

Power and Bodily Practice: Applying the Work of Foucault to an Anthropology of the Body

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In opposition to theories of power which focus on the domination of one group by another, Michel Foucault coined the term "biopower" to refer to the ways in which power manifests itself in the form of daily practices and routines through which individuals engage in self-surveillance and self-discipline, and thereby subjugate themselves. Biopower is a useful concept for medical anthropology because it focuses on the body as the site of subjugation, and because it highlights how individuals are implicated in their own oppression as they participate in habitual daily practices such as the self-regulation of hygiene, health, and sexuality. Yet few medical anthropologists have taken advantage of Foucault's framework to illuminate how both the individual and society are involved in perpetuating such practices. This paper brings together Foucault's theory and three concrete examples of bodily practice in Western culture, demonstrating how behaviors associated with physical fitness, femininity, and obstetrical practices all contribute to the creation of "docile bodies". The article ends by considering why some scholars have found Foucault's conception of power to be problematic.

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Michel Foucault coined the term "biopower" to refer to what he viewed as the dominant system of social control in modern Western society. He argued that over the past few centuries, Europe has witnessed a decrease in coercive mechanisms of control such as military force, and an increase in social control through individual self-discipline. His conception of modern power was novel in that it contrasted with existing models that conceptualized power as "domination", that is, as a centralized and repressive force exerted by one group over another—a "possession" which could be acquired and imposed on others through physical coercion. Rather, he described power as dispersed throughout society, inherent in social relationships, embedded in a network of practices, institutions, and technologies—operating on all of the "micro-levels" of everyday life. "Biopower", Foucault asserted, operates on our very bodies, regulating them through self-disciplinary practices which we each adopt, thereby subjugating ourselves. Its force derives from its ability to function through "knowledge and desire"—the production of scientific knowledge which results in a discourse of norms and normality, to which individuals desire to conform. Individuals thus

voluntarily control themselves by self-imposing conformity to cultural norms through self-surveillance and self-disciplinary practices, especially those of the body such as the self-regulation of hygiene, health, and sexuality.

Foucault's conception of power is important to medical anthropologists who are concerned with the social regulation of the physical body. "Biopower" is a useful concept for an anthropology of the body both because it focuses on the body as the site of subjugation, and because it highlights how individuals are implicated in their own oppression as they participate in habitual daily bodily practices and routines. While many medical anthropologists have considered how bodily habits and practices are socially and culturally driven and constrained, few have taken advantage of Foucault's useful framework to illuminate how both the individual and society are implicated in perpetuating such practices. Yet while Foucault's concepts are enlightening, his writing is frequently abstract, lacking concrete, specific examples from everyday life to ground it. The contribution of this paper is thus to bring together an abstract body of theory and concrete, mundane examples of bodily practice in Western culture so that each might help to illuminate the other.

Following an introduction to Foucault's work, the paper applies the concept of biopower to three areas of routine bodily practice among men and especially women, demonstrating how the ideal of physical fitness, norms of femininity, and obstetrical practices all contribute to the creation of "docile bodies". The paper finishes by considering why some scholars have found Foucault's conception of power to be problematic. I conclude that while useful, Foucault's model of power is partial and must be understood as complementary to, and not a substitute for, understandings of power which focus on the domination of the powerful over subordinate groups.

FOUCAULT ON BIOPOWER

According to Foucault, political order is maintained through the production of "docile bodies"--passive, subjugated, and productive individuals. Through its many institutions--schools, hospitals, prisons, the family--the state brings all aspects of life under its controlling gaze. The institutional disciplining, surveillance, and punishment of the body creates bodies that are habituated to external regulation, working "to discipline the body, optimize its capabilities, extort its forces, increase its usefulness and docility, integrate it into systems of efficient and economic controls" (Foucault 1980a:139), and thus produce the types of bodies that society requires.

