

Foucault's resistance to biopolitics

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Abstract. One of the most topical issues in bioethics is the concept of medicalization. In order to deal with this issue, it is impossible to ignore Michel Foucault's analysis of the subject. The French philosopher is a reference point for all those attempting to reflect on and undertake research into this field. Foucault's importance in this topic lies in his having traced the structural trajectory with which to understand the very construction of medicalization. In particular, he understands medicalization not as a phenomenon that springs from other situations but as a framework of meaning to understand human phenomena. Its ascent begins the moment medicine becomes social, when it starts to concern an ever-increasing range of issues, so leading to an absolutization of health which is nothing more than a normative way of understanding specific vital parameters. This expansion includes the growing focus on nutrition and dietary habits as essential components of health. The medicalization of nutrition reflects a shift where diet is no longer seen merely as a personal or cultural practice but is instead framed as a medical and moral obligation, subject to scientific scrutiny and public policy. Such a perspective transforms food choices into health choices, governed by medical guidelines that dictate what is considered a 'healthy' diet. This shift loses all reference to regulations, thus becoming the key to grasping the naturalness of man, which at the same time allows human existence to be normalized. For this reason, medicine becomes the instrument of a technique of power – biopolitics – which, by acting on the discipline of the individual to secure the population and achieve regulation over it, so dominates life entirely. Through the lens of nutritional medicalization, food becomes a tool of biopolitical control, where public health initiatives aim to shape behaviors and norms, ultimately extending the reach of medicalization into everyday life.

Key words: biopolitics, medicalization, biomedicalization, nutrition science, dietary behavior, nutritional ethics, eating habits, nutritional interventions, diet and health

To the Editor,

According to Foucault, medicalization can be explained by following specific logical steps: health - normalization - biopolitics - medicalized subjectivity (1). The latter is what Foucault claims to be the heart of medicalization, since without the possibility of the subject recognizing the truthful and universal meaning of medicine and the codes it establishes, it could not exist. He follows this by identifying the analysis of subjectivity as central to his philosophical interest, underlining how, in contemporary times, it is produced

by and subjected to the mechanism of medicalization itself. To render this transformation, the French philosopher investigates the mechanism of sexuality (2), a situation that causes individuals to regard themselves as subjects of sexuality in need of medical and therapeutic assistance. The importance of sexuality and the studies conducted on it are fundamental (3), as Foucault uses them to outline the mechanism through which subjectivity is free to think of itself as a function of medicine, causing the subject to become a subject of desire (4, 5). This also allows for the establishment of the discipline of psychiatry, which stands as the ultimate weapon in

establishing the division between normal and abnormal attitudes. It reveals that the apex of biopolitical attitude is established through medicalization; by acting on the individual and taking into account human expression and social functions, it allows for the safety of the population (6). In short, it can be seen that the phenomenon of medicalization, sometimes described as a situation in which non-medical problems begin to be treated as medical problems, does not warrant such a simple definition (7). Some believe that medicalization results from a frame of meaning, since it was formed out of capitalism and cannot be separated from it (8). Foucault, through his analyses, subverts this line of thought, showing how the medicalization of society paves the way for the establishment of capitalism, while claiming that capitalism itself is what reinforces a medicalized frame of meaning.

One area where the medicalization process is particularly evident is in the field of nutrition. The framing of dietary habits as medical and moral obligations rather than personal choices is a clear example of how biopolitical power manifests itself through food (9). The modern discourse surrounding nutrition is heavily influenced by medicalization, with doctors and dietitians playing a central role in defining what constitutes a 'healthy' diet (10). This influence extends beyond individual health, as nutritional guidelines are also shaped by governmental and institutional policies, aiming to control and regulate population health (11). Such control often prioritizes specific food choices, such as low-fat or low-sugar diets, over others, marginalizing traditional and cultural dietary practices that do not fit these medically endorsed norms (12).

