

Foucault's Critique of Medical Science and Technology and the Constitution of the Self

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Abstract

Foucault's critique of medicine is positive, for it introduces and produces *knowledges*, discourses and truths not only about medicine but also about the self. Medicine is a locus of power relations and a technology of power, because it uses techniques and strategies to extract knowledge and information about the body. These knowledge and information were used to discipline and regulate the body and to construct the self. In this paper, I will answer the question, "How were medical science and technology used to construct the self?" This paper is divided into three parts: the first discusses Foucault's critique of medical science; the second, Foucault's analysis of medical *knowledges* and discourses as technologies of power; and the last analyzes how medicine constitutes the self.

Keywords: Foucault, self, technology, knowledge, medical science

The Gaze and the Medical Science

In the preface of *The Birth of the Clinic: An Archaeology of Medical Perception*, Foucault states that the medical gaze, the act of seeing, is the source of medical rationality, for it has the "power to bring a truth to light that receives."¹ It is a perception structured as a "look through a magnifying glass, which, when applied to different parts of an object, makes one notice other parts that one would not otherwise perceive."² It

¹ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage Books, 1994), ix.

² *Ibid.*, 15.

is by this gaze that the patient and disease are endlessly being understood and rediscovered.

The medical gaze, however, is not only applied to understanding the patient's disease; it is also applied to society. In this case, the medical space coincides with the social space where "one began to conceive of a generalized presence of doctors whose intersecting gazes form a network and exercise at every point in space, and at every moment in time, a constant, mobile, differentiated supervision."³ In the eighteenth century, doctors were organized like the clergy with the mission to propagate medical knowledge in order to control the occurrence and spread of diseases. Part of their mission was to disseminate medical knowledge for the people to be conscious of their health as well as to cure the sick body and restore its health. Health, at that time, was perceived as significant not only to the individual but also to the State. That is why governments organized doctors in order to maintain healthy individuals for a strong and stable State.

Foucault concludes that the first task of the doctors in the eighteenth century was political.⁴ The medical gaze was used to abstract information and knowledge about diseases not only for the development of medical science, but also for the governance of a healthy society. Medical knowledge was used in the formation of policies to regulate the heart, mind, and body of individual members of the State. This was the important role played by medicine in the modern period: linking health with the destiny of the State.⁵ Foucault explains:

³ Ibid., 31.

⁴ Ibid., 33, 34.

⁵ In the article, "The Politics of Health in the Eighteenth Century" (in *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*, trans. Colin Gordon, et. al., and ed. Colin Gordon [New York: Pantheon Books, 1977]), Foucault articulates that one of the objectives of political power at the dawn of the modern period was to create a healthy population. The primary concern during that time was to have a healthy social body by teaching individuals about health. The idea, according to Foucault, was "the duty of each and the objective of all." It means that health was the responsibility of every individual and at the same time the duty of the State. It was the duty of the State to ensure that its population is healthy so that the social body is healthy and strong as well. Foucault explains that the State wanted to have a healthy social body because of the "preservation, upkeep, and conservation of the labour force." He further explains that the population needed to be co-ordinated and integrated into the apparatus of production and controlled with the use of "finer and more adequate power mechanisms." Medicine was used not only to ensure a healthy labour force but also as a means of surveillance, analysis, intervention and modification over the population. The population had to be studied and analyzed because its biological traits were relevant factors for economic management. Information about biological traits were used as a form of subjectivation or intervention so that the population

it was given the splendid task of establishing in men's lives the positive role of health, virtue, and happiness; it fell to medicine to punctuate work with festivals, to exalt calm emotions, to watch over what was read in books and seen in theatres, to see that marriages were made not out of self-interest or because of a passing infatuation, but were based on the only lasting condition of happiness, namely, their benefit to the state.⁶

Medicine was no longer confined to curing illnesses but became involved in studying the healthy human person and defining the model human being. The medical gaze, then, had increased its horizon. It gathered information about the body and diseases in order to formulate and create knowledge about the natural and social human being, for the interest of the State.

