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**Using Foucauldian Perspectives to Enable the Reading/Speaking/Writing of
Mal/Adjustment as Moral Subjects**

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as Moral Subjects

Abstract

The inclusion of adjustment in human lived experience as a mental disorder is problematic. Adjustment disorder has been criticised for its overuse and its lack of specificity in its employment as a diagnostic category. We present a preliminary reading of the mal/adjusted subject through a Foucauldian theoretical perspective by focusing on how it is told in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and positions the subject in a moral (dis)order. In turning the history of clinical mal/adjustment on itself through a reading of the DSM, we tentatively conclude that mal/adjustment continues to be problematic because of discontinuities in its own rules of formation. We conclude that the DSM's (re)productions of mal/adjusted subject positions form an uncontrollable excess of emotion that morally constitutes and (dis)orders the subject as feminine. This is despite the DSM-IV claims that adjustment disorder is equally prevalent in men and women.

Using Foucauldian Perspectives to Enable the Reading/Speaking/Writing of Mal/Adjustment as Moral Subjects

How can clinical maladjustment of the human subject be conceptualised from a Foucauldian perspective? From a Foucauldian stance, adjustment can be seen as a form of obedience and conformity but also as a moral practice. Adjustment can be viewed as disciplining and reshaping the body to conform to certain rules and standards as well as a discipline that constitutes how the human subject can avoid stepping out of line with institutional expectations of moral conduct (Foucault, 1995). Codes and practices of morality that produce certain behaviours are embedded in institutional practices (Foucault, 1985; Nietzsche, 2003). Morality, according to Foucault (1985) is not reducible to conforming to these codes but rather it is a relationship between technologies of the self and discourses (systems of statements that re(produce) the ordering of objects and subjects of which they speak). The self then, is discursively and technologically embedded in a moral order. A subject who occupies a ‘position’ within an institution that stipulates rules of governmentality (rules that govern technologies of the subject) is required to meet the criteria of admissibility to a position within that order. In this way, maladjustment might be understood as a problematic relationship that can be not only be seen as, arguably, a breaking of moral order, but also a form of resistance as a moral action. Moral resistance involves a relationship with notions of reality and the self where one “decides on a certain mode of being” (Foucault, 1985, p. 28). As a moral position, mal/adjustment¹ can be a site where one not only decides whether or not to conform, and how to conform, but also how to function, exist, and be in relation to a moral order.

So, not only is mal/adjustment a moral position, it is also a moral *positioning*; it is a process that is contingent on relationships between discourses, particularly in/through psychology and psychiatry, and the technologies of the self. Psy discourses are located as emerging from the institutions of psychiatry and psychology, where the subjected is ordered, normalised, factualised, is made calculable, and individualised as a disciplinary practice (Foucault, 1995; Rose, 1996). The emergence of the psy discourses depends on the scientific legitimacy of knowledge to make statements of ‘facts’ meaningful and produce subjects (selves) who are authorised to speak the ‘facts’ of others lives and experiences. These

¹ We use the term mal/adjustment throughout the paper to promote adjustment and maladjustment as contested in their meanings.

‘selves’, and the moral order on which they depend, enable and constrain the subjects who occupy those positions according to the rights, duties, and obligations which are permissible with the moral order (Davies & Harré, 1990).

Mal/adjustment has become an official pathology under the DSM, a specific authoritative and legitimising location of the psy discourses. Adjustment disorder is categorised in the fourth edition of the DSM as “[t]he development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s)” (Kaplan & Sadock, 1994, p. 771). It is one of the most commonly diagnosed mental health problems in Western society (Strain, Newcorn, Mezzich, & Kirisci, 1998; Strain, Wolf, Newcorn, & Fulop, 1996) and it is the principal diagnosis for 5–20% of individuals in outpatient treatment by psychiatry (DSM-IV; American Psychological Association [APA], 1994). It has been also one of the most frequently diagnosed problems in primary health care (Snyder, Strain, & Wolf, 1990) and for people who are hospitalised for medical and surgical problems (Kaplan & Sadock, 1994). Even royal families have not escaped from categorisation within maladjustment pathologies: a *Morning Report* story on National Radio² alerted us to adjustment disorder in the Japanese Royal Family: “After a brief hospitalisation it has been revealed that the Japanese Crown Princess Masako has been diagnosed with a *mental illness* called adjustment disorder” (Gibson, 2004, italicised emphasis added).

