree. What is a family tree?

If we are trying to make your family tree, you are the apex of it in your family tree and we work back you to mother, father, brother, sister; then their parents, their brothers and sisters and then their parents, their brothers and sisters - the tree branches out that way. If we were talking about not you, but your cousin or your friend, their family history would branch out in a completely different direction.

So, a genealogy starts from a particular current question or problem and tries, like a family tree, to trace out the dispersed set of relations that have brought that particular present problem into existence. If we were thinking of a different problem, we would trace a different set of conditions of possibility, a different set of inter-actions and different dimensions. We would produce different genealogies, and these wouldn’t all march in step with one another, wouldn’t be organised in the same temporal sequence, wouldn’t have the same kind of patterns, the same rhythms; let alone would they relate to the same substrate or the same origin.

That is what I take from Foucault in his argument about not reading through the origin: not thinking that there is a single origin from which you can trace the characteristics of the present. One should take the present as the outcome of a set of often very contingent, haphazard, non-necessary intersections between things that might seem to have very little in common with one another.

If you started from another problem, you would trace that in another way. That is the kind of approach I try to use in my work and I try to suggest to others who are doing similar kind of work. There is no necessity in history. There is no necessary coherence between one problem and another, even though they exist at the same chronological moment.

**SUBJECTIVITY, POWER AND MANAGEMENT**

One of the central themes of your work has been to study the ways in which the contemporary apparatus for being human has been put together defining “genealogy of subjectivation as a genealogy of being’s relation to itself and the technical forms that this has assumed”. Therefore, you propose “an investigation of the intellectual and practical techniques that have comprised the instruments through which being has historically constituted itself”. Can you tell us about the importance, the definition and the ways that you use ‘technology’ and ‘techniques’ and how you relate them to the subjectivation process?

It is difficult to account for the ways that beliefs about the nature of human subjectivity change over time, but they certainly do. I have argued in my work that different conceptions of individuals emerge, at least in part, within systems of authoritative knowledge about the human individual - psychology, psychiatry, the psy disciplines etc. - and that these authoritative knowledges play their part in shaping a new way of thinking of ourselves. Of course, the psy disciplines are not the only disciplines that have
been involved. It would be too simple to say psychology or the psy disciplines invented the subject of freedom – that human beings are essentially freedom loving creatures, wanting to act with autonomy and maximise their potential through acts of choice in the world - but they played their parts in it.

In my books I try to give a more complex answer to that question about how human beings at a certain historical moment, in certain geographical areas, came to think about themselves in that way. I’ve argued that the challenge for those who wish to govern legitimately in a free, liberal and democratic society is always to align their strategies and technologies for governing conduct with the prevailing images of what human beings are like. This is what I meant by speaking of the need to invent technologies of subjectivity that worked with, rather than against, the grain of how human beings were understood at a particular time.

That sounds all rather abstract. But, for instance, if you trace the history of the management of human individuals in industry – say from Taylorism through to the Human Relations, to the Human Potential movements that one sees in the 1960’s - you can see very clearly how ways of trying to govern individual conduct in the workplace were linked to different ideas about what human beings were and therefore how you could get the best out of them.

As one traces the succession of ways of thinking, one can see that in each case, those who claimed to know how to manage human beings were always critical of how things had been organised before because, they said, they did not properly understand what human beings really were. So each version of management said something like “if you want to get the best out of people, to make them the most productive, at the same time as most content, you need to align your management practices with what we now know about how human beings are.” Each appealed to a different way of understanding the human being, individually and collectively. And one can trace that empirically, which is what I have tried to do.

In the 1980’s in the UK and in the US, and to a lesser extent across Europe, the idea of the human being as a subject of freedom, of autonomy, of responsibility, of choice, became inflected in a new way. It became linked to the idea that human beings were always striving to improve their situation, to be more successful, not necessarily to get more money, but to improve their lifestyle, to improve the well-being of their family, to improve the prospects for their children and to improve themselves, to maximise themselves through the choices they made about their lives.