Medicine did not only play an essential political role, but also a juridical one. In his book *Madness and Civilization: A History of Insanity in the Age of Reason* Foucault mentions that the presence of the psychiatrist in the asylum was not purely medical but also juridical. The presence of physicians in the asylum justified the confinement and the madness of the patients. In this sense, the asylum did not introduce a science of medicine, but a medical personality who exercised power to maintain order in the asylum. The physician's knowledge of mental illness gave them mastery over madness, and such mastery ensured order. According to Foucault, the doctor "had found the power to unravel insanity; and increasingly the patient would accept this self-surrender to a doctor both divine and satanic, beyond human measure in any case."⁷

In his lectures published under the title *Abnormal*, Foucault provides further explanation about the juridical role of medicine from the eighteenth to the nineteenth century, and even to the present:

in terms of the famous Article 64 of the 1810 penal code, in which there is no crime or offense if the individual is in a state of dementia when the crime is committed, expert opinion must make it possible, or at least *should* make it possible, to distinguish clearly between the dichotomies of illness and responsibility, between pathological

could become useful to the State and to the economy (see pages 169-170).

⁶ Foucault, *The Birth of the Clinic*, 34.

⁷ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 1988), 275.

causality and the freedom of the legal subject, between therapy and punishment, medicine and penalty, hospital and prison. One must choose, because madness wipes out the crime. Madness cannot be crime, just as crime cannot be, in itself, an act rooted in madness. It is the principle of the revolving door: In terms of the law, when pathology comes in, criminality must go out. In the event of madness, the medical institution must take over from the judicial institution. Justice cannot take possession of the mad, or rather, when it recognizes someone as mad, justice must relinquish jurisdiction and release him or her.⁸

The “principle of the revolving door” illustrates the alliance of judicial and medical institutions. It is the judicial institution that assesses the guilt or innocence of an individual person who was accused of committing a crime or an offense. In doing so, it uses the science and knowledge of law as well as the science of medicine. The court needs the expertise of medicine in proving that the accused is innocent or guilty. One way to prove innocence is to declare that the accused is mad. Proclaiming madness is beyond the expertise of the court. It belongs to medicine’s expertise. Medical science uses certain criteria to diagnose an individual and those who fit the said criteria are said to be possessed by madness while those who do not are considered normal. These criteria are not only accepted by the medical institution but also by the judicial institution. Because of this alliance, the said criteria for determining madness and eventually innocence in committing a crime are universalized and objectivised. These criteria became part of society and its institutions in determining madness and innocence in the commission of crime.

In the analysis of Article 64, Foucault further illustrates how the science of medicine participates in the assessment of the innocence or guilt of the accused. Article 64 states that, “there is no crime if the subject, the defendant, is in the state of dementia at the time of the act.”⁹ This means that the law cannot be applied to the person, or to the suspect or criminal, if he/she is irrational. Foucault says that the right to punish can be exercised only if the person understands why he/she committed the crime and how he/she violated the law. He says, the “exercise of the right to punish says: I can punish only if I understand why he committed

⁸ Michel Foucault, *Abnormal: Lectures at the College de France, 1974-1975*, trans. Graham Burchell, ed. Valerio Marchetti and Antonella Salomoni (New York: Picador, 1999), 32-33.

⁹ *Ibid.*, 115.

the act, how he committed the act, that is to say, if I can enter into the analyzable intelligibility of the act in question.”¹⁰ This code emphasizes the rationality of the criminal, that such rationality must be first established prior to the imposition of punishment. The act of committing the crime was not a sufficient requirement and justification for punishment.¹¹ The rationality of the criminal when he/she committed the crime needs to be established prior to the imposition of punishment.

