



Types of Self-Surveillance: from abnormality to individuals 'at risk'.

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Abstract

The major objective of this article is to inquire into the kind of subjectivity produced by surveillance practices. The analysis begins by questioning a certain understanding, widespread in the literature of new surveillance technologies, of Foucault's conceptions of power and surveillance. In brief, this understanding privileges the surveillance of many by few, of 'us' by 'them'. We contend, instead, that Foucault stressed in diverse books and articles the nexus between power relations and practices of the care of the self. Hence, techniques of surveillance are necessarily related to practices of self-surveillance. This theoretical framework constitutes the basis for differentiating two historically distinct types of self-surveillance: the first, proper to disciplinary society, is promoted by normalizing power; the second is associated to the increasing relevance of the epidemiological concept of risk in the problematizing of health-related behaviors. Epidemiology of risk factors, medical testing and genetics are opening up a temporal gap between the diagnostic of illnesses/diseases and their subjective symptoms. This gap is equivalent to a space for individual 'pre-emptive' action against possible illnesses/diseases.

Introduction

In the vast literature on new techniques and practices of surveillance, the panoptic tower looms large. It emerges as a central point of comparison from which the singularities and social effects of techniques as diverse as databases, virtual reality and Closed Circuit Television are evaluated (Bogard, 1996; Gandy, 1993; Lyon, 1994, 2001, 2003; Norris and Armstrong, 1999).

We believe, however, that, besides the description of the Panopticon, other theoretical propositions of Foucault's are helpful in the study of new practices and technologies of surveillance. The new surveillance literature's focus on the Panopticon may overestimate

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technological features in the explanation of historical changes and excessively emphasize the surveillance of ‘them’ upon ‘us’.

One central tenet of Foucault’s conception of power is that it cannot be located; it is everywhere and therefore also inside us (Foucault, 1997b: 108). Power relations produce the subject or, to be more precise, they instill in the individuals a historically determined relation with themselves (Rose, 1999: 243). In fact, any practice of surveillance entails self-surveillance as its historical counterpart and it is this simultaneity that accounts for the acceptance and legitimization of power relations.

This article proposes an enlargement of the concept of self-surveillance. Self-surveillance is usually understood as the attention one pays to one’s behavior when facing the actuality or virtuality of an immediate or mediated observation by others whose opinion he or she deems as relevant – usually, observers of the same or superior social position. But we propose to open the concept to include individuals’ attention to their actions and thoughts when constituting themselves as subjects of their conduct.

The enlargement of the concept of self-surveillance implies associating it with practices of the care of the self. These practices require the stipulation of the part of the individuals that must be cared for and worked upon, a movement which corresponds to the production of an ethical substance (Foucault, 1985). In other words, self-surveillance is also based on the cultural postulation that certain thoughts and actions are dangerous or unwholesome to the constitution of the individual as a subject.

From the point of view of the practices of the self, a menace is innocuous unless accompanied by cultural recommendations about the means through which individuals are to confront and subject the problematic part of themselves. The delimitation of an ethical substance comprises both constituting an internal danger and defining the practices for containing it. Historically, different ethical substances are also related to distinct expectations of what one could be if one acts as one should. As we shall see, an individual could hope to be a normal citizen in modernity or aim at a long and pleasurable life in our contemporary society.

Enlarging the concept of self-surveillance also entails assuming that there is no neat line distinguishing power from care. The crucial point is that individuals usually problematize their thoughts and behaviors through beliefs held as true in their historical context. Hence, those who exercise power attain legitimacy by presenting themselves as helping us in caring for this part of ourselves that threatens our constitution as subjects. After all, they only intend to prevent us from straying away from the ‘correct’ path (Foucault, 1997d). Moreover, as the part of the self that demands care is ‘problematic’, one’s constitution as a subject entails an adversarial relation. Individuals must struggle against themselves in order to act according to ‘truth’ (Nietzsche, 1968: 480-482). Once again, if beliefs depend upon the context in which they are generated, struggling against the ‘problematic’ portion of the self in order to act according to ‘truth’ can be viewed as behaving as a given culture expects one to behave.

This assumption of the historicity of the subject explains the choice of health-related contemporary practices of surveillance as our object of investigation. Our major concern is inquiring into the kind of subjectivity produced today by new practices of surveillance. We will focus on the widespread practices of self-surveillance induced by the concept of risk factor, a concept constitutive of contemporary medicine.