However, the emergence of adjustment disorder has become problematic in the clinical authority of mental disorder diagnosis, the DSM. It has been criticised in the *DSM-IV sourcebook* for having a lack of specificity which allows clinicians to overuse the classification when they are unsure about a more exacting diagnosis (Strain, Newcorn, Mezzich, & Kirisci, 1996; Strain, Wolf, Newcorn, & Fulop, 1996). This overuse has adjustment disorder being called a diagnostic “wastebasket for cases that do not fulfill the criteria for other mental disorder diagnoses” (Strain, Wolf, Newcorn, & Fulop, 1996, p. 1033). This questioning of adjustment disorder as a valid classification and diagnostic practice warrants a problematisation of its relationship to the moral positioning of human subjects.

² Now branded as Radio New Zealand National.

In this paper, we are taking a Foucauldian theoretical approach by examining the DSM as a specific location of mal/adjustment as articulated in and through psy discourse. In doing so we are borrowing concepts from Foucault's archaeological and genealogical works to provide a preliminary critical historical reading and produce a different account of the origins of mal/adjustment in order to undermine the taken for granted 'truth' that mal/adjustment is a mental disorder.

Decentred Moral Subjects

How does one examine the moral subject from a Foucauldian theoretical perspective? To read from a Foucauldian stance is not to examine the subject from a structuralist perspective where some hidden, fixed meaning could be found. Nor is it to examine the subject from a humanistic perspective in terms of examining the human capacity for self-determination, individual responsibility and freedom, free agency or free will. Alluding to Nietzsche's (1932, 1974) revelation of the (metaphorical) death of God in his examination of Christian morality and man's construction of God, the claim that there is no longer recourse to God as the source of morality, Foucault declared that the humanistic philosophy had been overthrown with 'the death of man' (Foucault, 1970). In other words, Foucault asserted that man³, and the conscious mind of free will, was no longer the origin of human action and understanding. The morality of the human subject was therefore no longer to be sourced from an ultimate origin in the conscious mind of the freethinking, autonomous individual. By morality, Foucault (1985, p. 25) draws attention to:

a set of values and rules of action that are recommended to individuals through the intermediary of various prescriptive agencies such as the family (in one of its roles), educational institutions and so forth ... [b]ut it also happens that they are transmitted in a diffuse manner, so that, far from creating a systematic ensemble, they form a complex interplay of elements that counterbalance and correct one another.

Foucault was interested in the relation between the subject and discourse. This meant that the subject was no longer at the centre of human understanding; the subject became

³ Although a gender analysis of Foucault's constitution of the speaking subject as Man is beyond the scope of this paper, we note Foucault's specific gendering of the subject here and that this is rarely noticed in Foucauldian work within the discipline of psychology.

decentred through a complex interplay of social conditions and transformations that make possible particular representations of reality at any given time and which specify the relationship between subjects. Despite his proclamation of the ‘death of man’, Foucault had always been interested in the subject, but in a particular way: “My objective ... has been to create a history of the *different modes* by which, in our culture, human beings are *made* subjects” (Foucault, 1982, p. 208, emphasis added). His approach to examining how humans are made subjects is both ‘historical’ and discursive. What we mean by ‘historical’ is by not typically following a traditional historical approach but instead one that focuses on discontinuity (or discontinuities). Foucault (1972) contrasts two types of historical approach: a *total history* that searches for a governing theory or story of a particular period or society and a ‘*general*’ *history* that averts from the totalising approach and instead looks for differences, transformations, dis/continuities, and ruptures. It is a ‘general’ historical pursuit of a ‘surface-meaning approach’⁴ that Foucault advocates instead of a totalising history that places arbitrary historical periods in place that gloss over discontinuities within and between those periods. His ‘surface-meaning’ approach opposes depth and finality (as in any structuralist, phenomenological or hermeneutic approach to find deep, essential, hidden, and/or teleological-based meaning). His historical approach goes against finding grand Origins of things, but rather identifies a multiplicity of possible origins, dissociating any unifying identity in constituting the human subject (Foucault, 1984a). This historical approach displaces the concept of an original meaning via examining a multitude of possible contingencies that account for the multiplicity of the human subject. By taking up a Foucauldian approach we attempt to shatter any singular truth that produces and perpetuates an authoritative and definitive constitution of mal/adjusted subjects. This ‘truth shattering’ creates multiple (and sometimes contradictory) identities of the constitution of the subject that therefore have diverse meanings. Instead of a totalising historical approach that has the goal of revealing a smooth, continuous, and progressive history, whereby one truth or ‘meaning’ of the human subject is maintained over a period of history, a Foucauldian approach involves an examination of rupture and discontinuity that enables a multiplicity of constituted subjectivities and their ‘meanings’. Psychology has emerged a discipline in which objective scientific knowledge and method are legitimated and regulated a proper standard of knowledge production (Rose, 1996). However, Foucault (1970) disrupts the