According to Foucault, punitive power requires “rationality, the rational state of the subject who committed the crime, and the intrinsic rationality of the crime itself.”¹² Because of this new requirement, medicine, and to be specific psychiatry, is needed by the legal and penal apparatus. The latter cannot exercise punishment without the former. The former is responsible in analyzing the rationality or irrationality and intelligibility or unintelligibility of the person’s action. Psychiatric knowledge is preferred over the law, for it cannot be exercised without the psychiatrist’s expert opinion.¹³ According to Foucault, “The criminal subject’s reason is the condition of the application of the law.”¹⁴ The penal apparatus now becomes dependent on psychiatric knowledge. It “cannot avoid calling upon a scientific, medical, or psychiatric analysis of the crime’s motives.”¹⁵

Foucault postulates that prior to the nineteenth century, psychiatry was not a branch of medicine.¹⁶ It was a branch of public hygiene and was in charge of protecting the society against all dangers

¹⁰ *Ibid.*, 116.

¹¹ In the fifth lecture (5 February 1975), Foucault discusses the transformation of the criminal, or the mad, from the seventeenth to the eighteenth centuries. He says that in the seventeenth century, crime was defined as an attack on the sovereign king or queen. In every crime, “there was a clash of forces, a revolt, or insurrection against the sovereign.” That is why the right to punish is not based on “restitution for damage done” or “in the name of the fundamental rights and interests of society.” The right to punish was done in the name of the sovereign. It was an act of vengeance of the sovereign against people who attacked his person or his sovereignty. In the eighteenth century, the criminal is perceived as a breaker of social pact or social contract. This social pact or contract is expressed in the written constitution and laws. Therefore, the criminal is a violator of laws which is an expression of agreement between the state and the people. On the other hand, the criminal is also considered as an abnormal person for the reason that he was violent and blind or irrational when he committed the crime. It was because of his blind thoughts and emotions that he committed the crime. His irrationality prevailed over his rational mind. Hence, he must be treated not only as a violator of laws but also as a patient that needs to be given medical treatment. (Please see the fifth lecture in *Abnormal*, 109-136).

¹² *Ibid.*, 116.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*, 117.

¹⁶ *Ibid.*, 118.

that may arise from "the fact of illness, or from everything that could directly or indirectly be accorded the status of illness."¹⁷ Madness, then, was codified not as illness but as danger. When psychiatry was included in the field of medicine, it had to undertake codifications; and the first action it did take was to codify madness not only as danger but also as illness and explained it in pathological and medical terms. In performing its dual role as a branch of public hygiene and of medicine, psychiatry sought to discover and to prove madness to protect the public against it. Through medical knowledge, it demonstrated to society that it has the capability to detect madness even if it is not visible to anyone.¹⁸

Foucault further explains that psychiatry demonstrated to society its capability to recognize a "motiveless crime, a crime that is therefore the absolute danger, hidden deep in the body of society."¹⁹ Society, through its penal institutions, became dependent on psychiatry, for it cannot exercise its punitive power without psychiatric diagnosis.²⁰ Psychiatry, then, became indispensable, because of its capability to perceive madness and danger that is not obvious to ordinary people. Because of its knowledge of madness, it justifies its existence as part of medicine and of public hygiene. It made itself indispensable to society and to the judicial institution.

Medicine did not only invade the judicial and legal systems, but also the family. In the nineteenth century, medicine occupies an important role in the family. Parents were obliged to report at once to the physician when they caught their children masturbating. Masturbation was defined during that time as an abnormal act. It is the physician, and not the parents, that handled the child's behaviour. This means that the control of the parents over their children in the case of masturbation is subordinate to the medical and hygienic intervention and to the external and scientific authority of the doctor.²¹ They are asked to monitor their children's activities of pleasure, so that it can be given proper intervention and be cured. In the medicalized family, confession²² is important,

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid., 122.

²⁰ Ibid.

²¹ Ibid., 250.