For this reason, he argues that in order to oppose medicalization, it is impossible to follow demedicalization mechanisms (13); it is impossible to create institutional forms that differ from medicine, as doing so increasingly legitimizes medicalization. He cites examples in support of this thesis; the first is the birth of psychoanalysis, which, far from freeing man from psychiatry-derived medicalization, instead forced him into a new form of medicalization that also includes the analysis of the unconscious (14). Secondly, he speaks of anti-psychiatry, the movement that affirmed a desire to consider the universality of human rights. These

forms of resistance, according to Foucault (15), while forming a useful approach to combat the old ways of understanding power as sovereign, do not help in opposing the biopolitical mechanism (16). The medicalization of nutrition can be seen in a similar light, where attempts to demedicalize food choices often lead to alternative forms of regulation, such as the promotion of organic or 'clean' eating (17). These movements, while seemingly resisting conventional medical norms, can still reinforce a medicalized understanding of diet and health (18).

Within the narrow contemporary framework, scholars who follow a biomedicalization paradigm (19) argue that the pinnacle of the medicalization attitude (20), i.e. the possibility of choosing and creating bespoke individuals through genetic engineering, can become the instrument which shifts the emphasis from protecting and normalizing the population to perpetuating the will of the individual (21). In other words, they claim that through human optimization, genetic engineering can become that which allows biopolitical practice and thus define forms of medicalization (22) to be resisted. Such a theory does not appear appropriate in resisting the phenomenon of medicalization, because once again it uses forms of resistance that do not take into account the peculiarities of the mechanism of power inherent in biopolitics (23). Specifically, biopolitics acts through the secularization of the mechanism of Christian confession (24), allowing for the creation of objectified forms of subjectivity (25). This provides the possibility of having made-to-measure children, or attempting to use genetic engineering to improve oneself. In the realm of nutrition, similar trends can be observed in the increasing use of personalized diets based on genetic testing or biometric data, a practice that further medicalizes the act of eating by framing it as a scientific and medical decision rather than a personal or cultural one (26).

In this way, it is not free will that is being expressed, but rather a perpetuation of the conditioning (27) that has allowed power itself to create subjectivity. One can grasp how the problem of resistance to medicalization must be posed as a question of resistance to biopolitics, that is, to the mechanism of power that uses and rationalizes a medicalized frame of meaning

(28). In order to do so, one must understand the differences that biopolitics exert on contemporary (29), as opposed to previous, practices of power. The point of any question on the possibility of resistance (30) is precisely this: according to Foucault, it is essential above all to understand what mechanism of power we find ourselves in (31). The discourse on 'healthy eating' exemplifies this, as it frames the body and its nutritional needs within a biopolitical regime that extends beyond personal well-being to include economic and social dimensions (32). This is evident in the way that public health campaigns often target food choices not just to promote health but also to reduce healthcare costs and increase productivity (33).

After this, it is vital to construct the archaeology and genealogy (34) of the games of truth that lead to the construction of the order of discourse that regulates and normalizes our status as subjects (35). Thus, Foucault's critique (36) of the elaborated mechanisms of resistance is based on an analysis of power that does not reflect its explanation in today's society (37). This is not to say that there is no possibility of resisting the biopolitical mechanism, but that such resistance must be thought of differently to those compared with previous forms of domination. For instance, in the context of nutrition, resistance might not simply involve rejecting medical guidelines but could instead mean reclaiming traditional food practices or advocating for food sovereignty, which seeks to decentralize control over food systems and return it to local communities (38). Precisely for this reason, what Foucault brings to light in the latter part of his life is the possibility of opposing biopolitics. This is based on the medicalization of life, not through classical forms of political resistance but opposing resistance that is based on the rejection of the identity that is assigned to us (39). Therefore, the forms of political resistance which contrast biopolitics are those which exercise work on the self, leading to the discovery of a mechanism of medicalized subjection that constitutes our way of surrendering ourselves (40).

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