Our argumentation begins by highlighting a theoretical difficulty found in the usual reading of Foucault's description of the Panopticon. The difficulty lies in how to conceive the nature of self-surveillance induced by the panoptic tower. We contend that self-surveillance does not depend only on an "invisible but unverifiable" power (Foucault, 1979: p. 201), but also on normalizing judgment.

In the second section of this article, centered on a discussion of normalizing power, we will stress a sparsely discussed element of Foucault's conception of a 'productive' power: that of the production in reality of an impersonated ethical negativity such as the delinquent, the madman or the sexual pervert. These 'dividing practices' (Foucault, 1997e: 326) define the part of modern individuals that must be cared for.

Our historical framework is the passage from norm to risk as the basic concept with which western human beings problematize what they are and what they might be. The third section of this article, 'lifestyle and self-control', provides evidence to sustain our diagnosis of this historical change. It also situates our perspective on the relevance of risk in contemporary society in relation to the works of Beck, Douglas and Foucauldian scholars discussing new practices of government.

In the fourth section, 'Epidemiological risk', we suggest some historical lines of development that account for the relevance and subjective effects of the concept of risk factors in contemporary medicine. This section focuses on the creation of a temporal gap between the diagnostic of an illness/disease and its subjective symptoms. This gap opens up a space for individuals' action in the shaping of their futures. The modern experience of health-care implied that individuals started to care for their health only once they felt sick. As this feeling was the subjective aspect of an impairment of vital norms, individuals became patients and readily accepted restrictions in their behaviors in order to recover. Today, on the contrary, individuals accept restricting their behavior in order to care for their health even and principally when they experience well-being. Contemporary medicine is producing the strange status of individuals 'at risk' (Lupton, 1995; Ogden, 1995, Novas and Rose, 2000; Petersen and Bunton, 2002), who can be viewed in fact as 'patients before their time' (Jacob, 1998: 102). We will thus argue that the alleged amplification of individual capacity to determine the shape of their future constitutes, in fact, a limitation to our freedom.

In the concluding section, we will briefly address the problem of adopting a critical stance in which care and power are inseparable. Assuming the historicity of care, we contend that a critical stance is made possible by acknowledging, first, that there are numerous ways in which human beings inhabit time and, second, that the future as risk undermines the future's status as an alterity to the present, as a reserve for imagination and hope.

The Panopticon and self-surveillance

In order to argue for the inextricability of power relations and care, it is useful to begin by questioning a dystopic reading of Foucault's depiction of the Panopticon. In this dystopic reading, it is possible to locate a separation between surveillance and individual identity, a separation that is responsible both for the emphasis on surveillance of others and for the radical separation between care and power. This dystopian reading suggests, for instance, a proximity between the panoptic tower and George Orwell's 'Big Brother' (Lyon, 2001; Norris and Armstrong, 1999). Both would supposedly be watching over us all the time. But what is the reason for this persecutory apprehension of the Panopticon?

Let us, once again, present the architectural principles of the Panopticon. Through an arrangement of light and shadow, Bentham conceived a semi-circular prison in which each inmate was placed in an individual lit cell visible from a tower located at the center of the semicircle. The high tower had windows from which a possible surveillant could watch every cell. Thanks to an ingenious design of these windows, no prisoner was able to ascertain if he or she was actually being observed or even if there was anyone in the tower (Foucault, 1979: 200). The prisoners in the cells knew that they were always subjected to virtual observation without ever being able to confirm its actuality.

The majority of authors that deploys the panopticon as a historical background for new surveillance techniques quotes or rephrases passages in which Foucault defines the major effect of the panoptic tower. One often cited passage refers to the major effect of the Panopticon: "(...) to induce in the inmates a state of conscious and permanent visibility that assures the automatic functioning of power" (Foucault, 1979: 201). In another passage, Foucault wrote:

He [sic] who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection (Foucault, 1979: 202).

The Panopticon can be conceived as technology, first, because as an architectural arrangement, it substitutes human surveillance by an opaque but visible tower; and, secondly, because it renders power automatic by promoting self-surveillance.

The decisive question lies in how to conceive this self-surveillance. The nature of the compliance with power rules and values is what is at stake here. We believe that the strange proximity between the Panopticon and the "Big-Brother" is rooted in the understanding of self-surveillance not as care of the self, but as self-monitoring (Lyon, 2001: 114) or, as Norris and Armstrong ingeniously put it, as "habituated anticipatory conformity" (Norris and Armstrong, 1999: 6).