This idea of the individual who was enterprising - who would run their life as a kind of enterprise, calculating and thinking about the choices and the risks that they needed to take in order to maximise their potential - became a very powerful way of thinking across many practices from consumption to work to insurance and beyond. Those were the kinds of characteristics that I tried to describe in some empirical work that I did on the emergence of this enterprise culture and the modes of subjectivity and subjectification that seemed so central to that enterprise culture.

Can you give us some examples of the use of those conceptual tools on your health research?

Strategies around health that took shape in that time partook of a similar idea of the individual who was personally committed to the maximisation of their health through choices about lifestyle, diet and so forth.

But of course, the interesting about these ways of thinking is that they purport to be descriptive, but they are actually normative and interventionist. The idea of the individual seeking to maximise his or her own health and that of their family becomes a norm, and once it becomes a norm it becomes also the inspiration for a whole series of interventions to manage the person who does not match up to that norm: the person who gets obese, who drinks too much, who eats too much saturated fat, or is it now too much sugar, or is it now too much salt, or is it now too much of whatever else it is that is too much.

Thus a conception of the human moves from a description to a norm, and the norm becomes the basis for an intervention. You see this in the self-health movements that arise around maximising health status. You also see it in the way that those who don’t try to maximise and manage their health are made problematic. So much public health, certainly in the UK, is underpinned by this idea
in the way it addresses the problem of obesity or the problem of drinking too much alcohol or the problem of cardiovascular disease. It works on the premise that what you need to do is to change attitudes, change individual behaviours and change the way in which people make their choices in order to align those attitudes, behaviours and choices with the ways that you want their health status to move.

Such health interventions, first of all, seek to make the person into someone who wants to be healthy. If only they could be helped to realise that they really want to be healthy, then they could be given the knowledge and the choices to make themselves healthy. Much public health in the UK - I can’t really speak for anywhere else – try to transform the health status of a population by transforming the health conduct of the individual; by releasing in the individual the desire to be healthy, maximising the desire to be healthy and training the individual in the ways in which they might realise that desire to be healthy. The language of enterprise was rather short lived, but this idea that you will govern conduct best by seeking to release the desire of the individual to improve themselves, and then training that desire in a way that will lead to the outcomes that you want – that has lasted longer. The best way to govern health is to make what the individual wants and what you want as a health regulator coincide with one another.

POWERS OF FREEDOM

One of the central aspects of your governmental studies is about the powers of freedom. Can you comment on the affirmation that the rationality of government in the capitalism today has as central objective to govern the person through their liberty, that their autonomy is a necessary and a vital aspect of government conduct?

That was certainly the central argument of the book “Powers of Freedom” in which I tried to challenge the unquestioned virtue of the language of freedom. Like most of my books, it was written, in a particular social, political, historical context. The work that I did on freedom has to be understood in the context of the rise of a powerful rhetoric of freedom in the 1980’s. Freedom was certainly a slogan of resistance, but freedom was also an element within strategies of government. One emblematic moment for those of us in Europe was the concert in Berlin in 1989 when Leonard Bernstein conducted Beethoven’s 9th symphony, the Ode to Joy: in that moment, just after the fall of the Berlin Wall, the word ‘joy’ in the fourth movement, the choral movement, is replaced by the word freedom. At that moment the work becomes an Ode to Freedom, to freiheit, freedom being the form taken by the demand of those in the East that led to the collapse of the Wall. It was a powerful demand, and anyone who heard that concert will recall it as an intensely moving event.

This was also the time the work of Friedrich Hayek became re-discovered with his emphasis on freedom, and when the writings of Milton Freedman such as “Free to Choose” became popular: freedom was on everybody’s lips. I argued that we needed to distinguish between freedom as a powerful slogan of resistance, and freedom as a governmental rationality – that is to say, practices that sought to govern individuals by shaping, modulating, regulating the way in which they understood and enacted what they took to be their freedom.

\[^{66}\] See: https://www.youtube.com/watch?v=InG5nYe WrU
We needed to analyse the way that freedom had become associated with choice, because governing through shaping, modulating, regulating acts of choice, under the slogan of freedom, was becoming a crucial element in governmental strategies. I argued that this style of thought involved a particular understanding of what human beings were, that human beings were free and had to be made free: they had to be freed from dependency, freed from their expectations that others would take care of their lives, they had to be inculcated with the capacities to choose and with the belief that their life was in some way or other the outcome of these acts of choice. They were, as I put it, obliged to be free. Acts of free choice became crucial in a world imagined as a quasi-market: at its most extreme, individual acts of choice would replace the will of governing authorities in almost every department of life.

