

Comment

For your own good. **Biopolitics told by J.G. Ballard**

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“In a totally sane society, madness is the only freedom”, writes J.G. Ballard in his novel *Running Wild*.¹ This is a dark and at first sight enigmatic statement, but it could be interpreted as a stunning synthesis of the relationship between health policies and the practices of freedom in modern history. A game that is not yet over and the results of which must therefore still be deciphered. What do we do when faced with policies that act only for our good, which preserve life, improve the conditions of health and safety? And besides, what does it mean if these policies are seen as a threat and our freedom seeks refuge in madness as the last stronghold of resistance? These are the questions Ballard asks in his story. Among the luxurious residential estates in Berkshire, Pangbourne Village stands out only for having taken the secession of the wealthy executive classes to a limit that borders on the dream of perfect autarchy. Board directors, TV magnates, stockbrokers, successful professionals, the residents of the Village have no contact with the local community of Pangbourne. It is only a source for *chauffeurs*, housekeepers and other maintenance staff for the estate. Safely encased in their cars, they glide along the M4 that provides a direct link between the network of residential estates and the City of London. Their children attend the same private schools and spend their free time in the sports and recreational facilities provided on the estates. The 32 acres of Pangbourne Village are also surrounded by a metal fence with an electronic alarm system, patrolled day and night by security staff and guard dogs, while the roads and the entrances to the homes are constantly under the watchful eye of television cameras. No one can enter the estate without an appointment. Halfway between a naturalist ecosystem (*The new Samoa* is the title of a documentary shown by the BBC) and a life form cultivated in a laboratory, Pangbourne Village is a kind of private Parnassus from which dirt and disorder are banished and where one has the impression that “even the leaves falling from the trees are taking too many liberties”.² Despite all these safety precautions, bloodshed has found its way within the walls of Paradise, leaving an indelible stain on a normality of pure wellbeing. On 25 June 1988 all the people who live and work in Pangbourne Village, about thirty altogether, comprising owners and employees, are found killed; there is no trace of the bodies of the residents’ children and at first it is thought that they may have been kidnapped by whoever was responsible for the massacre. Dr. Greville, police doctor and deputy psychiatric advisor with the Metropolitan Police, investigating the case, comes across a mysterious videocassette made by some of the children with the participation of their parents: idyllic scenes of daily life alternate with clips showing the mangled bodies of car-crash victims, condemned men dying in the electric chair, corpses dumped in the mass graves in Nazi extermination camps. It is as though “the children were deliberately taking refuge in madness as the only means of winning freedom”.³ It did not take him long to reach the conclusion that the children themselves had carried out the massacre. Dr. Greville interprets their mad gesture as an extreme attempt to escape from the prison of a perfect life and a tolerance that wipes out all possibility of dispute.

Killing life in its very generative principle means in some way killing one’s own life, and we might then wonder who are and who will be the “suicides” of our society of normalisation. In any case, Ballard’s visionary novel sketches quite a precise outline of the polarity that runs through the history of public health. On the one hand there is a totalising tendency, the idea of a perfect control of society aimed at the maximum development of its vital potentials. This Utopia is directly linked with the complementary programmes stated by Rousseau and by Bentham: the dream of a “transparent society” and that of a “total visibility” have been grafted onto each other, forming the great model of a total political rationalisation of society.⁴ Born as a technology aimed at developing the strength of the State to