Putting ourselves in the prisoners' situation may be the best way to shed light on the theoretical problems posed by these readings. What would it mean to comply with power through "anticipatory conformity"? We would certainly try to act according to what

power expects from us, but we would only do so because we would be aware of the possibility of being observed. We would act differently if given the opportunity to escape power's eye. We would resemble "docile bodies", but our docility would only be apparent, a mask that we carried as long as we thought we were being observed.

To put it differently, we would internalize power's eye but we would not identify with its values. In reality, instead of an unfolding of ourselves in consciousness and its object, our conduct, we would experience a threefold partition of our interiority. We would distance ourselves from our behaviors and look at them with power's internalized eyes. However, there would be an additional detachment: a part of ourselves constituted by our consciousness and desire would be sheltered from power's eyes.

Concretely, we would act considering the possibility of observation and posterior punishment and objectify our conduct accordingly, but we would not believe that by acting thus we would be doing what is best for us. Self-surveillance would be, in fact, experienced as surveillance of an internalized, but identified, other upon us.

The root of the dystopic apprehension of the panopticon is, then, the understanding of self-surveillance as internalization without identification. If this is what Foucault meant in *Discipline and Punish*, we would have reason to experience disciplinary society as totalitarian. We would wish to live differently but we would be unable to do so because society would be a prison at large. Worse, if contemporary practices of surveillance are to be seen as an extension and intensification of the panopticon principles, we would be running the risk of living in a totalitarian age today.

This interpretation of Foucault is not totally absent of grounds. There are moments in *Discipline and punish* in which Foucault appears to assert that modern individuals were constantly under power's surveillance. For example, he rhetorically asks his readers, "Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?" (Foucault, 1979: 228) Foucault also wrote that the Panopticon was a diagram polyvalent in its applications, a pure function detached from any specific use and, thus, capable of spreading throughout numerous institutions (Foucault, 1979: 205). However, reading these passages as implying that "anticipatory conformity" is diffused through society is an easy but huge leap that collides frontally with two main arguments put forth by Foucault in his books and articles: that power is not repressive, but productive; and that the subject is historically produced. As Ian Hacking would have it, these critiques of surveillance practices through the lens of the panopticon as 'anticipatory conformity'

(...) leave out the inner monologue, what I say to myself. They leave out self-discipline, what I do to myself. Thus, they omit the permanent heartland of the subjectivity. It is seldom force that keeps us on the straight and narrow; it is conscience (Hacking, 1986: 236).

Perceiving that the thesis that the individual is the bearer of power relations requires more than self-monitoring, some authors have pointed that internalizing power's eye also entails identifying with its values (Bogard, 1996; Gandy, 1993; Gilliom, 2001). Gandy, for example, indicates that there are "(...) more subjective forms through which the

individual actively participates in transforming himself or herself into a disciplinary subject” (Gandy, 1993: 10). Nonetheless, when explaining how this participation is induced, he recurs to Mary Douglas’ suggestion that human beings have an extraordinary readiness to fall into socially produced slots (Gandy, 1993: 10). It is clear that this recourse to a tendency to occupy slots does not go very far in explaining how techniques of surveillance may concur to the production of subjectivity.

The connection between internalization and identification hinges on the functioning of the normalizing judgment. The reason for this dependency may be contemplated through a religious analogy. As it is widely known, the principles of the Panopticon allow it to be framed in terms of the topic of secularization. The panoptic tower can be viewed as a technological transposition of the belief in an omniscient and omnipotent God: the inmates knew they could be observed any time and that power would be deployed in the occurrence of a transgression. But if the individual’s belief is limited to this kind of devious and secularized omniscience and omnipotence, the relation between the technological parody of God and ‘its’ believers is conflicting. God must be also a God of love, assuring the faithful both that there is a reward for their “good” behavior and that His path entails an intimate and subjective struggle. People have to believe that there is a disorienting force within them that could turn them into sinners unless they made an effort to confront it. Individuals holding this belief would be internally torn between God and the devil, between good and evil throughout their lives (Nietzsche, 1968: 528).