²² In the first volume of the *History of Sexuality* (trans. Robert Hurley [New York: Vintage Books, 1990]), Foucault describes confession as an instrumental for the telling and production of truth (on sexuality). He explains that confession started in the Catholic Church when the Lateran Council in 1215 codified the sacrament of penance together with the formulation of "confessional techniques, the declining importance of accusatory procedures in criminal justice, the abandonment of tests of guilt... and the development of

because the doctor can only implement proper intervention and cure once the child accepts performing the act and cooperates with the doctor.²³ The child was not allowed to confess to the family doctor but only to the specialized doctor.²⁴ The family doctor must know only collective secrets while the specialized doctor must know specific secrets of the child. In the medicalized family, the object of confession and discourse is masturbation. But it is an external discourse, for it is only for the ears of the specialized doctor. There is silence on sexuality within the family, because the child must only speak about it to the specialized doctor.²⁵ It is only medicine that was able to put sexuality into words and make it speak at the very moment that the family makes it visible.²⁶ Foucault observes:

The problem of instruments for preventing masturbation also shows how familial power is connected with medical power. To prevent masturbation the family must become an agency for transmitting medical knowledge. Essentially, the family function merely as a relay or transmission belt between the child's body and the doctor's technique. Hence, the remedies that doctors prescribe for the child and that the family must apply.²⁷

The medicalization of the family also shows that medicine and sexuality meet in the family. The family is not just an instrument of surveillance and control but an “agent of the medicalized sexuality within its own space.”²⁸

methods of interrogation and inquest, the increased participation of the royal administration in the prosecution of infractions...the setting up of tribunals of Inquisition” helped in making confession as a center in the “order of civil and religious powers.” He further describes it as the “West’s most highly valued techniques for producing truth.” It is in confession where “truth and sex are joined” together through the “obligatory and exhaustive expression of an individual secret.” Confession spread from its “ritualistic and exclusive localization” to different “series of relationships: children and parents, students and educators, patients and psychiatrists, delinquents and experts.” It takes different forms such as, “interrogations, consultations, autobiographical narratives, letters.” It also employs new methods from “simply of saying what was done” and “how it was done” to “reconstructing, in and around the act, the thoughts that recapitulated it, the obsessions that accompanied it, the images, desires, modulations, and quality of the pleasure that animated it” (please see pages 58-66).

²³ Foucault, *Abnormal*, 250.

²⁴ *Ibid.*, 251.

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*, 251-252.

²⁸ *Ibid.*, 253.

Foucault says, "by calling the doctor and by receiving, accepting, and when necessary applying remedies he prescribed, the family linked sexuality with a medicine that previously had in practice related to sexuality only in a very distant and indirect way."²⁹ This also means that "medicine operates as a means of ethical, physical, and sexual control within family morality and in return makes the internal problems of the family, focused on the child's body, appear as medical need."³⁰ The family is not only transformed into an agent of medicalized sexuality but also as a "source of normalization."³¹ According to Foucault, it is the family that reveals the normal and abnormal in the domain of sexuality and it defines the normal and abnormal based on the prescription of medicine. Foucault further says, "the family becomes not only the basis for the determination and distinction of sexuality but also for the rectification of the abnormal."³²

Foucault's critique of medicine and psychiatry can be summarized as political, juridical and normative. The knowledge of medical science about the human body and diseases, which developed because of the medical gaze, was utilized not only for the sake of curing the illnesses of the body but also for the larger political agenda of the State. The State utilizes medical knowledge to ensure a healthy society by formulating and implementing laws and policies. Medical knowledge provides input to legislators which they use in the crafting of health policies and programs to regulate the behaviour of the members of the State. In this sense, medicine and its allied disciplines are used for governance. Governance is not effective and complete without the expertise of medicine. In the micro level, medicine is used for administrative purposes such as ensuring order in the asylum. The presence of medical doctors in the asylum symbolizes the domination of medicine over the mad. Medical knowledge and expertise give medical doctors power to control the mad. The mad submit themselves to medical doctors not because of the physical force that the latter possess, but because of their knowledge and expertise. It is therefore medical and psychiatric knowledge that gave the doctors authority over the mad. They have that authority simply because they know. Lastly, medicine did not only conquer the asylum, or mental institutions, but also the judiciary. Foucault sees medicine and psychiatry as very important in the judiciary for it provides expertise in determining the guilt of a person. However, Foucault sees their role in judiciary as not only supplementary but co-equal. This is based on the principle that the

²⁹ Ibid.

³⁰ Ibid., 254.

³¹ Ibid.

