Foucault, Health and Medicine

The reception of Michel Foucault's work in the social sciences and humanities has been phenomenal. Foucault's concepts and methodology have encouraged new approaches to old problems and have opened up new lines of enquiry. The study of health and medicine is no exception and his influence is so profound here that few topics in the field are discussed without some reliance on his work. *Foucault, Health and Medicine* assesses the contribution of Foucault's work in this area.

The foreword offers some reflections on Foucault's contribution to medical sociology as a whole. Part I problematises Foucault's work, examining the different 'readings' to which it lends itself. Part II deals with his concept of 'discourse' and explores some of its applications: the study of personality disorder and the problem of the 'dangerous individual', the study of the problem of child mental health, and the critique of the 'medicalisation' thesis. Part III turns to the analysis of the body and the self, major themes in Foucault's work. The implications of Foucault's concepts for feminist research on embodiment and gendered subjectivities are explored, and the notion of 'biopower' is considered in the context of health education. Finally, Part IV explores the application of Foucault's concept of governmentality to the analysis of health policy, health promotion and the consumption of health. Common themes in these chapters include the emergence of risk culture, the concept of the enterprising self and the role of expertise in liberal technologies of government.

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Foreword

From governmentality to risk

Some reflections on Foucault's contribution to medical sociology

Bryan S. Turner

INTRODUCTION

During much of the post-war period, medical sociology lacked any significant theoretical direction or focus; it was an applied area of sociology, the aim of which was to assist general and community medicine in achieving greater patient compliance. This introductory observation on the recent history of medical sociology should, however, be qualified by noting two important and interrelated intellectual developments. The first is the general impact of Michel Foucault's analysis of power/knowledge which has come to influence a range of research topics and perspectives in the study of mental health and sickness since the publication in English of *Madness and Civilization* (Foucault 1965). The second crucial development, which is closely related to an interest in Foucault's social philosophy, is the tentative emergence of the sociology of the body as an analytical underpinning for medical sociology.

These two developments – the impact of Foucault on social science generally and the rise of the sociology of the body – pushed the discipline away from medical sociology towards the sociology of health and illness, that is towards a critical epistemology of disease categories as elements of the moral control of individuals and populations. This movement was based on an implicit slogan, namely that the body is historical. In this Foreword I want to comment on these contemporary developments in sociology as a framework for evaluating Foucault and as a perspective for the continuing growth of sociology. In particular, this Foreword attempts a comparison between Foucault's analysis of power/knowledge/discipline (namely 'governmentality') and Ulrich Beck's notion of 'risk society' (1992). These two frameworks are analysed as paradigms for understanding the new epidemiology of

disease in late modern or postmodern society, but the philosophical choice between these two paradigms also indicates real tensions in contemporary society between the deregulation of the macro-global level (so-called 'risk society') and the micro-local requirement for a continuing micro-politics of surveillance and control (so-called 'carceral society').

SITUATING FOUCAULT: THE THEORY OF POWER

Foucault's academic reception within the English-speaking world was initially based upon his work on the history of psychiatry and the problem of madness in Western civilisation. Because Foucault was clearly associated politically with the interests of minority groups such as the mentally ill, prisoners and homosexuals, his contribution to sociology was seen in over-simple terms as a contribution to the study of social control. Foucault's critical work of psychiatry appeared in the context of the anti-psychiatry movement. Shortly after the English publication of *Madness and Civilization*, Thomas Szasz (1971) published *The Manufacture of Madness*. R.D. Laing's important *Sanity, Madness and the Family* had been published in 1964. In sociology (especially in North America) the dominant paradigm of deviance and mental illness was labelling theory which depended heavily on the work of H. Becker in *Outsiders* (1963). The intellectual and political context within which Foucault's work was launched guaranteed that his original philosophical and historical studies were interpreted as a contribution to social control theory, within which the mentally ill were a socially deviant group who challenged the basic norms and values of society, and who, as a consequence of being labelled deviant, were forced into careers of secondary deviance. In this context, Foucault's studies of normalisation through medical discourse had some relationship to Talcott Parsons's concept of 'the sick role' which interpreted sickness as the legitimisation of social deviance in which not being at work meant being deviant. The sick role normalised this absence from work and other functionally important roles (Holton and Turner 1986).