Foucault visualizes power as operating at two poles: the human species and the human body. The former concerns a "bio-politics of the population"--the regulation of populations through the application of science to interventions into reproduction, mortality, and morbidity. The latter concerns the manipulation and control of individual bodies. Disciplinary techniques organize time, space, and daily practices; these techniques are institutionalized in schools, prisons, hospitals, and workshops, but also internalized in individuals through self-regulating behaviors. Sexuality is a key focus of power because through its regulation power can operate at both poles, controlling both populations and individuals.

Foucault tells us that power is not imposed from above by a dominant group, but rather comes "from below". We are all the vehicles of power because it is embedded in discourses and norms that are part of the minute practices, habits, and interactions of our everyday lives. Thus, power is everywhere: it is "exercised from innumerable points, in the interplay of nonegalitarian and mobile relations" (Foucault 1980a:94). As such, Foucault's concept of power stands in opposition to the "repressive hypothesis", a perspective which conceives of power as domination, coercion, and the suppression of desire and truth, operating by way of law, taboo, and censorship (Dreyfus and Rabinow 1982). For Foucault, power is productive, not repressive. It operates by producing "knowledge and desire". The scientific discourse of medicine, the criminal justice system, psychiatry, and the social sciences produce new forms of knowledge. This knowledge is not neutral or objective; it represents particular perspectives, conventions, and motivations. The type of knowledge produced influences our behavior and has a controlling effect on our bodies, such that knowledge is inseparable from power:

...power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations. (Foucault 1977)

For example, in *The Birth of the Clinic*, Foucault describes how the medical profession gained prestige by employing "scientific" knowledge, which gave it considerable power in defining reality (Foucault 1975). Medicine, through such means as the creation of disease categories, acquired the power to define the "normal" and identify the "deviant". The medical profession thus had the authority to create statistical measures--norms against which all individuals could be judged. Through the process of normalization, power is both "totalizing", because it

controls all aspects of life by creating pressure to conform to norms, and "individualizing", because those who fall outside the norm are marked as deviant and targeted with disciplinary strategies designed to neutralize their deviance.

However, such conformity is not achieved through coercion or force, but rather through desire. By constructing conceptions of normality and deviance, power makes the norms appear moral or "right" and creates the desire to conform to these norms:

...power would be a fragile thing if its only function were to repress, if it worked only through the mode of censorship, exclusion, blockage and repression, in the manner of a great Superego, exercising itself only in a negative way. If, on the contrary, power is strong this is because, as we are beginning to realize, it produces effects at the level of desire--and also at the level of knowledge. Far from preventing knowledge, power produces it. (Foucault 1980b:59)

Power thus operates through both the production of knowledge, and the creation of a desire to conform to the norms that this knowledge establishes. This desire to conform leads people to sustain their own oppression voluntarily, through self-disciplining and self-surveillance. Self-monitoring is achieved on two interacting levels: practice and discourse. Individuals feel compelled to regulate their bodies to conform to norms, but also to talk about what they "should" and "should not" do and to "confess" any deviation from these norms.

Power is strongest when it is able to mask itself: "Its success is proportional to its ability to hide its own mechanisms" (Foucault 1980a:86). The manipulation of desire is one mechanism by which power masks itself--by making that which is constraining appear positive and desirable. Power can also be disguised as resistance. For example, Foucault sees the repressive hypothesis as a deception. While seemingly opposing power by pointing to its coercive and repressive nature, it draws attention away from the more subtle mechanisms of power on the "micro-levels" of everyday life. When power meets with resistance, it is not overcome; it simply finds new ways of manifesting itself: "...power can retreat here, re-organize its forces, invest itself elsewhere...and so the battle continues" (Foucault 1980b:56). There is a constant interaction of power and resistance in which power asserts itself, meets with resistance, and responds by re-asserting itself in a new guise.