³² Ibid.

accused is not guilty once proven by medicine that he/she was insane when he/she committed the crime or offense. In this case, medicine takes over the person. It is medicine that determines the normality or abnormality of the accused. Medicine's normative role invades the private domain of the family. In this sense, the family is medicalized, because it is medicine that determines an act as normal or abnormal. It is not the parents who handle the act of the child but the medical doctor, who because of his/her medical knowledge, is given power over the child.

Foucault sees medicine in the context of power relations. Medicine exercises power because it produces *knowledges*,³³ discourses³⁴ and truths³⁵ which are used in the formulation of laws, policies, and programs to ensure a healthy and wealthy State. These are also used in controlling and dominating the behaviour of the mad to maintain order inside the asylum or, in the present, mental health institutions. These are also used to determine who is normal and abnormal, sane and insane. This is the power exercised by modern medicine and psychiatry.

³³ According to Gilles Deleuze, Foucault defines knowledge as the "combinations of visible and articulable that are unique to each stratum or historical formulation." It is a "practical assemblage, a 'mechanism' of statements and visibilities." Knowledge is also constituted by "discursive practices of statements" and the "non-discursive practices of visibilities" (please see Gilles Deleuze, *Foucault*, trans. and ed. Sean Hand [New York: Continuum, 1999], 51).

³⁴ Discourse is a multiplicity that can come into play in various strategies and can be "both an instrument and an effect of power"; on the other hand, it can also be "a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy." Foucault further explains that discourse "transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it" (please see Foucault, *History of Sexuality*, vol. 1, 100).

³⁵ In the article, "Truth and Juridical Forms" (in *Power: Essential Works of Foucault 1954-1984*, trans. Robert Hurley et al., ed. James D. Faubion, Vol. 3 [New York: The New Press, 2000]), Foucault explains the two histories of truth. The first history of truth is the "internal history" where truth "rectifies itself in terms of its own principles of regulation; it's the history of truth as it is constructed in or on the basis of the history of sciences." The second history of truth is "exterior of truth." In this second history, truth is formed in society because of "certain number games" where "one sees certain forms of subjectivity, certain object domains, certain types of knowledge come into being." Foucault adopts truth as "exterior of truth." Truth is not metaphysical because it is a product of certain number games in society. Foucault calls these number games "games of truth." The meaning of these games of truth is that the truth claims of institutions are "dependent on institutional and discursive practices." The games of truth do not only imply the non-metaphysical origin of truth but also its multiplicity. That is why for Foucault there is no universal and fundamental foundation of truth (please see 4).

Medicine as Technology of Power

Michel Foucault broadens the scope of power by establishing the idea that it is exercised outside and beyond the notions of sovereignty and legality. Power is not only exercised by the sovereign or possessed by sovereignty alone. According to Gilles Deleuze, Foucault's power relations, "which are simultaneously local, unstable and diffuse, do not emanate from a central point or unique locus of sovereignty,³⁶ but at each moment move 'from one point to another' in a field of forces, marking reflections, resistances,³⁷ twists and turns, when one changes direction, or retraces one's steps."³⁸ Foucault challenges the idea of the social contract where "a contract among individuals that establishes legitimate power by limiting it through law and rights construes power as an original right of sovereignty that is given up, when political society is established, to the artificial sovereign."³⁹ In his analysis of power, Foucault emphasizes that power is exercised in modern and contemporary society by using "new methods" that operated and is supported by technique, not by right; by normalization, not by law; by control, not by punishment.⁴⁰ These new methods are "employed on all levels and in forms that go beyond the state and its apparatus."⁴¹ In other words, Foucault replaces the "juridical conception of power with a strategic model of a hostile asymmetric relations of forces."⁴²

³⁶ According to Foucault, there are *five methodological precautions* in the analysis of power. These are (1) power is always less legal and local; (2) the analysis of power should focus not on the intentions but in the real and effective practices of power; (3) power must be seen as a network of relationships and cannot be located in one place or in the center; (4) the analysis of power must be ascending or inductive; and (5) the analysis of power should focus on subtle mechanisms (please see Foucault, "Two Lectures" in *Power/Knowledge*, 78-108).