This interpretation of Foucault was reinforced by the appearance in English translations of *The Birth of the Clinic* (1973) and *Discipline and Punish* (1977). The complexity of Foucault's interest in 'technologies of the self' (Martin *et al.* 1988) only became apparent with the publication of the six-volume study of sexuality in the 1980s. Indeed the subtle interrelationships between Foucault's notion of the self and discipline were not adequately recognised until the importance

of his treatment of 'governmentality' (Foucault 1991) was embraced within the secondary literature. Foucault was of course interested in the issue of social control, but this interest has to be situated within his theory of power, where governmentality can be seen as the bridge between the early historical interest in regimes of discipline and the later work on the production of the self, which began with his investigations into the ancient world and early Christianity. This intellectual interpretation is now fully supported by the biographical studies of Foucault's life and work by Didier Eribon (1992) and David Macey (1993). In retrospect, the single most important thread or theme in Foucault's diverse and complex work is the study of power (Simons 1995).

It is now clear that Foucault made three major contributions to contemporary social science, namely an analysis of power/knowledge, a contribution to the understanding of the emergence of the modern self through disciplinary technologies, and an analysis of governmentality, which integrated these dimensions into a single theory of power. Partly for the sake of economy of presentation and interpretation, I shall leave to one side Foucault's work on the philosophy of social science and methodology (Foucault 1970), recognising that in a more elaborate presentation of his work it would in fact be difficult to separate these dimensions of his research.

Foucault's analysis of power has been particularly useful in understanding the functions of the medical profession and the related spheres of psychiatry. Foucault has been important in locating, for example, the historical functions of the clinic as a site of bio-power (Foucault 1973). Foucault's theory of power can be seen as a critical reaction against both French Marxism and the existentialism of Sartre. Recent biographies (Eribon 1992) of Foucault have shown that his preoccupation with his own sexuality, his critique of Marxism and his involvement in the politics of the French academy did much to shape his theory of power. Foucault attempted to challenge the Marxist conceptualisation of power as a macro-structure such as the state which functioned to support industrial capitalism and which was displayed through major public institutions such as the police, the law and the church. Such a view of power was central to the work of Louis Althusser who was the dominant Marxist theoretician of the state and the ideological state apparatus in the 1960s.

By contrast, Foucault saw power as a relationship which was localised, dispersed, diffused and typically disguised through the social system, operating at a micro, local and covert level through sets of

specific practices. Power is embodied in the day-to-day practices of the medical profession within the clinic, through the activities of social workers, through the mundane decision-making of legal officers, and through the religious practices of the church as they operate through such rituals as the confessional. This approach to politics had a particular message for radical Marxism, namely that the attempt to seize the state through political action would not destroy power, because power is rather like a colour dye diffused through the entire social structure and is embedded in daily practices. This view of power is very closely associated with Foucault's fascination with discipline, namely that power exists through the disciplinary practices which produce particular individuals, institutions and cultural arrangements. The disciplinary management of society results in a carceral society, that is a form of society in which the principles of Bentham's Panopticon are institutionalised through everyday routines and mundane arrangements.

Foucault's originality as a theorist and historian was to see how the ethical systems of ancient civilisations and early Christianity produced the self through practices of self-subjection. These ethical systems involved the identification of an ethical substance (such as desire) which is to be shaped through moral activity. Second, it requires subjection in which moral obligation is recognised (to subject oneself to God, for example). This subjection leads to the objectification of moral obligations into codes or discourses of ethics, such as the discourses of sexuality which Foucault studied under the notions of the 'care of the self' (Foucault 1986) and the 'use of pleasure' (Foucault 1985). These discourses of subjectivity then produce identities or roles such as the hysterical woman or the masturbatory child, and it is these identities which then become the object and focus of medicalisation and normalisation. In the modern period, the medicalisation of the menopausal woman in North America and the export of those discourses and identities to other societies such as Japan are clear illustrations of these processes (Lock 1993). These practices of subjection and self-formation also involve the emergence of complex pedagogies of self-transformation and education. The medieval confessional has now been elaborated and refined by modern forms of 'talking therapy' in psychoanalysis and, at another level of society, manuals of self-help (Giddens 1992). Finally, subjection requires the production of a moral order and an ethical ethos which becomes the organising principle of practices of the self; a moral code evolves by which moral identities are shaped and guided. In contemporary society,

these goals typically include not only the ideology of self-fulfilment through self-knowledge, but a range of preventive health policies and measures which can be seen as an extension of these self-regulatory activities.