FAT AND FITNESS

Foucault describes the historical emergence of biopower as the dominant system of social control in terms of this interaction of power

and resistance. Taking the example of sexuality, he states that sexuality in eighteenth century Europe began to be an object of repressive surveillance and control. But such repression led to "an intensification of each individual's desire, for, in and over his body" (Foucault 1980b:57). The response in the twentieth century was resistance--the revolt of the sexual body. But when power meets resistance, it transforms itself, finding new avenues of expression. When control by repression lost its force, power reasserted itself as control by desire. The new message: "Get undressed--but be slim, good-looking, tanned!" (Foucault 1980b:57). Power came to operate by the creation of a desire to achieve the "perfect body", through such disciplinary practices as physical fitness activities and the monitoring of body weight.

The obsession with the fit, thin, and healthy body (three ideas that have come to be entangled and treated as equivalent) has resulted from the creation of two types of discourse. The first is a health discourse, which includes both knowledge produced by the medical profession and the popular discourse of health which takes on a scientific tone. This discourse presents the fit and thin body as healthy, and treats the overweight or unfit body as unhealthy and deviant. Schwartz (1986) describes how historically the definition of "normal" body weight has become increasingly restricted. In the first half of the twentieth century, the concern with overweight increased substantially, but "[t]he nation had not grown suddenly heavier; rather, the tolerances had narrowed" (Schwartz 1986:159). Early height-weight charts were based on select population averages, but gradually they were adjusted to reflect an ideal instead of a mean. Such norms of "health" emerged despite the lack of a medical basis for evaluating what was an "ideal" body weight. The second type of discourse is the product of the media and advertising industry. This discourse portrays the fit and thin body as not only healthy, but also beautiful and sexy. The unfit body is ugly, unsexy, and unpopular.

Although frequently presented in "scientific" and "objective" terms, talk about health is not value-free; it is a moral discourse. The unfit and overweight body is deviant. It is associated with personal irresponsibility and immorality. Lack of fitness is the individual's own fault--she maintains an unhealthy "lifestyle"; she is lazy, gluttonous, idle, unvirtuous. This ideology is clear in one individual's comment that an equal access health care system is one which "taxes the *virtuous* to send the *improvident* to the hospital" (cited in Crawford 1977:669; my emphasis). The ideology of individual responsibility for health creates a belief in a personal obligation to maintain good health through dieting and fitness activities: "I would lean much more in the direction, once

traditional, of saying that health is a *duty*, that one has an obligation to preserve one's own good health" (Leon Kass, cited in Crawford 1977:669). The idea of imposing economic penalties on those who engage in "inappropriate" health behaviors, such as overeating and smoking, has even been proposed. The targets of these proposed penalties are selective; for example, they do not target undereaters or workaholics (Nichter and Nichter 1991). As Foucault tells us, knowledge is not neutral--conceptions of normality and deviance are manufactured so as to create the types of bodies that society needs. It would hardly be productive in a capitalist society to economically penalize workaholics.

This moral discourse is internalized by individuals, leading to self-surveillance. Fitness/thinness, morality, and self-discipline come to imply one another, so that "...thinness is believed to be an unmistakable sign of self-control, discipline, and will power. The thin person is an exemplar of mastery of mind over body and virtuous self-denial" (Crawford 1984:70). Conrad (1994) found that informants felt good exercising, not only physically, but morally. One informant stated that she felt "good *about* doing it"; another stated that running made her "like herself better" (Conrad 1994:392). In contrast, lack of exercise and fitness are seen by informants as a moral failing: "[I am] disappointed in myself because I know what I should be doing" (Conrad 1994:394), and again: "People who are overweight are slovenly. They are unhealthy on purpose" (Crawford 1984:71). The first of these two statements demonstrates how individuals are compelled to confess deviance from the norm; the second shows that those who fall outside the norm are "individualized" as deviant.