combat epidemics and, more generally, the dangers connected with urbanisation and poverty, social medicine has developed as a “biosecurity” device loaded with authoritarian intervention: quarantines, sanitary cordons to protect privileged populations, public aid policies aimed at the control and normalisation of the underprivileged classes. Its institutionalisation is parallel to the emergence of new forms of popular resistance. On this point it is important that the struggles of dissident groups protesting against the interference of the State in religious matters later took on the form of “antimedical uprisings” and focussed on questions concerning life and death, the right to fall ill and follow the medical treatment one prefers.⁵ While it is true that the political project of a medicalisation of health – from hygienism to contemporary epidemiology – incarnates a kind of “secular religion” of the modern world,⁶ we should not be surprised that the anti-pastoral struggles of the Middle Ages, becoming secularised in turn, should have given way to forms of political struggle against the excesses of medical governmentality.⁷ The history of public health cannot therefore be separated from that of the anti-hygienist movements, which have interwoven complex and different relationships with liberalism depending on the national and regional contexts.⁸ Even the centrality of liberalism should not surprise us, despite or perhaps because of the paradoxes that have characterised it, just as much in the promotion as in the rejection of public health and of the governmentalisation of medicine. In fact it was not France, but England, country of a weak State and individual freedom, that made vaccination obligatory in 1853, legalised medical-hygienist devices through the Poor Laws, and finally completed health legislation with the institution of “Health Offices” – public services with the task of ensuring that health regulations were applied and of supervising the state of health of the population – which were later centralised in a “Central Board of Health”.⁹ Besides, it is quite clear that today an important sector of the criticism of public health is of Anglo-Saxon origin. It is a vast universe which embraces heterogeneous positions. The book by the American science historian Robert Proctor, *The Nazi War on Cancer*,¹⁰ analyses with documentary precision the discovery by German researchers of the cancerogenic effects of active and passive tobacco smoking, and the role they played in promoting the anti-smoking crusade of the Third Reich. Despite Proctor’s precautions, his work brings grist to the mill of those who radically dispute public health measures. Jacob Sullum, an exponent of the “libertarians” gathered around the Reason Foundation, has published a successful book, entitled *For Your Own Good: The Anti-Smoking Crusade and the Tyranny of Public Health*,¹¹ in which he claims that a government that has full powers to maximise the health of its citizens is a “totalitarian” government.¹²

The rebellion against the effects of biopolitics – the liberating gesture of the children of Pangbourne Village is only the extreme transfiguration of a novel – therefore has a long history, in which the practices of resisting the medical-political conduction of men has been expressed following different reasons and in different forms. However, it would be only a partial interpretation to consider today’s public health policies as the point of arrival of the authoritarian trespassing of medicine, faithful tool of a State that intends to push the colonisation of the social sphere beyond the threshold of individual behaviours and life styles. Instead they are part of a nebula which, by dissolving its family outlines, embraces its changeable scattered fragments. We can then discover that not all forms of government of the body are authoritarian and coercive, but they may be interiorised or used to take advantage of certain rights; just as not all the alternative uses – practical, symbolic or theoretical – of the body (or of the “flesh”) are necessarily practices of resistance. Stigmatising State medicine or the “fascism of health” is the oldest way of criticising public health policies as well as the most treacherous, because it comes from the liberal world. Liberalism is in fact the art of government which has been most effective in giving a new political interpretation of pastoral power, the maxim of which is *omnes et singulatim*: the salvation of the flock presupposes attention to every single sheep. Pastoral power is a technique oriented towards individuals which is applied to life itself, that is to the individuals considered not as juridical subjects, but as living creatures. Liberalism does not relinquish the project of governing all individuals, but gives up handing over this project to the centralising and tendentially totalitarian power of the State, linking it to a project of individual freedom, to an ethical technology of the self, to a practice of subjectivisation.¹³ The optimum stage of the art of government is that each person should govern himself. Liberalism tends to achieve this condition because it is a technology of self-government, more precisely of the governmentalisation of self through the self: people administer themselves as living individuals through massified normalising patterns of behaviour, the rationality of which is at the same time biological and economic. Instead of considering only the authoritarianism and the totalitarian drifts of medicine, we

must linger especially on the individualising aspects and on the practices of subjectivisation that pervade it. More than relationships of authority, they are the subtle games of a normalisation which has in the body, at one and the same time, its object and its bet, to transform representations and behaviours, to produce new forms of subjectivisation and of self government.¹⁴ Health is one of the fields and of the general schemes in which self management is carried out.