I thought it was important to analyse the developments that I could see happening around me in the 1980’s, not because I thought that these dreams of freedom were false, not because I wanted to diagnose a sham freedom to be compared with real freedom. I wanted to argue we should stand back from this demand to be free, this demand to choose, and remember that there were other ethics which we might want to consider - of obligation, of dependency, of solidarity, of loyalty; all those kind of anti-choice, anti-freedom kinds of ethics that we should not abandon quite so easily.

You have argued that one of the central achievements of the liberal arts of government was to govern by ‘making people free’ and that it was accompanied by the invention of a whole series of attempts to shape and manage conduct in and through freedom. Can you comment on the way this is related to the role of health experts in the government of conduct nowadays?

I think the main strategies for the management of the health of individuals in the UK at the moment still operate around the re-shaping of individual conduct in the way that I have just described —this configuration characterises the main form of public health intervention in the UK today. But perhaps one can also see the emergence of two other versions that are being experimented today. As I have said before, government is a congenitally failing operation, but governmentality is eternally optimistic! So because these attempts to manage obesity, alcoholism, etc., through individual behaviour change have largely failed, attempts have been developed to find other strategies to transform individual behaviour.

First: if people themselves will not want to be healthy because can’t be brought to give value to their own health and that of their family, perhaps one should give them other incentives to be healthy. So there is some exploration of the effects of giving people financial incentives to be healthy: paying people who are obese to go down to the gym or giving them financial incentives to lose weight or give up smoking, that kind of thing.

Second: “nudge”. Nudge – the term invented by Sunstein and Thaler(f) – works on the basis that while people consciously might wish to be healthy, unfortunately, they are mobilised by kinds of passions that are outside their conscious control. Consciously they would like to take long term views, cut down their drinking, not eat so much sugar, not buy pizza and so forth. But unfortunately the human creature is mobilised by short term passions. So when they see the pizza or the alcohol, they will take the easy option rather than the long term option. There is a pseudo-neuropsychological underpinning to these arguments! Since people’s short term goals and short term desires always override

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their long term wish to be healthy, what you should do is try to make it easier for them to be healthy. You should make the healthy choice be the easier choice. That is what nudge tries to do. Put a bowl of bananas near the supermarket checkout at the height of a child’s eyes, and make the sweets and chocolates harder to see and to reach, and there is at least a chance that your child will make the right choice and pick up the banana. Make good choice the easier choice, argue the nudgers’. Because, in their reflective selves, people really want to make the good choice for the long term, but their evolved automatic selves are driven to seek the short term reward: I need this sugar and I need it now. Nudge purports to be an antidote to government, which is construed as a matter of regulation and direction. It is a kind of liberal paternalism: people are left free to do what they like, but ‘choice architecture’ makes the good choice – as defined by those architects – the easiest choice.

But what one seldom sees, at least in coherent public health policy, is the recognition that individual choice is not sufficient, that people’s choices are shaped by the environment in which they live, that if you are a poor single mother in South East London with three hungry children and not very much money, you can give those children a huge calorie rush and keep them quiet, by going in to a hamburger joint or a fish and chip shop and buying them a meal that is largely fat, salt and sugar, very fatty chips and a very calorific drink which you can probably get for less than a pound. So you’ve got three kids, for three pounds you can give them something which is going to keep them quiet.

Even though there is a wide recognition that this logic of attitudes, behaviours and choice is insufficient - and that people’s choices are shaped by social and political and economic determinants -, there are few attempts in public health to actually transform the environment in which people are making their individual choices, or to recognise the need to give people the power – in particular the money, the time and the incentive – to make better choices.