⁴ ‘Surface-meaning’ is a term that we are using, not Foucault, as he was opposed to the concept of meaning but for the purposes of this paper we are conceptualising meaning in a particular style – one that shows what is said on the surface when reading a text.

notion of objectivity in the human sciences by proposing that scientific knowledge is a body of discourse (as a collection, organisation, and regulation of statements). To examine mal/adjustment from a Foucauldian perspective therefore involves the examination of *statements* and *discourse*. Statements are not *just* words, phrases, or sentences, they are part of an *enunciative function*.⁵ They allow other or similar statements to be articulated. A statement “is that which enables ... groups of signs to exist, and enables these rules or forms to become manifest” (Foucault, 1972, p. 88). In other words, statements are a part of a system (discourse) that enables what can be articulated. Statements, as an *enunciative modality*, can position subjects and can tell us about who is speaking or is authorised and qualified to speak (Foucault, 1972). Enunciative modalities that are “*different modes* by which, in our culture, human beings are *made* subjects” (Foucault, 1982, p. 208, emphasis added). So, collections of statements can be seen as conforming to rules of their formation as discourse, which constitutes the human subject and allows positions of the subject to be formed within those rules as a relation between subject and discourse. Thus, as Foucault was opposed to phenomenological depth and teleological analysis, the search for an essential or fundamental meaning through an inner consciousness of the human subject is not the central focus of inquiry. Statements and discourse are instead examined to find out about the historical constitution of the human subject.

The concept of human beings made into subjects is known as *subjectivation*, a notion that Foucault used in his genealogical study of sexuality and the subject, particularly in relation to morality. A mode of subjectivation is a process of “self-formation as an ‘ethical subject’” (Foucault, 1985, p. 28) where the individual defines his/her moral practice relative to what guideline or rule he/she will follow and ‘decide’ on a certain mode of being. A moral order, according to Foucault (1985), involves a relationship and an inseparability between codes of behaviour and forms of subjectivation. His examination of subjectivation was enabled through a domain of “texts written for the purpose of offering rules, opinions, and advice on how to behave as one should” (Foucault, 1985, p. 12). Such texts are “objects of a practice” serving as “functional devices that enable individuals to question their own conduct” (Foucault, 1985, p. 13) and therefore their modes of being. Subjectivity is no longer is a naturally occurring phenomenon. Instead, it becomes an embodied production and

⁵ In fact, a statement does not even need to involve words at all (e.g., a monument, graph, sculpture, painting, building, dance, etc) – except for the articulation of it by the analyst!

positioning of a complex and interrelated network of power, knowledge, and discourse specific to certain historical and social conditions.

Thus, making sense of the moral order of mal/adjustment in relation to the human subject requires a turn of ‘gaze’ to the conduct of our ‘own’ moralities through textual statements and discourse of the production of the mentally disordered subject of maladjustment. A Foucauldian analysis provides a space to critically examine the *narrativity* of the discursive formation (that is the rules governing the admissibility of statements) of the events in the history of adjustment. Narratives are necessarily connected with social power in as much as they legitimate a speaker’s position within a particular moral order (Coombes & Morgan, 2004). Psychological narratives and psy discourse take up privileged positions of the subject in contemporary social relations and so the moral order they authorise is simultaneously a system of legitimate social power relations. It is therefore necessary to attend to the narratives, or the events, of the DSM which make admissible speaking positions on the disordered subject of maladjustment.