On this point, it is not irrelevant that the story Ballard tells is set in a liberal context, or indeed, to be more precise, a neoliberalist one. The children disappear after the murder of their parents, but turn up again with an attempted assassination of the former prime minister, Margaret Thatcher, the “Mother of the Nation”. What makes the problem that Ballard presents even more scandalous, and for this reason more incisive, is that the rebels are not, as one might perhaps expect, children of the lower working classes, cast into misery by the collapse of the trade unions and of state protection in the England of the Eighties. In that case their revolt would have had the meaning of a possible emancipation, the promise of a better, more dignified life. Instead they are the coddled and cosseted scions of the management classes, the future political leaders of society, who, rather than administering themselves in such a way as to maximise the precious human capital offered by their bodies, “prefer not to”, and launch a mad challenge against the world that loves them like a father and like a mother. Their target is not a government that oppresses, exploits, discriminates and excludes, but a government that protects, encourages, promotes and strengthens, a government that has become flesh, subjectivity, a form of life. If in their gesture there is an attempt at emancipation, it is the utmost experience of liberating themselves from life itself, and for this reason the political clash takes on the form of a murder-suicide. But children grow up and, in a later novel entitled *Super-Cannes*,¹⁵ Ballard completes the picture that he sketched previously. A handful of senior managers who work and live barricaded at Eden-Olympia, one of the ganglions of the luxurious system of technological parks that overlook the plain of the Var, forming a kind of European equivalent of Silicon Valley, begin to experience serious health problems: infections of the respiratory system and of the urinary tract, gum abscesses, unusual fevers that keep them in bed for weeks on end. All this has a deleterious effect on their performance and affects the production rate of the multinational companies that they work for. Eden-Olympia is on the brink of a crisis. Like perfect managers they take the situation in hand and decide to adopt an adequate life style, following the “therapeutic” programme developed by the psychiatrist Wilder Penrose, a kind of super-manager with exorbitant powers who prescribes “small doses of madness”. “Madness... that is all that is left to those people, after having worked sixteen hours a day, seven days a week. Going mad is the only way they have of staying sane”.¹⁶ Organised in secret groups, the managers cultivate fascist ideas and devote their free time to various forms of illegal activities and violence: paedophilia, theft, road rage, drug trafficking, racist brawls, murder. After adopting this unusual health precaution, “immunity levels rose crazily, in the space of three months there was not a single case of insomnia or depression, nor any sign of respiratory infections”. The treatment worked and in this way “the company profits and the value of the shares began to climb”.¹⁷ Doctor Penrose’s diagnosis is that the managers of Eden-Olympia are not ill because they are crazy, but because they are too sane. This paradox makes Ballard repeat, “In a totally sane society, madness is the only freedom left”. As Doctor Penrose claims, “Our latent psychopathy is the last nature reserve, a place of refuge for the endangered mind. Of course, I’m talking about a carefully metered violence, microdoses of madness like the minute traces of strychnine in a nerve tonic. It’s actually a chosen, voluntary psychopathy, such as may be seen in any boxing ring or on any ice hockey track”.¹⁸ It is useless, in growing up the children of Pangbourne Village have become managers, and real managers believe they can even govern the blind violence to which they abandon themselves. Eden-Olympia is a kind of upside-down therapeutic community: instead of neutralising conflicts, to make the institution work better, violence is constantly evoked and used as the central piece in a new and more sophisticated ecological project dedicated to the self-preservation of the liberal way of life. But this simply means that the managers have definitively abandoned the mad gesture of liberation of the Village children. They have stopped committing suicide and, in saying yes to life, they have become their parents. Or rather, the parents survive in their children. The human capital is safe as long as it is accumulated through the generations.

In conclusion, it may be pointed out that today public health is characterised by a movement that profoundly redefines it and that may be expressed in these terms: the more it becomes a practice of governing the self through the self and a technology of subjectivisation, the more its political dimension

tends to coincide with the biological fact on which it is based. In other words, the public “sanity” is dissolved in the “health” of the living individuals. The example of the new campaigns for preventing the harmful effects of tobacco and alcohol quite clearly shows the passage from “sanitary” education to “health” education: it is no longer a question of instilling the fear of illness using the tools of paternalistic coercion or of “victim blaming”, but of stimulating a subjectivisation based on a positive image of health, of motivating individuals to become their own managers by adopting a life style that economises on behaviour involving risks.¹⁹ All this determines a series of repercussions, the extent of which has not yet been measured. Corresponding to the political de-responsibilisation of the State in matters of health assistance, the massive effect of neoliberalist policies, there is a gradual ethical responsabilisation of the individuals in managing their biological heritage and their health.²⁰ Besides, the increase in these individual biological needs has gone step by step with the assigning of a “bioresponsibility” to the State, as happened from the second half of the nineteenth century onward with the reports on unhealthy lodgings in Paris²¹ and, in general, as happens today, with health crises, the diffusion of infected blood, intoxications caused by lead, asbestos, foodstuffs, etc. Contradictory and complementary faces of a new “right to health”. What is rarely considered is that, in order to obtain or to apply certain rights, people must stop presenting themselves as political subjects and offer themselves instead as suffering bodies, flesh, naked life or drafts of life, and thus enter a dense network of discrediting obligations. This is what happens, more generally, with respect to the “right to life” which was discussed at great length in Italy on the occasion of the referendum on medically assisted reproduction. Some people claim the necessity to recognise that right of the embryo, but they fail to consider that today one has to resemble embryos as much as possible to have access to rights. A number of studies carried out at the end of the Nineties on indigent and immigrant populations at Seine-Saint-Denis, on the outskirts of Paris, show, on one hand, how the body is politically used to obtain rights that otherwise would be inaccessible and, on the other hand, how this “biolegitimacy” – founded on the “superior” right to life and health – inevitably ends up by depoliticising individuals, producing patterns of conduct and subjectivisation practices that lean heavily on the medical-biological side, and are therefore degrading. Both the pleas of the unemployed and casually employed to the departmental direction of health and social affairs, and the applications for residence permits presented to the Prefect, are based on the exposure of the suffering body, through a “story of the self” that exploits all the rhetoric of unhappiness: vital needs, compassion, merit, whilst justice is only rarely mentioned. According to a French law of 1997, the necessity of urgent medical treatment, classified under the heading “humanitarian reasons”, makes it possible to waive the order to expel irregular immigrants and gives them the right, not only to a residence permit, but also to a job.²² The body makes law, but to the extent that its medicalisation tends to keep it below the threshold of a possible political and juridical qualification: “Suffer, vegetate and you will have rights”. The most important aspect is that this process of embryonisation of life works like a pattern of conduct and technology of the self: in a totally healthy society, being sick bodies is the only freedom left. Clearly there is an Eden-Olympia for the unfortunate too, even though it is not precisely a paradise. But perhaps we are all implied in this process of individualistic secession, which offers to freedom only the destiny of a biological purgatory.