³⁷ One of the propositions of Foucauldian power is "where there is power, there is resistance." This resistance is not in a "position of exteriority in relation to power." Power relations "depend on a multiplicity of points of resistance." And these resistances could be in the form of "adversary, target, support, or handle in power relations." Since power is omnipresent, the "points of resistance" are also "everywhere" in the "power network." Since this is the case, Foucault claims that there is "no single locus of great Refusal, no soul of revolt, source of all rebellions, or pure law of the revolutionary." There is a "plurality of resistances," and each of this resistance is a "special case" (please see *History of Sexuality*, vol. 1, 95-96).

³⁸ Deleuze, *Foucault*, 73.

³⁹ Jean Cohen and Andrew Arato, *Civil Society and Political Theory* (Cambridge: The MIT Press, 1994), 261.

⁴⁰ *Ibid.*, 266.

⁴¹ *Ibid.*

⁴² *Ibid.*

Foucault calls these “new methods” as “technologies” of power. His concept of technology goes beyond the notion of Greek *techne*. He says that the Greek *techne* provides a limited meaning of technology. He explains:

The disadvantage of this word *techne*, I realize, is its relations to the word “technology,” which has a very specific meaning. A very narrow meaning is given to “technology”: one thinks of hard technology, the technology of wood, fire, of electricity. Whereas government is also a function of technology: the government of individuals, the government of souls, the government of the self by the self, the government of families, the government of children, and so on.⁴³

In other words, technology does not only refer to hard machines that are being used in order to achieve a particular goal. It also refers to other forms of processes and procedures used, which are less scientific, that are formulated or created in order to perform specific tasks and achieve a certain goal. These technologies, which are classified into anatomo-politics and bio-politics of the human body, are carried out in decentralized and diverse situations of struggle by varied actors. The aim of these technologies is neither to suppress nor negate but rather to produce and create, and their object is the body and life, and in particular the “modes of behaviour.” Honneth explains, “their purpose is to routinize the modes of behaviour of the social opponent through constant disciplining and, through that, to allow them to solidify.”⁴⁴ These technologies are aimed more on the body and life than the “modes of thought” in order for people to be controlled for the interests of the state and institutions.

In order to exercise power, these technologies extract information and knowledge about individuals and translate them into “practices of the direct disciplining of bodies and of the administrative control of behaviour.”⁴⁵ Knowledge plays a very important role in power relations. It is one of the media used in order to exercise and implement power effectively to body and life. Habermas explains that, for Foucault, the “discourse of the

⁴³ Michel Foucault, “Space, Knowledge and Power,” in *Foucault Live: Interviews, 1961-1984*, trans. Lysa Hochroth and John Johnston, ed. Sylvère Lotringer (New York: Semiotext(e), 1989/1996), 347.

⁴⁴ Axel Honneth, *The Critique of Power: Reflective Stages in a Critical Theory*, trans. Kenneth Baynes (Massachusetts: The MIT Press, 1991), 116.

⁴⁵ *Ibid.*, 172.

sciences” and the “discourse in which knowledge is shaped and transmitted” and “together with other discursive practices” form “power complexes that offer a domain of objects *sui generis*.”⁴⁶ He further explains:

It was the human sciences that then, in a subtle manner, extended the normalizing effects of these bodily disciplines into the innermost sphere of scientifically objectified persons and populations who were simultaneously driven back in to subjectivity. In their very form, the human sciences are supposed to present an amalgam of knowledge and power: the formation of power and the formation of knowledge compose an indissoluble unity.⁴⁷

Foucault's notion of power relations can be summarized as a relation of forces that exist in different situations or loci. Different actors use different technologies in exercising and implementing power upon the body and life to control them for the interests of the State and its institutions. These technologies are first used to extract knowledge about body and life; which is then translated into different disciplining and regulatory practices and processes, or specific strategies, to control body and life. Without knowledge, power cannot be exercised; hence, power produces knowledge to effectively exercise itself.