Normalizing power

Although normalizing judgment can be understood as an infra-penalty that partitioned an area that the law had left empty – the vast domain of gestures, attitudes, quotidian activities, tasks, discourses, uses of time, habits, etc. – its real novelty resides in the fact that these micro-penalties are not addressed so much at what one does, but at who one is (Foucault, 1979: 178). Besides constructing the dangerous bridge between fact and value and thus associating knowledge with power, the normalizing judgment also operates the passage from action to being, extracting from individuals’ behavior the identity of each and everyone. The norm is an immanent law – an observed regularity and a proposed regulation (Foucault, 1979: 179). In schools, for instance, the average time spent by students to conclude a task is first observed and later becomes a rule: those who are too slow fail. This failure does not concern only the inobservance of a rule; it also concerns the value of individuals, conferring upon those who have failed an identity that can vary from the bad student to the abnormal.

As Foucault put it, “(...) the disciplinary apparatuses hierarchized the ‘good’ and ‘bad’ subjects in relation to one another” (Foucault, 1979: 181). This ‘dividing practice’ must not be understood as only something that is imposed from the exterior upon individuals. On the contrary, the classification of each individual along the polarity ranging from normal to abnormal achieves its goal if it is active in the interior of individuals, if it makes them judge and conceive themselves according to this polarity.

The passage from an immanent but external classification to an internalized normalizing judgment requires bringing into existence an impersonated ethical negativity – the delinquent and the ‘shameful class’ of the military school described in *Discipline and Punish* or the sexual pervert presented in *The History of Sexuality I*. The production in reality of an impersonated ethical negativity is a major tenet of Foucault’s conception of power because it directly contradicts its traditional, repressive conceptions. If power were repressive, the actions it tried to suppress as it spread throughout society would asymptotically tend to disappear from sight. However, as Foucault asserted while describing the modern concern with the sexuality of children:

The child’s ‘vice’ was not so much an enemy as a support; it may have been designated as the evil to be eliminated, but the extraordinary effort that went into the task that was bound to fail leads one to suspect that what was demanded of it was to persevere, to proliferate to the limits of the visible and the invisible, rather than to disappear for good. Always relying on this support, power advanced, multiplied its relay and its effects, while its target expanded, subdivided, and branched out, penetrating further into reality at the same pace (Foucault, 1980: 42).

This ‘paradoxical’ relation between modern power and its object is foregrounded in *Discipline and punish* when Foucault argues that the supposed failure of the prison – the fact that it increases recidivism and forges the delinquent – was part of the general strategy of disciplinary power. The production of delinquents by prisons legitimized an increasing intervention of the police in society: instead of a failure, it supported the propagation of power. In addition, the existence of delinquents in reality was a means to differentiate illegalities, to promote the perception of some as “wrong” and typical of ‘bad’ people. Thus, some forms of contestations of capitalism, exactly those that had a potential of rapid and dangerous spread (Foucault, 1979: 278), were deemed as ‘delinquency’ and, consequently, popular movements of contestation refrained from adopting them:

(...) The exemplar effect once expected of the spectacle of the scaffold was now sought not so much in the rigor of the punishments, as in the visible, branded existence of delinquency itself: while differentiating itself from other popular illegalities, delinquency serves to keep them in check (Foucault, 1979: 279).

These peripheral beings, these marginal and exterior existences produced by power relations constituted the interiority of the ‘normal’ individuals. As they tried to ascertain their nature and value, they compared themselves to the incarnated abnormal. The norm possessed a feedback mechanism: if a norm of behavior comes to exist in reality, it is reinforced by the fact that no one desires to be outside it (Hacking, 1990: 5). Individuals, then, fear potential abnormality not only in others but also within themselves, and thus refrain from doing what would characterize them, in their own eyes, as abnormal. The norm becomes the object of individuals’ desire instead of being only externally imposed. After all, where can the norm extract its value if not from that which it tries to negate?

For instance, where would the merits of a sexuality confined to the limits of genitality reside if the pervert, as a ‘sick’ soul with ‘repulsive’ passions, did not exist in reality?

Through the creation of an impersonated ethical negativity and the subsequent internalization of potential abnormality by every ‘normal’ individual, normalizing power attains two major effects. On one hand, the subjection to power’s gaze and scrutiny is consented insofar as figures of power embody the functions of caring and ensuring the ‘normality’ of those they watch over. On the other hand, self-surveillance is part of the necessary care of the self, with this care assuming the form of an effort to constitute oneself as a normal citizen.

To make the soul suffer, rather than the body (Foucault, 1979: 179, 181) – this is the logic of a power that, instead of repressing an a-historical subject, constitutes a subject that judges and condemns his or her own acts, intentions, desires and pleasures according to ‘truths’ that are historically produced. The suffering of the soul is not that of a repressed consciousness, but one of guilt, ‘bad consciousness’ (Nietzsche, 1968: 505): its pain is experienced when moral failure resides in its deeds and sensations.