The text is a revision of the article “Salute pubblica”, in R. Brandimarte et al. (eds), Lessico di biopolitica, manifestolibri, Rome (in press).

Notes and references

¹ J.G. Ballard, *Un gioco da bambini*, Anabasi, Milan, 1992, p. 86.

² *Ivi*, p. 13.

³ *Ivi*, p. 75.

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⁵ M. Foucault, “La nascita della medicina sociale”, in Id., *Archivio Foucault, 2. 1971-1977*, A. Dal Lago (ed), Feltrinelli, Milan, 1997.

- ⁶ A. La Berge, *Mission and Method. The Early-Nineteenth-Century French Public Health Movement*, Cambridge University Press, Cambridge, 1992; D. Fassin, “Les scènes locales de l’hygiénisme contemporain. La lutte contre le saturnisme infantile: une biopolitique à la française”, in P. Bourdelais (dir.), *Les Hygiénistes, enjeux, modèles et pratiques*, Belin, Paris, 2001.
- ⁷ M. Foucault, *Sicurezza, territorio, popolazione. Corso al Collège de France (1977-1978)*, M. Senellart (ed), Feltrinelli, Milan, 2005.
- ⁸ M. Ramsey, “Mouvements anti-hygiénistes et libéralisme: vers une histoire comparée”, in P. Bourdelais (dir.), *Les Hygiénistes enjeux, modèles et pratiques*, cit.
- ⁹ *Ibidem*. Cf. also M. Foucault, “La nascita della medicina sociale”, cit; L. Berlivet, “Déchiffrer la maladie”, in P. Dozon, D. Fassin (dir.), *Critique de la santé publique. Une approche anthropologique*, Balland, Paris, 2001.
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- ¹³ M. Foucault, “*Omnès et singulatim*. Verso una critica della ragion politica”, in Id., *Biopolitica e liberalismo*, O. Marzocca (ed), Medusa, Milan, 2001. Cf. also M. Foucault, “La tecnologia politica degli individui”, in Id., *Tecnologie del sé*, edited by H. Martin, H. Gutman, P.H. Hutton, Bollati Boringhieri, Turin 1992; M. Foucault, *Sicurezza, territorio, popolazione. Corso al Collège de France (1977-1978)*, cit.; M. Foucault, *Nascita della biopolitica. Corso al Collège de France (1978-1979)*, M. Senellart (ed), Feltrinelli, Milan, 2005.
- ¹⁴ D. Fassin, D. Memmi (dir.), *Le gouvernement des corps*, Éditions de l’École des Hautes Études en Sciences Sociales, Paris, 2004.
- ¹⁵ J.G. Ballard, *Super-Cannes*, Feltrinelli, Milan, 2000.
- ¹⁶ *Ivi*, p. 197.
- ¹⁷ *Ivi*, p. 250.
- ¹⁸ *Ivi*, p. 253.
- ¹⁹ L. Berlivet, “Une biopolitique de l’éducation à la santé. La fabrique des campagnes de prévention”, in D. Fassin, D. Memmi (dir.), *Le gouvernement des corps*, cit.
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- ²² D. Fassin, “Le corps exposé. Essai d’économie morale de l’illégitimité”, in D. Fassin, D. Memmi (dir.), *Le gouvernement des corps*, cit.

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