Health is thus equated with fitness and thinness, and achieved through the virtuous adherence to disciplinary regimes of diet and exercise imposed upon oneself. A University of California study found that up to 80% of nine-year-old girls studied organized their own lives around dieting--jogging daily and counting calories obsessively (Bordo 1989). Self-monitoring is fostered through the commercial production of a wide range of technologies of surveillance: bathroom scales, calorie-counting tables, height-weight charts, diet books and products, exercise equipment, and nutritional information charts on packaged foods. According to Schwartz's (1986) historical analysis, as tolerance for any slight deviation from the norms of body weight decreased, weighing oneself became more private and more regular--changing from an occasional weighing at the doctor's office as part of a health examination, to daily weighing in the privacy of the bathroom, in the morning and naked so as to get the most precise (and lowest) possible measure.

Today, electronic scales measure body weight to the nearest quarter pound.

Power is most successful, Foucault asserts, when it can effectively hide its mechanisms, and one way in which it achieves this is by creating desire. The fitness discourse is replete with references not only to morality and discipline, but also to pleasure. Discipline is thus transformed from constraint to liberation. A book on running tells us that running "helps us to find our maximum spiritual and intellectual potential", stimulating meditation, producing relaxation, and relieving stress (Dr. George Sheehan, cited in Gillick 1984:380). The association of fitness with fun is evident in another book title, "Fitness Through Pleasure: A Guide to Superior Health for People Who Like to Have a Good Time" (Crawford 1984:94). Power can also mask itself as resistance or empowerment. In the discourse of fitness and thinness, free will is linked to will power, empowerment to self-discipline. Weight Watchers is viewed as empowering, and Jane Fonda claims that "Discipline is Liberation!", arguing that body consciousness is a means towards anti-corporate consciousness (Crawford 1984:95).

According to Foucault, power is omnipresent--it is exercised from "innumerable points" and inherent in relationships. The surveillance of body weight and fitness comes from oneself, others, the medical profession, and the media. The all-encompassing gaze of power emanates from the bathroom scale, the mirror, the television, magazines; power is found at gym class, the clothing store, the dinner table, the office; it is reflected in the compliment "You've lost weight", and 'the designs of products from Coke bottles to cars, which mirror our ideas of physical beauty' (Nichter and Nichter 1991).

Foucault argues that power produces the types of bodies that society requires. Fitness and dieting create disciplined bodies appropriate to the capitalist enterprise--productive, controlled, habituated to external regulation and self-restraint. Crawford (1984) asserts that such bodies are particularly appropriate to a society in economic crisis, where we are expected to "tighten our belts" through discipline and self-denial, to work harder and have less. The dissatisfaction with the body embodied in dieting is also good for capitalism because it leads to consumption--of new clothes, exercise machines, running shoes, diet books, diet programs, and diet foods (Nichter and Nichter 1991). Capitalism's dual needs of production and consumption are fulfilled through a balancing of the "health as control" ideology (emphasizing discipline through fitness, to make us productive workers) with a "health as release" ideology (emphasizing the satisfaction of desires, to make us good consumers) (Crawford 1984). Dieting teaches us that although we need to consume,

we must "know when to say when" (Nichter and Nichter 1991): eat, but know when to stop; go out for a drink, but come home sober and get some sleep so that you will be a productive worker in the morning.

The fitness movement reinforces a belief in individual control over the body and responsibility for health, an ideology which also serves the needs of the capitalist state. The belief in individual responsibility for health reinforces the "American Dream ideology"--the capitalist ideal of equal opportunity and the value of hard work (Nichter and Nichter 1991). Everyone can be in good shape and thin, if they just try hard enough. Crawford (1977) discusses how the ideology of individual responsibility also leads people to expect to be in charge of their own health, in contrast to the idea of a "right" to health care that has become increasingly accepted. This justifies restrictions on rights to medical services, saving the government and businesses money on health care costs. It may also create a voluntary reduction in help-seeking, and justifies the shifting of health care costs back to the consumer. Finally, it diverts attention away from the social and environmental causes of illness--poverty, carcinogens in the work place, air pollution, diminished ozone--that would be more costly to treat.