Risk, Lifestyle and self-control

While presenting the perverse implantation in *History of Sexuality I*, Foucault offers a clue on how to diagnose a major historical change through transformations in specific social practices. In a regime of power centered on legitimate alliances, the focus of social disquiet fell upon the sexuality of the couple: “the sex of husband and wife was beset by rules and recommendations” (Foucault, 1980: 37). But in the eighteenth and nineteenth centuries, a ‘centrifugal movement’ whereby the legitimate couple attained “a right to more discretion” occurred and

(...) what came under scrutiny was the sexuality of children, mad men and women and criminals; the sensuality of those who did not like the opposite sex; reveries, obsessions, petty manias, or great transports of rage. It was time for all these figures, scarcely noticed in the past, to step forward and speak, to make the difficult confession of what they were (Foucault, 1980: 38-39).

In abstract terms, a historical change can be conceived as a play of light and shadow. On one hand, types of behavior once held as problematic come to be tolerated; they fall into the background in terms of social concern. On the other hand, types of behavior that were not seen or could not even exist come to the forefront and society begins to warn individuals about their dangerousness.

In this article, we chose health as a privileged locus to diagnose changes in the care of the self. Hence, a significant instance for detecting changes in social concern is constituted by mental disorders associated with sexuality. Normalizing power concerned itself with the form of acts, and linked individual identity to favoring certain deviations: it was believed, for instance, that sexual acts with a person of the same sex, or a strange

inclination towards violence in the act were both cause and effect of psychological disturbances.

From the 1970s onwards, differences in the form of the sexual act came to be increasingly tolerated socially; in fact, at least when consensual and not involving the victimization of another, “sexual derangement” in its diverse forms is positively depicted in diverse mass media productions. However, since the early 1980s (Gold and Heffner, 1998: 111), “sexual addiction”, a new mental disorder associated to sexuality has become recurrent in scientific reviews, books, newspapers and magazines. In spite of its dubious scientific status, from the point of view of a diagnosis of new tendencies, what matters here is the simple fact that such a ‘syndrome’ could even have been imagined to exist. Those who believe in it assert that, insofar as practices are concerned, the form of the act is less relevant than the relation sexual addicts establish with pleasure and risk. The behavioral symptoms of the alleged disease include frequent sexual encounters, compulsive masturbation, frequent use of pornography, legal involvement resulting from sexual behavior, and repeated unsuccessful attempts to stop problematic sexual behavior (Gold and Heffner, 1998: 369). In sum, ‘sexual addicts’ persist in their ‘uncontrollable sexual behavior’ in spite of knowing that it could not only victimize others, but also put their careers, their long-term relationships and even their lives at risk.

The contemporary social concern with obesity, considered a disease since the 1990s by the World Health Organization, widens the scope of the diagnosis of the passage from norm to risk. The concern with obesity is relatively recent. A study carried out in 1929 by an American insurance company establishing a negative relation between longevity and body weight was held as spurious when published (Fagot-Largeault, 1989: 156). Today, on the contrary, there are numerous scientific, newspaper articles and advertisements underlining the role of obesity in heart diseases; the concern with cholesterol and weight has become widespread in contemporary western society.

But obesity is a curious disease. In itself, it is not necessarily accompanied by the subjective feeling of being sick; in fact, eating is a potent source of pleasure, as the majority of people would agree. Besides, the etiology of obesity, at least in popular books about its epidemic (Critser, 2003), admits a variety of causes that range from a genetic origin (the ‘thrifty gene’ hypothesis advanced since the 1960s), to a new pattern of relations between parents and their children, and the role of fast food chains’ marketing techniques such as single large portions of meals. Finally, the emergence of obesity as a disease signals a frailty in individual self-control and is a ‘virtual’ disease: its role is that of increasing the probability of contracting other serious illnesses. Once again, risk and addiction (or ‘substance-abuse’) are at stake here.