These ideas about power were further elaborated through Foucault's interest in 'governmentality', a system of power which articulated the triangular relationship between sovereignty, discipline and government. Governmentality (Foucault 1991), which emerged in the eighteenth century, is a mechanism for regulating and controlling populations through an apparatus of security. This governmental apparatus required a whole series of specific *savoirs* and was the foundation for the rise of the administrative state (Gutting 1989). A further important feature of Foucault's work was the analysis of the relationship between power and knowledge. Whereas liberal theory tended to separate power and knowledge on the grounds that truth is always corrupted by the exercise of power, Foucault saw that power and knowledge were always inevitably and inextricably interconnected so that any extension of power involved an increase in knowledge and every elaboration of knowledge involved an increase in power. Foucault approached this question typically through a consideration of populations and bodies. For example, the growth of penology and criminology was closely associated with the development of panoptic principles of surveillance and control. In a similar fashion the whole development of psychology and psychiatry was seen in terms of forms of knowledge, related to an extension of power over the subordinate populations of urban Europe. Foucault normally spoke about knowledge in the plural (*savoirs*) in order to illustrate the notion that specific forms of power required highly specific and detailed formations of knowledge.

This conceptual apparatus, which Foucault built up around the study of the history of ideas, the analysis of power and the explication of forms of discipline, proved enormously useful and important for medical sociologists in their attempt to understand the forms of power assumed by medical practices. Foucault's work permitted sociologists to think about the medicalisation of society within a new framework, where the exercise of medical power was seen in terms of local diffuse practices. The influence of Foucault is particularly significant in such publications as *Political Anatomy of the Body* (Armstrong 1983) *Medical Power and Social Knowledge* (Turner 1995), and *The Imperative of Health* (Lupton 1995). The medical sociology which was inspired by Foucault is typically understood to have made a distinctive break with the past. It was heavily informed by theoretical

and philosophical analysis; it was highly critical of established medicine, seeking to provide alternative ways of examining mental illness and disease; it placed power and knowledge at the centre of the sociological understanding of medical institutions; and it showed how medical ideas of the moral character of disease operated at an everyday level.

As Foucault's work evolved and as more of Foucault's studies were translated into English, such as *The Use of Pleasure* (Foucault 1985) and *The Care of the Self* (Foucault 1986), it also became clear that for Foucault the study of medicine was part of a larger programme which examined the evolution of sexuality in European societies from classical Greece and how that evolution was intimately bound up with the transformation of medicine. In his final publications Foucault appeared to turn more and more to an analysis of the self in the context of medical history and the development of sexuality. His interest in how the self in Western societies was an effect of discourse of the self became increasingly obvious in his studies of 'technologies of the self' (Martin *et al.* 1988). Medical sociology and the sociology of health and illness were now seen to be both far broader in their terms of reference and also more central to the mainstream concerns of sociology as a whole.

Foucault provided a description of what one might call 'the institutions of normative coercion', such as the law, religion and medicine (Turner 1992). These institutions are coercive in the sense that they discipline individuals and exercise forms of surveillance over everyday life in such a way that actions are both produced and constrained by them. However, such institutions as the medical clinic are not coercive in the violent or authoritarian sense because they are readily accepted as legitimate and normative at the everyday level. These institutions of normative coercion exercise a moral authority over the individual by explaining individual 'problems' and providing solutions for them. In this sense we could say that medicine and religion exercise a hegemonic authority because their coercive character is often disguised and masked by their normative involvement in the troubles and problems of individuals. They are coercive, normative and also voluntary.

FOUCAULT AND THE SOCIOLOGY OF THE BODY

Although there was significant change in the intellectual evolution of Foucault's social philosophy, it is also clear that the body and

populations played a continuous role in the analytic structure of his work. The body was the focus of military discipline, but it was also subject to the monastic regulation of medieval Catholicism. The body is the target of the medical gaze and governmentality. Generally speaking, health is a form of policing which is specifically concerned with the quality of the labour force. This view was clearly expressed by Foucault (1980a) in an article on 'The politics of health in the eighteenth century', where he suggested that the transformation of population:

> arguably concerns the economic-political effects of the accumulation of men. The great eighteenth-century demographic upswing in Western Europe, the necessity for co-ordinating and integrating it into the apparatus of production and the urgency of controlling it with finer and more adequate power mechanisms caused 'population', with its numerical variables of space and chronology, longevity and health, to emerge not only as a problem but as an object of surveillance, analysis, intervention, modification, etc.
>
> (Foucault 1980a: 171)

The nexus of knowledge/power was thus initially an effect of demographic changes, particularly the pressure of populations on systems of government and regulation from the eighteenth century. I have taken this demographic transformation to be, in fact, the major societal context for the emergence of modern forms of management, discipline and government (Turner 1987, 1992). It is the principal context for governmentality, as a regime which links self-subjection with societal regulation.