FEMININITY

For women, the desire for thinness and fitness is reinforced by their association with an ideal of femininity. An extended example from the work of Bordo (1989) reveals how powerful and destructive self-disciplinary practices can be, and their capacity to create "docile bodies". Bordo discusses three examples of femininity taken to an extreme--the disorders of hysteria, agoraphobia, and anorexia. These disorders represent an exaggeration of the norms of femininity of the historical period in which each emerged, and especially in the case of anorexia, an extreme self-disciplining in an effort to conform to these norms. Hysteria is a magnified embodiment of the nineteenth century ideals of the feminine as "delicacy and dreaminess, sexual passivity, and a charmingly labile and capricious emotionality" (Bordo 1989:16). This image was formalized by scientific literature which described normal femininity as such. Agoraphobia embodies the feminine ideal of domesticity and dependency prominent in the 1950s and 1960s. In the late twentieth century, anorexia has emerged in the context of a health movement which has idealized thinness, and the media and advertising industry which have taken the ideal of thinness for women to an extreme.

A closer look at the example of anorexia clearly illustrates several of Foucault's key points: power operates through self-disciplining, self-surveillance, and the production of desire, constructing an illusory

experience of empowerment or resistance, and thereby hiding its constraining nature. For the anorexic, "conditions that are 'objectively'...constraining, enslaving, and even murderous, come to be experienced as liberating, transforming, and life-giving" (Bordo 1989:15). The anorexic subjugates herself through extreme self-discipline and self-denial, yet rather than experiencing this as repression, she sees it as liberating, an expression of her own will, self-control, and self-mastery. Take for example, the following reminiscence of one of Bordo's formerly anorexic informants:

Energy, discipline, my own power will keep me going...I need nothing and no one else....I will be master of my own body.... (cited in Bordo 1989:19)

Bordo suggests that anorexia creates a sense of empowerment both because it represents self-mastery, and because it allows the anorexic entry into a privileged male world, by losing the feminine curves of her body--her hips, breasts, and rounded stomach.

Not only does anorexia create the illusion of empowerment, it may also create the illusion of resistance. Anorexia has been interpreted as a type of unconscious protest, albeit a counterproductive and self-defeating one. According to this perspective, the anorexic is engaging in a "hunger strike", exposing and protesting the feminine ideals that deny a woman's needs and appetites and make her ashamed of them, by "pursuing them to the point where their destructive potential is revealed" (Bordo 1989:21).

Yet while seemingly opposing power, anorexia supports it by reinforcing the power relations which it protests. Bordo argues that the disciplinary practices of anorexia embody the ideal of self-deprivation for women, of limiting her desires, ambitions, and needs, and thereby reinforce the patriarchal social structure:

...the control of female appetite for food is merely the most concrete expression of the general rule governing the construction of femininity that female hunger--for public power, for independence, for sexual gratification--be contained, and the public space that women be allowed to take up be circumscribed, limited. (Bordo 1989:18)

Furthermore, she argues that the criteria for the feminine body--frailty, minimal eating, reduced mobility, and so forth--create a body design that is unfit for activities outside of this limited female realm. The creation of femininity and its opposition to masculinity reinforces the division of social and economic life into separate male and female, dominant and subordinate roles. Applying Foucault's model of the interplay of power and resistance, it could be argued that at a time when women are resisting by actively challenging male authority, power is reasserting

itself through the ideals of femininity that render women docile, or in the case of anorexia, even incapacitated.

OBSTETRICS AND THE REGULATION OF WOMEN'S REPRODUCTIVE BODIES

According to Foucault, the medical profession historically gained considerable power to define reality through the control of privileged and respected scientific knowledge. Medical knowledge came to define the boundaries of normality and deviance. Medicine has also objectified our bodies, bringing them under the surveillance of the medical system as objects to be manipulated and controlled. Thus, at the level of ideology, medicine creates the discourse that defines which bodies, activities, and behaviors are normal; at the level of practice, medical procedures are a principal source of the institutional regulation and disciplining of bodies.