It was mentioned in the preceding part of this paper that confession was used as a technique by the family doctor to extract more information on the sexual activities of a child. The information gathered in confession will be used to determine whether the child's behaviour is normal or abnormal. Aside from confession, Foucault mentions several technologies or techniques used in extracting information and regulating behaviour. Examples of these are the panopticon, surveillance and examination. These are technologies of power because they have the capability to observe and gather information and knowledge in order to control and regulate body and behaviour. In medicine, Foucault concentrates on the gaze as the technology used in extracting information about body and disease. It is the medical gaze that makes medical doctors powerful over their patients, because of the knowledge that they possess about body and disease.

⁴⁶ Jürgen Habermas, “Some Questions Concerning the Theory of Power: Foucault Again,” in *Critique and Power: Recasting the Foucault/Habermas Debate*, ed. Kenneth Baynes (Massachusetts: MIT Press, 1994), 82.

⁴⁷ *Ibid.*, 84-85.

Foucault compares the clinician's gaze to the philosopher's reflexion.⁴⁸ He takes note of the similarity between the two. Both have the ability to "presuppose a structure of identical objectivity, in which the totality of being is exhausted in manifestations that are its signifier-signified, in which the visible and the manifest come together in at least a virtual identity, in which the perceived and the perceptible may be wholly restored in a language whose rigorous form declares in origin."⁴⁹ The clinician's gaze can articulate in the use of medical language the identical objectivity of the signifier-signified and the perceived and the perceptible, such as the symptoms and the disease. That is why the difference between sign and symptom is seen and manifest only under the clinician's gaze. Symptoms are signs but not all signs are symptoms. The difference between the two can be deciphered only by the clinician's eyes. It is only the clinician's eyes that can see the "difference, simultaneity or succession, and frequency" of symptoms as well as the difference between symptom and sign.⁵⁰

The clinician's eyes do not only perceive the difference between symptom and sign, and a sign as a symptom; it also articulates what it has perceived.⁵¹ That is why the clinical gaze does not mean seeing; but also articulating or saying. Foucault explains, "in clinical medicine, *to be seen* and *to be spoken* immediately communicate in the manifest truth of the disease of which it is precisely the whole *being*. There is disease only in the element of the visible and therefore statable."⁵²

Based on the foregoing, the medical gaze is a technology of power. It has the ability to read diseases by identifying signs as symptoms and the symptoms as signs. Through this gaze the medical doctor can identify the signifier (symptoms) and the signified (disease). He/she can also articulate what he/she has seen and identified. He/she can explain it

⁴⁸ Foucault, *The Birth of the Clinic*, 96.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*, 94.

⁵¹ In his book, *The Order of Things: An Archaeology of the Human Sciences* (New York: Vintage Books, 1994), Foucault discusses the notion of sign as an essential component in knowing. According to Foucault, it is within the entire organization of sign that one sees and knows. Based on Foucault's description of sign, the acts of *seeing* and *knowing* are the foundation of medical thought and knowledge because the clinical gaze looks into the symptoms as signs of diseases; and based on what one saw or gathered from what he saw, one can create a taxonomy of knowledge about diseases. In other words, medical experts know or understand deeper a particular disease by seeing or looking at the signs (symptoms); through these signs they know more about the nature and characteristics of diseases (please page 58).

⁵² Foucault, *The Birth of the Clinic*, 95.

logically using medical and anatomical and physiological languages. He/she can logically articulate the relationship between the signs, for example the physical appearance of the disease and the pain being felt, which are manifested in the body and the disease. By doing this, the medical doctor articulates knowledge about the disease; and such knowledge becomes truth. These are the knowledge and truth that cannot be challenged by the patient, because he does not have that clinical gaze. Foucault explains that the "clinical gaze" is a gaze that "burns things to their furthest truth" and is a gaze of "concrete sensibility, a gaze that travels from body to body, and whose trajectory is situated in the space of sensible manifestation."⁵³ Foucault concludes that all truths in the clinic are sensible truths.⁵⁴ The patient can see and experience a disease and he knows the signs; however, he/she cannot identify them as symptoms and cannot articulate their relationship to the disease.