Although it seems to be a common idea to the Foucauldian researchers that power relations are productive, the discussion about its effects remains controversial. Power relations, in your opinion, have always as a result the discipline, control and regulation? Or could they lead to libertarian practices of freedom and to the experience of life as becoming, open to the production of difference?

I am not sure of the best way into this question. Perhaps I can start by returning to the founding question in my work: what kind of individuals do we think we are? I don’t think there’s any natural or given way of being a human being. There is an old cliché: “know yourself”, but there’s no way of knowing yourself without a language to know yourself, a grid of perception to understand yourself, a system of judgement to evaluate yourself against various norms, a set of ideals to measure yourself against and so forth.

So I would rephrase your question “can power relations lead to a libertarian practices of freedom?” in this way: if we are in a regime which offers us one set of definitions of who we are, one system of knowledge to understand ourselves, one regime of judgement, one set of ideals, is it possible to find a way of radically questioning these? I think it is, but I don’t think that such radical questioning arises by a conflict between who we really are and who the practitioners of discipline and subjectification think we are. I don’t think it is a matter of pitting our authenticity against those who try to suppress it or mould
it. I think it is a question of setting one way of understanding oneself, one way of acting upon oneself, against another. We don’t live in a totalitarian universe; there are many different ways of thinking about ourselves – actually even in totalitarian societies which are never so totalitarian in practice. There is a range of different religious and spiritual beliefs, there are erotic understandings of ourselves, in most contemporary societies we live in a plural and heterogeneous regime.

Of course, some ways of thinking about the self are dominant and some get deployed in many different kinds of practices, but there are others that provide the possibility of a certain kind of resistance. Not resistance by pitting autonomy against domination, but resistance of pitting one way of thinking about the self, against another way of thinking about the self; one way of judging the self against another way of judging the self.

In that sense one has to see libertarianism as embodying a particular doctrine of what human beings are like, particular ideals and aspirations, and indeed particular techniques you would use upon yourself in order to make yourself free. So, to that extent, power relations, if you want to call them that, do enable practices of contestation and transformation, and if they didn’t then we wouldn’t see any change at all.

Our history shows us that at different times, in different practices, human beings have been thought of as creatures of instinct, as shaped by habits, as driven by unconscious desires, as aspiring to freedom and self-fulfilment and so on and so forth. We’ve seen the ways in which these multiple different ways of thinking about and acting upon the human being have come into conflict with one another, and still are coming into conflict with one another.

So that is the way in which I would answer your question.

You raise the question of life as an affirmation of difference, and that is clearly a different kind of ethic, perhaps one that is anti-identity, and that sees freedom not as an assertion of one’s true identity, but as the capacity to change, as the capacity to be something other than you are. Michel Foucault certainly spoke of a particular view of freedom as the capacity to being something other than what you are, to transform who you are, to remake yourself again and again and again. That ethical value established a kind of minimal normativity that he used to judge a whole series of practices that sought the reverse, that sought fixity, that sought identity. That is a powerful part of the appeal of his work. It doesn’t happen to be an ethic that I share, but that’s a different question.

**PSY AND THE GOVERN OF CONDUCTS**

Against the idea of a universal, unified and coherent subject and different to those who criticise this formulation within a certain historical regime (e.g. psychoanalysis) you offer us a perspective that affirms the subject as a product derived from of multiple relations: a subject-effect of forces, technologies, practices and relations that seek to transform us and, also, as a subject which is a result of our work upon ourselves. What are, for you, the consequences of those three different ways to define the subject for politics and research? Why do you opt to use the last conceptual formulation in your work? What are the limits and potency of it in your opinion?

As we have discussed before, I have tried to avoid, “the theory of the subject”. I have tried to avoid proposing an alternative theory of the subject to add to all the other ones that are already going around. Rather than trying to have a theory of the subject, I’ve tried to address the question about how subjects, how human beings come to think about themselves, to act upon themselves as certain
kinds of subjects; to judge themselves and to seek certain ways of living as appropriate ways for themselves as certain kinds of subjects.