The reproductive body has been a prime target of institutional regulation. Davis-Floyd (1990) discusses the use of obstetrical "rituals" which are not "objectively" beneficial but rather are the product of medical knowledge created to make birth a controlled and monitored procedure rather than a natural process. Many obstetrical procedures are unnecessary, harmful, and disempowering to women, including use of the lithotomy position, episiotomies, and overuse of Cesarean sections. The lithotomy position makes the birth process more difficult, long, and injurious than necessary, due to the inappropriate weight distribution of the woman's body. Studies show that episiotomies cause, rather than prevent tearing. The number of Cesarean sections performed in the U.S. has increased from 4% in 1970 to 24.4% in 1987, with no associated improvement in infant or maternal mortality rates (National Bureau of Vital Statistics, cited in Davis-Floyd 1990). Through such unnecessary procedures, birth is transformed from a natural process into a medical event.

These and other regulating activities are combined with careful monitoring and control; dilation is checked regularly and if it is not proceeding "on schedule", an artificial timetable is imposed through labor augmentation, the fetus is supervised through electronic fetal monitoring, and the mother is controlled through anesthesia (Davis-Floyd 1990). In applying these procedures, authoritative knowledge is monopolized by the medical profession; privileged technological knowledge is deemed relevant to decision-making while the woman's experiential, bodily knowledge is considered irrelevant. The "appropriate" behavior for the mother is to conform to the routines and procedures of hospital staff unquestioningly (Michaelson 1988). The regulation and surveillance of the mother's body through medical

activities is the norm for the birth process, and any objection or departure from these norms, however unnecessary the procedures may be, is considered deviant and unacceptable. For example, Cesareans have been forced by court order on women on the basis of medical advice, without taking the mother's opinion or embodied knowledge into account. In the majority of cases, forced c-sections have later been shown to have been unnecessary (e.g. Jordan and Irwin 1992).

The discourse of risk reinforces the standardized use of these obstetrical procedures. Birth has been defined as inherently risky, to be managed by the risk-reducing application of technology and scientific knowledge. Every birth is treated as high risk, resulting in a "maximum strategy" which focuses on the worst case scenario (Michaelson 1988). The belief in the inherently risky nature of birth combined with the threat of malpractice has resulted in tighter control over the birth process. As one Texas obstetrician stated:

Certainly I've changed the way I practice since malpractice became an issue. I do more c-sections, that's the major thing. And more and more tests to cover myself. More expensive stuff. We don't do risky things that women ask for....(cited in Davis-Floyd 1990:177)

The ability to make decisions is thus taken away from the mother and placed in the hands of the medical profession and its technology. As the above citation demonstrates, the transferring of control to the medical establishment is the product of both a medical discourse and a legal one. The concern with minimizing risk is a legal as well as medical issue, since the failure to avoid all possible risk carries the legal penalty of a possible malpractice suit. Thus, practices such as the excessive use of medical technology result from the production of various distinct types of knowledge--that is, they are the product of multiple, interacting discourses.

Through the language of risk, obstetrical procedures become norms, and variation from them is seen as dangerous and unethical. Like the discourse on fitness, this is a moral discourse. Obstetrical procedures are equated with safety, and deviations from them are equated with unethical risk-taking. As one of Davis-Floyd's physician-informants reported:

My philosophy is...keeping in mind safety above all else, and not compromising safety for social reasons. If women put demands on me where I can't monitor the baby, or have an IV in them when they suddenly abrupt and go into shock, start haemorrhaging and go into shock before I can get an IV in--no, I can't live with that....There are guys out there that will do anything they ask, who make birth a social event. And I think they jeopardize the woman's safety and the baby's safety (cited in Davis-Floyd 1990:184).

Women who believe that a technologically controlled birth may not be the best or safest approach are "individualized" as deviant, in Foucault's terminology, and are subject to criticism from doctors, family, and friends (Michaelson 1988).