A Preliminary Reading of Mal/Adjustment through a Foucauldian Perspective

Our reading of mal/adjustment consists of an examination and a (re)storying of subjugated knowledges that are implicit in psy discourses as produced in and through the ‘authority’ of the DSM. Searching for subjugated knowledges involves examining “blocs” or combinations of historical knowledge that exist yet are simultaneously “disguised within the body of functionalist and systematising theory” (Foucault, 1980a, p. 82). Foucault gives two particular meanings of subjugated knowledges: erudite knowledges that have been “buried or masked in functional coherences or formal systematizations” and knowledges that “are below the required level of erudition or scientificity” (Foucault, 2003, p. 7). We are interested in examining the first kind: subjugated knowledges that are implicit in psy discourses. Unmasking these subjugated knowledges in psy discourses enables us to problematise the social power relations that regulate social ‘order’, contest the seemingly ‘unalterable form’ of any particular truth of mal/adjustment, and therefore question the moral order of mal/adjustment. In working with this approach we are not advocating a particular methodology (such as genealogy or archaeology – although we are using concepts from both), but rather we seek to exemplify how a Foucauldian reading of power, knowledge and subjectivity can be useful for the interrogation of essentialising truths about the moral subject in relation to mal/adjustment through psy-discourse. This reading practice also produces a

moral trajectory: it seeks to disrupt the ‘truth’ of adjustment and its subject to undermine a specific present-day hegemonic truth regime of the self. To produce a historical narrative of mal/adjustment, and the truth statements that form it in relation to its *enunciative modes and functions that form the subject*, is not only an attempt at “detaching the power of truth from the forms of hegemony, social, economic, and cultural, within which it operates at the present time” (Foucault, 1980b, p. 133) but rather it also positions subjects within a moral order through simultaneously organising events in a sequence that authorises that moral order (White, 1987).

Although the DSM is accepted as a starting place for positioning subjects as clinically maladjusted through the legitimacy of its diagnostic categories of mental disorder based in the form of “pertinent clinical and research literature” (APA, 1994, p. xxiv), it is a problematic starting place for such moral positionings. Disorder is constituted through practices that privilege observable acts, both material and embodied, and that speak something of the ‘truth’ of the subject. These categorisations have evolved over time as new research and new understandings of what constitutes mental disorder have been incorporated into the categorical system of representation. While the DSM ‘admits’ that “no definition adequately specifies precise boundaries for the concept of ‘mental disorder’” (APA, 1994, p. xxi) as a consequence it cannot provide precise definitions of any specific, bounded and temporally stable category of disorder that can be considered a discrete entity (Coombes, 2000). Defining mental disorder then remains problematic, even among the body of knowledge producers. The chair of DSM-IV Taskforce asserts that the concept of mental disorder, as defined in/through the DSM, is unclear:

DSM-IV is a manual of *mental disorders*, but it is by no means clear just what is a mental disorder and whether one can develop a set of definitional criteria to guide inclusionary and exclusionary decisions for the manual. Although many have tried (including the authors of the DSM-III-R), no one has ever succeeded in developing a list of infallible criteria to define a mental disorder. (Frances, 1994, p. vii, original emphasis).

The definition of mental disorder remains unchanged in versions of DSM (APA, 1980; 1987; 1994) where it is argued to be useful in guiding decisions “regarding which conditions on the boundary between normality and pathology should be included” in the manual (APA, 1994, p. xxi). The subject positions constituted through the psychological

narrative of disorders, and the moral order on which they depend, locate disorder through clinically significant behavioural or psychological syndromes or patterns occurring within individuals. According to Coombes (2000), a binary is constituted by the terms 'behavioural or psychological' that perpetuates a Cartesianist mental/physical dualism: "the behavioural component is given the 'status' of a separate 'element' and the cognitive and affective components are conflated into the 'psychological' element" (p. 146) through the tripartite (behaviour, cognition, and affect) constitution of the subject in psychological discourse. Also included in the definition of mental disorder is the caveat that the "syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event..." (APA, 1994, p. xxi). In this way, it specifies a condition of the boundary between normality and pathology in and through which patterns of behaviour or psychological syndromes become elements of disorder. In effect, where distress or significant risk is expected (socially or culturally sanctioned) they are not elements of disorder. In this view, social and cultural responses also specify a particular set of boundaries between normality and pathology where an individual must 'violate' the cultural/social to meet the conditions of disorder (Coombes, 2000). The DSM definition of mental disorder also specifies a further condition of possibility: it must have a current manifestation, "whatever its original cause" (APA, 1994, p. xxii). In this way, a temporal relationship between the cause of the disorder and its appearance constitutes a history and a specific place of origin.