This is something which for me is open to a more empirical and historical analysis: to chart the ways, the forms of language, the modes of invention, the types of judgement, the technologies of reformation within which human beings are caught. That is the sense in which the human being is enmeshed, perhaps even constituted, by this network of relations and interventions within which it is brought into being. ”One is not born, but one is made a human being”, to misquote Simone De Beauvoir. So that is first thing.

The second thing is because, I don’t think what we used to, in the old days, call social formations is coherent. I think there is a multiplicity of different ways human beings are addressed as subjects. Yes, they bear family relationships at certain times but there is no single way in which a human being is addressed as a subject. So the human being is enmeshed in multiple and contradictory ways of being; to be a good parent; to be a good worker, to be a good lover, to be a good member of a particular church or whatever. These create different modes of subjectification, to use that phrase, which I don’t really like. As I have said before, when people talk about resistance, what I tend to find are places where one way of thinking about yourself and being a human being is put into conflict with another way. You want me to be a disciplined subject of the workforce but I want to realise my true human potential. These are two different configurations, and they come into conflict with one another, that’s where you see resistance.

Why do I think about it in this way? There are two reasons. The first is that I don’t see any reason to believe that my particular theory of the subject would be any better than anyone else’s. Should I be a Freudian? Should I be a behaviourist? Should I be a Lacanian? Should I adopt the sort of current fashion for Affect Theory or whatever? There are a variety of different theories and it’s not for me to adjudicate between them. If I wanted to adjudicate between them, I would be a psychologist, which I am not. And I don’t want to be a quasi-psychologist, in the same way as in relation to Michel Foucault, I don’t want to be a quasi-philosopher. Let philosophers do the philosophy, let psychologists do the psychology and let those of us who are a bit like me do the things that we might be moderately competent at.

That is the first thing. The second thing is that to approach the question of the subject effect in the way in which I have just described, opens the possibility of historical and empirical investigation. That brings it into alignment with the general way I would approach the issues. As I have said before, you can trace historically and empirically the emergence of these different perceptions of ourselves, of the ways in which we act upon ourselves etc. etc. That is the potency of this work.

The downside, of course, is that it makes it a little bit more difficult to say: subjects are really like this and the way in which they are treated in our world misunderstands them and we have to liberate the reality of the subject. You don’t have that normative underpinning of a liberatory politics if you take the view that I do. Your choice between different subject forms is more or less like that. It’s an ethical choice that you have to make because you think this is a better way of living than that way of living; and then you have to defend that ethically and politically.

But if you take my perspective, you cannot defend it by naturalising it and saying: this is the way subjects should live because this is what they are like in their nature. No, you can’t do it that way if you take my kind of view. You have to say: this is the way in which subjects should live because I think these have better consequences for human beings; but not because it’s in the nature of human beings and their nature is being oppressed or restricted or whatever by socio-political forces.
You argue in Governing the Soul\(^{(g)}\) that psy – as a body of professional discourses and practices, as an array of techniques and systems of judgment present in different social fields, and as a component of ethics – has a particular significance in relation to contemporary assemblages of subjectification and that it had “a key role in constructing governable subjects in ways compatible with the principles of liberalism and democracy”. Can you reflect about those ideas and about the ways that psy techniques have been used and incorporated, for example, in management techniques and medical practice?

I do think that in the second half of the twentieth century, certainly in the regions that I looked at – the liberal democratic societies of Europe, North America and, to some extent, Australia - the psy knowledges played a key role in almost every practice that was to do with the governing of conduct. The social work, prisons, education, managing people in factories or in work places and indeed the management of health - became inextricably bound up with psychological knowledges and psychological conceptions of what human beings were like.