The moral discourse of risk and the association of technology with safety combine to create the desire to conform to the norm of a technologized birth. In the 1920s, the belief that technologized births were safe and painless led upper and middle class women to choose hospital births, despite the misuse of drugs and unnecessary use of forceps that made hospital births relatively unsafe. Today, institutional control over the birth process is seen by many women as positive--a way to provide maximum security and protection for the infant and ensure the birth of a "perfect child" (Michaelson 1988).

Davis-Floyd (1990) argues that obstetrical practices serve to create docile female bodies, reinforcing the patriarchal social order. She claims that obstetrical rituals make the natural process of birth conform to the technological model of biomedicine. Through the regulation of the mother's body and the subordination of women's embodied knowledge to technical knowledge, control of the birth process is transferred from mothers to male doctors. The woman's body becomes a passive vessel and the baby becomes a product of the doctor and the hospital; males and institutions control the mode of reproduction just as they control the mode of production. Women's bodies are represented as inherently defective and in need of external regulation, dependent on science and technology. Thus, the ideology of women as passive, subordinate, dependent, and inherently inferior is reinforced.

The regulation of women's bodies and the subordination of women's embodied knowledge to the authority of medical professionals is not confined to the birthing room. Millard (1990) demonstrates how professional authority is extended to the home through the regimentation of breast feeding according to fixed schedules with an emphasis on efficiency. Despite a lack of scientific understanding of the relationship between breast feeding behavior and maternal milk production, and although recommended schedules tend to create hunger in infants, scheduled breast feeding is emphasized by the medical community as a biologically innate norm for infants and for maternal lactation. The absence of a regular schedule is taken as a sign of abnormality on the part of the mother and/or child. Departure from the schedule is seen as a sign of inadequacy, creating in mothers the desire to conform and resulting in self-disciplinary behavior. The norms of discipline, regulation, and subordination of embodied knowledge to scientific knowledge are first enforced in the institutional setting, then extended to

the "micro-levels of everyday life"—operating in the home through self-disciplinary behavior by which women subjugate themselves.

Millard describes the scheduling of breast feeding as a projection of the factory model onto the body. The idea that such scheduling serves the capitalist state by creating bodies habituated to external regulation, timetables, self-discipline and the suppression of natural needs was explicit early in the twentieth century, when breast feeding schedules were seen as a way of teaching infants about discipline, preparing them for responsible adulthood.

But what of the resistance to obstetrical practices that has emerged in recent years? Women are now claiming the right to alternative birth settings, low technology births, and increased voice and control over their bodies. Foucault asserts that when power meets resistance it transforms and reasserts itself, and resistance itself is often a new form of power disguised. In line with such a Foucauldian analysis, Hadd (1991) argues that the movement which insists on a woman's right to "control" her body reinforces the Cartesian mind/body dichotomy, objectifying the body as having a separate existence from the self. Arguments for women's rights to "control" and "ownership" of their bodies therefore encourage the idea of the female body and its "products" (children) as property or commodities—separate objects subject to the laws of ownership. But property is alienable and ownership can be regulated by the state. Thus, resistance to obstetrical practices which calls for a recognition of a woman's right to control over her body reinforces the objectification of the body that makes possible external regulation and control. In Foucault's terms, resistance is power disguised.

FREE WILL AND SOCIAL CHANGE?

By focusing on knowledge and desire as agents of power, and self-surveillance as one of its principal mechanisms, Foucault provides us with an important new way of understanding power which goes beyond the imposition of control by the state and via repression and force. But for scholars who believe in free will, empowerment, and social change, Foucault's ideas have been problematic. Firstly, interpretations such as those presented above tend to create a picture of passive and equal acceptance of norms by everyone. Where does individual agency fit into Foucault's analysis? Individuals respond differently to the knowledge produced by science, and "social norms" are not equivalent for all sub-groups within a society, nor equally adhered to by all. Foucault's approach does not help us to account for such variation and resistance.