The clinical gaze can also be defined as a "perceptual act" that is "sustained by a logic of operations."⁵⁵ The logical operations of the gaze start visually where the medical doctor observes the disease in its current manifestations. It is followed by listening: the medical doctor listens to the patient about the history and development of the disease as well as the successive incidents related to it. The medical doctor inquires into the personal and professional profile of the patient. At this stage the gaze does not only see, it also listens. According to Foucault:

The observing gaze refrains from intervening: it is silent and gestureless. Observation leaves things as they are; there is nothing hidden to it in what is given. The correlative of observation is never the invisible, but always the immediately visible, once one has removed the obstacles erected to reason by theories and to the senses by the imagination. In the clinician's catalogue, the purity of the gaze is bound up with a certain silence that enables him to listen.⁵⁶

Continuous silent perception follows seeing and listening. It perceives the progress of the disease; the evolution of the symptoms and the possible occurrence of another set of symptoms; and the effect of the medications. Lastly, the clinical gaze offers truth to the patient, the truth about his/her disease or illness. Foucault says:

⁵³ Ibid., 120.

⁵⁴ Ibid.

⁵⁵ Ibid., 109.

⁵⁶ Ibid., 107.

In this regular alteration of speech and gaze, the disease gradually declares its truth, a truth that it offers to the eye and the ear, whose theme, although possessing only one *sense*, can be restored, in its dubitable totality, only by two *senses*: that which sees and that which listens.⁵⁷

In articulating the nature of the disease to the patient, the clinical gaze describes the disease. Foucault explains that in describing the disease, the gaze “gives speech to that which everyone sees without seeing—a speech that can be understood only by those initiated into true speech.” In the last stage, the medical doctor describes to the patient the disease for him/her to understand it. In this way, the doctor initiates the patient to medical language, for him/her to understand the nature of his/her illness. In other words, knowledge and truth are in the hands of the medical doctor and not in the hands of the patient. The patient relies mainly on the description of the doctor which is considered as medical knowledge and medical truth.

Medicine as Technology of Power and the Alienation of the Self

Medicine is a technology of power and it is involved in power relations. This is illustrated in the political role occupied by medicine as well as in the role of the asylum, judiciary, and family. Medicine produces and articulates knowledge and truth about the body, behaviour, the human person and the self.

Humanity rejoiced when science was born and was introduced into this world. And yet, in his critique of medical science, Foucault also reminds us that medicine, as well as science in general, puts an end to the era of superstitious and metaphysical beliefs about nature and the human person. Because of scientific discoveries and innovations we learn more about ourselves and our physical and our natural world based on facts that can be verified by our senses. Science and technology do not only provide us knowledge, they also make our life easy and comfortable. The development of medical science gives more answers to our questions about life, disease and death. It provides us concrete explanation about our mind and our body. It puts an end to the days when diseases were perceived superstitiously as acts of supernatural beings such as demons or as a punishment from God for sins committed. Medical science does not only understand diseases, it also understands life. It articulates its understanding of a good life.

⁵⁷ *Ibid.*, 112.

However, medical science does not only contribute to the emancipation of the human person, but also to his/her construction. The self is a product of power relations, because power produces truths and *knowledges*, and all truths and *knowledges* do not emanate from the self itself, but from external factors such as the medical gaze. The juridical role of psychiatric medicine, which defines who is mad and therefore innocent of the crime; the administrative role of psychiatric medicine in the asylum and prison to impose order; the role of medicine in the family as a regulatory technology of the child's sexual behaviour; the normative role of the medical doctor in the family who decides whether or not the behaviour of the child manifests normality or abnormality—all of these clearly demonstrate that medicine constructs the self: who is mad and who is normal and who is sick and who is healthy. Medical science, and science in general, constructs the self because of the *knowledges* and truths that it possesses. The self lives in a society constructed by science which sees everything from the perspectival truths of science. The self is still self-conscious but that consciousness is no longer a product of pure reflection, for it is already dominated by the *knowledges* and truths produced by science.

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