It would take too long to explain how medical practices and related health management practices took up these psychological ideas, and it would be necessary to give a lot of examples of. But, to give just one example, consider how general practitioners have come to think about the patient who comes to see them, have tried to understand them in terms of not just as patients with bodily complaints but as persons who were ailing in certain ways. In these cases what was necessary for the doctor was to try to distinguish the subjective feelings of ailing from their organic basis; to try to sort out what was anxiety, what was hope, what was misunderstanding, what were real symptoms of a real disorder. If you were a general practitioner, you had to treat both of these - you had to treat the disease, but you also had to find a way of treating the person, the subject, the patient who was in front of you, not to dismiss their anxieties, but to act as a kind of therapist on those anxieties. Of course, that was an ideal. But I have explored many other examples, not just in clinical practice, but also in questions of public health.

Do you think that the psy disciplines remain important to government nowadays or have they been substituted by other rationalities and techniques like biomedicine, neurosciences, etc.? Are we seeing the displacement of the ways that we traditionally relate to ourselves to new modes of subjectivation that indicates a change in our regime of the self?

I don’t think one can make any definitive judgement at the moment on whether or not those psy ways of thinking and acting are becoming less important. First of all of course, there was never one psy. There were, and still are, multiplicities of different psy techniques. If you were a medical practitioner, there were a whole range of different ways of thinking about the human beings that you had in front of you, different psychological theories, understandings, techniques and so and so forth. Many of those are still there. Of course, it depends where you look, which country, which region, which specialism, but I think many of those are still there and they are working as they did before.

At one point, many believed that biomedicine and, in particular, genetics and genomics would come to transform all of those practices where the medical expert confronted the ailing person. They thought – some hoped, some feared – that the biomedically educated medical gaze would look beneath the ailing person to see the signs of a genetic condition and a genotype realized in the phenotype. And they hoped, or feared, that the doctor now, with the aid of various biomedical technologies - genetic tests, blood tests and other all kinds of tests in the path lab – would read back to that underlying biomedical condition and would not treat the person but the biology. There are areas of medicine where you have seen that transformation as in the cancers or in heart diseases, and, to some extent, in disorders like Crohn’s disease.

But what one sees, I think, is that the attempt to say that the practice of medicine should be based ultimately on a knowledge of the biomedical pathology that underlies the ailment runs up against the fact that the experience of the illness is inescapably subjective; that there is no direct relationship between the biomedical pathology and the symptoms; that symptoms exist without a biomedical pathology; that the symptoms have multiple biomedical pathologies; that the same gene sequences or mutations in gene sequence can produce radically different kinds of sets of symptoms depending on a whole series of other things.

It has not proved easy to make the practice of medicine into an application of biomedical knowledge. Many doctors have resisted that all along. So there is a genuine tension here. Many people still argue that the next generation gene sequencing and other technologies would make genetic knowledge immediately available to the practitioner in the clinics - just take a blood sample, put it in the machine, identify the underlying pathology and then make your diagnosis and treatment on the basis of that. There are some who believe that is still going to transform medical practice. However, most practitioners are quite sceptical of that for a range of reasons that we don’t have time to go into.

When I started doing my work on neuroscience, the most simple hypothesis that I was exploring could be put like this “where psy was then, there neuro shall be”. I thought that I would find that the psychological knowledges would be displaced by knowledges of the neurosciences; that the space of the mind on which psy worked, the space that opened up in the 19th and 20th centuries between the organs and behaviour, was closing down, was flattening, and that behaviour would be mapped directly onto the brain.

It is too early to tell whether that will happen. One can certainly see brain based explanations in a range of different sorts of practices but what we’ve argued in the book Neuro is that the psychological knowledges are not being displaced by, but are being underpinned by, supported by, given an increased objectivity by a reference to the brain. They are not being replaced. Indeed in many ways the increased objectivity which neurosciences provide is enhancing, rather than diminishing, the status of some those psy techniques. But, as I say, it’s too early to tell, we are right in the middle of these transformations and, perhaps, if we begin to analyse them and see the ways in which things are developing, our interventions, feeble as they are, might help to move things in one direction rather than the other direction. If there is a practical hope in doing this kind of work, it is that it is not just for knowing about how things are developing and how they have developed but also to give one some capacity to shape the way they are going to develop in the future.
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