Secondly, the interpretation of behaviors such as fitness activities as manifestations of power ignores their possible beneficial effects. In

looking at how the fitness movement reproduces norms of self-discipline and self-denial which serve the capitalist state, must we deny the potential benefits of exercise for health? Is physical fitness merely a way of creating docile bodies, or can it also be empowering? Foucault would argue that the idea of empowerment is a means by which power masks itself. But as Crawford asks:

To what extent might rape, battering, and physical intimidation of women by men be reduced by women shedding the traditional images of vulnerability, and physical submissiveness? Or is the attempt to gain control of one's body a diversion from the real political tasks that women face, an "illusion that control of the body's shape and appetites will resolve their dilemma" (Chernin 1981:107)? (Crawford 1984:96)

Is physical fitness that permits a woman to fight back against an assailant, if not to change the whole gender-based power imbalance, not a limited form of empowerment, albeit entrenched within a larger system of power?

Thirdly, by asserting that resistance is simply another form of power in disguise, Foucault seems to deny the possibility of successful resistance and change. In the interplay of power and resistance that Foucault describes, if we succeed in resisting on one front, we merely substitute a new form of power for an old one. Hartsock (1990) argues that Foucault fails to provide a theory of power for women, since his approach precludes the possibility of action leading to social change. She describes movements in which the "Others" demand to be heard--be they the colonized, racial minorities, or women--as having two tasks: "one of critique, the other of construction" (Hartsock 1990:163). Foucault is concerned only with the former; for him the task of intellectuals is only to expose power relations, not to work toward social change. He allows for resistance to power, but not for the possibility of action--of overcoming it rather than transforming it. He therefore "reinforces the relations of domination in our society by insisting that those of us who have been marginalized remain at the margins" (Hartsock 1990:168). Other feminist scholars have argued that if we accept the idea that all knowledge and "truth" is socially produced, then we cannot appeal to truth to justify our own position, leaving women no basis for making claims against a sexist society (Phelan 1990).

Hartsock further argues that Foucault's ideas impede social change because of their tendency to make power "disappear". If power is not asserted by one group over another, if it is instead enmeshed in a network of relations, then domination cannot be located: "Power is everywhere, and so ultimately nowhere" (Hartsock 1990:170). Unequal power relations of domination and subordination are left out of the picture:

Domination is not a part of this image; rather, the image of a network in which we all participate carries implications of equality and agency rather than systematic domination of the many by the few. (Hartsock 1990:169)

If we are all believed to be equally engaged in our own domination, this can lead to a type of victim-blaming in which we are all responsible for our own situation. If power is dispersed and cannot be located at particular sites of domination, then how can we combat it? Furthermore, even if power is dispersed, is it *equally* dispersed, or are there points of concentration? Foucault charges other theorists with ignoring the fact that power comes "from below" and operates through self-surveillance; he is counter-charged with ignoring the structural power imbalances in society.

Ironically, Foucault's ideas of knowledge and power can be employed in a critical evaluation of his own claims. If all knowledge is manufactured, then how do we judge the truth that Foucault is offering us? Foucault tells us that knowledge has a controlling effect over us. He also claims that power masks itself, as other authors have put it, "by producing a discourse, seemingly opposed to it but really part of a larger deployment of modern power" (Dreyfus and Rabinow 1982:130). Could Foucault's ideas not be, by his own argument, just such a discourse? While seeming to oppose power, he has been charged with preventing us from locating domination in order to defeat it and from making appeals to truth in the name of liberation. Power is everywhere, it cannot be isolated and overcome, one system of power can only be replaced by another, and therefore fundamental change is not possible. The idea of biopower may ironically be interpreted as another manifestation of the power it describes, serving the state by claiming that change is impossible and thereby preventing us from acting. Although I would not argue that Foucault seeks to oppress us, this interpretation illuminates the problems of looking at power relations *only* from the perspective of biopower. The implications of Foucault's conception of power for social change are thus problematic, and as a *comprehensive* theory of power it has certain limitations. Yet it remains an important contribution to our understanding of the complexity of the operation of power on multiple levels and through multiple means.

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