Not only are there discontinuities or rifts in the 'contemporary' production of statements on mental disorder in the evolving categorisation produced through DSM-IV but there are also historical discontinuities that undermine the truth of mal/adjustment as a particular manifestation of mental disorder with either emotional or behavioural symptomology. These discontinuities of mal/adjustment disrupt any notion of a stable category of subject where the rules of admissibility change over time. In the history of DSM, DSM-II (APA, 1968) constituted adjustment within developmental stages across the lifespan where the transition of stage was implicated as a situational stressor and the individual had transient difficulties in adapting. With increasing attention to personality disorders, a group of disorders with patterns of traits that are "inflexible and maladaptive and cause either significant impairment...or subjective distress" (APA, 1980, p. 305) mal/adjustment as a "transient situational personality disorder" of DSM-I and the "transient situational disturbance" of DSM-II became specific to identifiable psychosocial stressors to which the individual reaction was maladaptive in DSM-III (APA, 1980). While a disorder of adjustment

can be distinguished from the cluster of disorders of personality, they have in common a disorder of emotion, an excess.

If one examines the DSM-IV, the ‘truth’ of maladjustment is that it is a behavioural manifestation of an emotional pathology in response to an identifiable stressor(s) (Kaplan & Sadock, 1994). The symptomology of adjustment disorder says something in particular about the moral subject to the detriment of other possible explanations. The current ‘truth’ of adjustment is enabled in/through conditions of possibility that reproduce adjustment in and through the rules of their own formation. Tracing the emergence of maladjustment produced through the dominant scientific paradigm of the clinical gaze (or episteme or apparatus/*dispositif*) says something about how the maladjusted subject acts: an “emotional” symptomology constitutes a disordering of the subject in terms of being “clinically significant as evidenced by ... marked distress in *excess of what would be expected*” (Kaplan & Sadock, 1994, p. 771, emphasis added).

The constitution of disorder as an excess of emotion may be read as an inability to control that excess. Where emotion is itself an excess of reason (emotion exceeds what is sufficient to reason) it becomes a disorder of adjustment and (en)genders the disordered subject: psychological discourse constitutes excess (emotion) as feminine and positions women as the other of man as it positions emotion as the other of reason (Coombes & Morgan, 2004). Also, women are more likely to ‘suffer’ an adjustment disorder. Not surprisingly then, clinical studies have found that adjustment disorder is more prevalent in women than it is in men (Despland, Monod, & Ferrero, 1995⁶; Pelkonen, Marttunen, Henriksson, & Lönnqvist, 2007). This is so despite the DSM-IV stating that “males and females are equally affected” (American Psychiatric Association, 1994, p. 625) in adjustment disorder. Thus, mal/adjustment of the human subject is articulated and morally positioned in a particular way whereby not only does the mal/adjusted subject suffer an inability to control an excess of emotion but this inability is in contingent relation to the constitution of the feminine subject.

⁶ Despland, Monod and Ferrero (1995) conducted a study of 1308 patients in the University Psychiatric Outpatient Clinic in Lausanne, Switzerland.

Towards a Conclusion

In this paper, we have briefly examined the subject in relation to mal/adjustment through a Foucauldian theoretical perspective. Rather than examining mal/adjustment from an essentialist perspective, we have approached it from a stance that acknowledges social power relationships between discourse and the subject where, particularly, the admissibility of the subject is constituted through psy discourse. A Foucauldian approach to human subjectivity makes it possible to read the production of a mal/adjusted subject as also a morally disordered subject by turning the history of disorder, in particular that of mal/adjustment, on itself. Through our preliminary critical historical reading of the DSM as a location of psy discourse, we have read mal/adjustment as a problematic mental disorder. The DSM, as an enunciative modality – a way of authorising the articulation and positioning of the subject as a contingency of psy discourse, has discontinuities in its moral ordering of the mal/adjusted subject. The DSM-IV states that adjustment disorder equally prevalent in women as it is in men, yet it has a contingent relation with the feminine subject in terms of excess of emotion. Mal/adjustment has also been associated with personality disorder where both appear to have in common an excess of emotion. In using a Foucauldian stance, we have managed to problematise the truth of mal/adjustment as a manifestation of mental disorder with either emotional or behavioural symptomology. This has been enabled by drawing attention to different subjugated conceptualisations of it in relation to the human subject (e.g., as transient difficulties in adapting in developmental stages and as individual maladaptive reactions to psychosocial stressors). These discontinuities and contradictions of mal/adjustment, as read from a Foucauldian stance, then add a different shade to the clinical debate on whether adjustment disorder should be included in the DSM as a valid mental disorder. Further reading from a Foucauldian perspective could focus on non-clinical subjugated knowledges of the mal/adjusted subject in order to further examine the multiplicity of its constitution.

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