The body was clearly of major significance in *Discipline and Punish* but it also continued to play a crucial role in the larger project of *The History of Sexuality*, where Foucault was concerned with the body in relation to medicine and the body in relation to the development of the self within a Christian paradigm. Briefly, Foucault was interested in the production of bodies, the regulation of bodies and the representation of bodies within a context of disciplinary surveillance (Turner 1984). The integration of legal and medical controls over the body and identity was a theme in the study of hermaphrodites in *Herculine Barbin* (Foucault 1980b). Foucault's work on the production of sexual identity played a major part subsequently in the historical analysis of gender and sexuality (Laqueur 1990) and in the relationship between women and medicine (Martin 1987). In subsequent years the sociology of the body emerged as a major theme in medical sociology because it provided a powerful perspective on the socially constructed nature of disease

categories and the role of medicine in regulating individuals through regulating their bodies, and contributed also to new perspectives on the question of sexuality and medicine. Having been neglected as a theoretical topic for many decades the question of the human body has recently become a critical issue in the social sciences. There have been a number of major publications in this area resulting eventually in a new sub-field of sociology (Featherstone *et al.* 1991; Leder 1990; O'Neill 1989; Shilling 1993; Synnott 1993).

The causes and nature of this interest in the cultural aspects of the human body are both divergent and complex. However this new interest in the body is clearly related to the growing problems of human identity brought about by legal and social changes which in turn are a consequence of technical transformations in medicine, specifically in the area of human reproduction. There is also widespread public anxiety about the nature of contemporary epidemics such as HIV and AIDS which have drawn attention to the complexities of sexuality in modern society. These medical changes are also related to various social movements in modern society which seek to change social attitudes towards the body, particularly the gay and feminist movements. These anxieties about the body are also part of a broader concern about the demographic revolution of the last century, the process of ageing and the ecological deterioration of the environment. Within the context of capitalism, the body has also emerged as a significant feature in consumption advertising and consumer culture (Falk 1994). Cultural postmodernisation has also underlined the idea that the human body is simply a fabric or social product which has no ontological fixity. These postmodern questions about the body have brought a number of writers to speculate about the interaction between information systems, computer technology and the body.

Through these studies of the self, discipline and the body, medical sociology evolved more fully and effectively into the sociology of health and illness. At the same time, it became part of the mainstream interest of sociology, because the sociological study of health was perceived more openly as a sophisticated contribution to the study of power, where micro-practices of power were interpreted from Foucault's perspective of governmentality. These changes in the intellectual climate of the social sciences were direct consequences of the adoption of Foucault's perspective on bio-politics.

RISK SOCIETY AND CONTEMPORARY POLITICS: EVALUATING FOUCAULT

I have argued that to see Foucault's work as a contribution to the sociology of social control and deviance is, if not mistaken, at least a distorting over-simplification. Nevertheless, Foucault's focus on discipline, power and governmentality does have an intellectual proximity to Max Weber's study of instrumental rationality and bureaucracy, and to Theodor Adorno's contributions to the notion of an administered society. It also suggests a parallel to Erving Goffman's notion of the total institution. The carceral society indicates a regime of micro-regulations and disciplines which operate through a complex web of self-subjection. In short, we can see Foucault as part of a sociological tradition which emphasises the importance of regulation and administration as key features of 'modern society'. Like Weber, Foucault provided a profound insight into the bureaucratic mentality of a society dominated by the logic of instrumental rationality. How relevant then is Foucault to a social environment which is seen to be postmodern, deregulated and risky?

Throughout the 1980s there were major changes in the structure of the economy and government, which in retrospect we can see as part of the Thatcherite revolution in the marketisation of social relations, including the marketisation of the provision of social services. Managerialism, privatisation and deregulation were dimensions of a profound globalisation of the world economy the effects of which were particularly visible in the areas of the service industries, tourism, consumerism and labour markets. We can see the current enthusiasm for the concept of 'risk society' as a response to this general sense that the modern world has become more uncertain, contingent, flexible and risky. It appears to be in structure and ethos very far removed from the carceral society with its dependable and recognisable processes and procedures.

In the health field these changes have been profound. The traditions of centralised mechanisms for the provision of social security and welfare have been replaced by a logic of internal markets, competitive tendering and devolved budgets. The very notion of 'security' sits oddly with the contemporary enthusiasm for a discourse of entrepreneurish, just-in-time management systems and the culture of risk. These changes in bureaucratic structures have occurred alongside major epidemiological changes which in a sinister fashion appear to mimic the contingency of the market place; namely the spread of AIDs and

other infectious diseases, the deterioration of the food supply, the danger of inter-species disease such as 'mad cow disease' and the associated risks of Creuzfeldt Jacob's disease. These changes are not easily encapsulated within Foucault's language of discipline and control. It is true that Foucault was aware of changes in the provision of welfare (Foucault 1988) and it is also the case that his notion of governmentality can be extended to analyse some aspects of a risk environment. However, there is a profound tension between the metaphors which lie behind risk society and governmentality (Turner 1995: 218–27).

How might we, at least in theoretical terms, resolve some of these tensions? There are a number of possibilities (Turner 1994: 167–82). To some extent we might argue that financial deregulation in the 1980s produced a global environment of political and economic uncertainty between nation states but within each industrial society the need for micro-surveillance and discipline continued with greater intensity; indeed the importance of a carceral society has increased with the growth of externalised macro-risk. As the global economy develops into a culture of risk, the nation state is forced to invest more and more in internal systems of governmentality. Second, a risk society, based on deregulation and devolution, often requires more subtle and systematic forms of control. For example, the state is forced to create regulatory systems of quality control where public utilities have been privatised. Third, financial deregulation increases the scale of economic risk. Where major companies and public institutions fall into debt and bankruptcy, governments typically intervene, despite their ideological commitment to privatisation and deregulation, to save such institutions. Fourth, we can in fact argue that modern societies are structured by two apparently contradictory processes: the growth of risk cultures and the McDonaldisation of society (Ritzer 1993). McDonaldisation is the application of Fordist production methods and rational managerialism to the fast-food industry which is then extended to all sectors of society. McDonaldisation reduces uncertainty and unpredictability; it is, in short, a response to risk and uncertainty. McDonaldisation removes surprises from everyday life by an extension of instrumental rationality to production, distribution and consumption. After the McDonaldisation of the fast-food industry, these principles have also been applied to universities and medicine. McDentists and McDoctors extend the principles of cheapness, standardisation and reliability to the health industry. The welfare and health system is now a complex mixture of risk culture and McDonaldisation of services. Finally, the notion of

generalised risk in the environment may lead to greater surveillance and control through the promotion of preventive medicine (Lupton 1995). The AIDs 'epidemic' creates a political climate within which intervention and control are seen to be both necessary and benign. Individuals need, especially in the area of sexual etiquette, to become self-regulating and self-forming.

If Foucault's theories of sexuality and governmentality are to continue to inspire and to shape the future development of the sociology of health and illness, followers of Foucault will be compelled to address the new environment of risk cultures, political contingencies and deregulated welfare systems. The burden of dependency, with the ageing of Western societies, is being answered increasingly with the privatisation of medicine and a doctrine of obligation. The traditional notions of citizen rights (to health and social welfare) are being questioned by a liberal ideology of individual obligation (to save and to create personal bases of security). The problem of mental health in society is being resolved, not with greater surveillance, but with de-institutionalisation. In America, the number of residents in state mental hospitals fell from 513,000 in 1950 to 111,000 in 1986 as a consequence of a policy of de-institutionalisation. The economic cost of state intervention in health care has in most advanced societies resulted in new policies of privatisation, 'out-sourcing', 'down-sizing', internal markets, managerialism and de-institutionalisation. Such economic and social processes are not easily described or explained within Foucault's paradigm of the disciplinary society, panopticism and governmentality. The intellectual challenge is to comprehend the structures and institutions of postmodern society within the conceptual apparatus of Foucault's understanding of governmentality.

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