To give more evidence for a substitution of norm by risk, there are studies documenting an increasing concern with risk in contemporary western society. Writing in 1995, Skolbekken ironically claimed that we are experiencing a ‘risk epidemic’ in medical journals. The author performed a search in MEDLINE databases on titles and summaries of medical articles covering the 25-year period between 1967 and 1991 and his results are striking:

The word risk has rapidly gained frequency in medical journals over the past three decades... Representing 0.1% of the articles registered in MEDLINE in 1967, there has been a steady increase of risk-articles, reaching up to 5% of the articles published in 1991... As for the actual frequency, the number of risk-articles published has risen from about 1,000 articles in the first five years period covered, to 80,000 in the last, which also means that more than half of these articles have been published in the years 1987-1991 (Skolbekken, 1995: 293, 296).

The most frequent risk related illness/diseases covered were cancer, coronary heart diseases and HIV/AIDS, i.e., those related to individual lifestyles. As it should be expected, this trend in medical journals has its counterpart in mass media coverage. Several authors have documented that ‘(...) there is an increased propensity found in magazine and periodicals to report on health matters and become involved in health education’ (Burton, 1997: 232).

To summarize the examples presented, numerous pleasures can today be problematized and investigated according to the ‘substance-abuse’ model and thus be conceived of as entailing a problem of self-control. At the same time, diverse pleasures associated with behavior may provoke illness/disease as its unintended consequences and hence threaten us with premature death. The greatest values of our society seem to be, in the relation with the self, well-being, prolonged youth, security, self-control and efficiency. These values imply the care of the self, directed towards risk and loss of control as the negativities to be avoided by individuals when thinking about what they can and should do. The problematic internal zone to be surveilled appears to be delimited by the concepts of risk, self-control and pleasure.

The emergence of a problematic internal zone thus constituted entails two major modifications in relation to the modern ethical substance, in which the separation between normal and abnormal sexual pleasures structured individual attribution of meaning and value to conduct. The first difference lies in the expansion of the types of pleasure relevant to the constitution of the individual as a subject. A young woman concerned with the possibility of contracting breast cancer will discover in the media that she should pay attention not only to her use of birth control pills and the delay of her first pregnancy – the old concern with the sterile sexual act – but also with cigarette smoking, alcohol intake and eating habits (Henderson and Kitzinger, 1999: 564). Secondly, the problem is no longer to be found in the form of sexual pleasure, but in the relation between pleasurable practices (sex, alcohol intake, drugs, cigarette smoking, red meat, fat intake, sugar, chocolate, etc.) and their threatening consequences for health. This connection between risks and daily practices immediately raises self-control to the center of social and individual attention. The subjective anxiety does not take the shape of what one is given one’s desires and behaviors, but of the individual capacity of controlling one’s relation with diverse pleasurable practices.

The burgeoning relevance of the concept of risk has been theorized by several authors. Three major theoretical perspectives are usually assumed to exist within this field. One can be represented by Beck’s works, in which the term risk signals the emergence of a

new phase of modernity. Based on the social focus on the ‘unintended consequences’ of scientific and technological developments, Beck proposes that, instead of distributing ‘goods’, contemporary society attempts to socially distribute risks (Beck, 1992). The underlying assumptions adopted in this article differ from Beck’s perspective in two major points. First, as we propose that a change in social concerns can provoke major changes in morality, risk is a social construct and not a ‘reality’ generated by social development. Secondly, the ‘unintended consequences’ highlighted here are those deemed to be provoked by individuals’ habits, especially those related with pleasures and even excesses of self-control and care in the management of health.

A second major perspective is found in Mary Douglas’s work. In her analysis, Douglas proposes that the term risk “(...) serves the forensic need of the new global culture” (Douglas, 1992: 22). In other words, risk is a specific cultural ‘translation’ of something that exists outside any culture, i.e., danger, chance and suffering (Douglas, 1992: 29). Her perspective is based on the topic of secularization. Our culture is scientific and individualistic and hence,

(...) the dialogue about risk plays the role equivalent to taboo or sin, but the slope is tilted in the reverse direction, away from protecting the community and in favor of protecting the individual (Douglas, 1992: 28).

Douglas’ analysis is insightful. It allows us, for instance, to make sense of a series of social movements directed against the tobacco industry and fast-food companies. The arguments deployed for holding these industries accountable for individual suffering are well known and fit well both Douglas’ analysis and the nexus here proposed between risk and addiction: in order to protect their interests, these industries knowingly put individuals at risk by exploiting frailties in their self-control. Still, there are two major differences between Douglas’ thesis and the arguments here developed. The first is straightforward: risk related to lifestyle is also and principally a means of placing the burden of caring for the future on individuals’ shoulders. In this sense, ever since the 1970s, contemporary western societies have been promising individuals a greater control over their own lives and deaths through the adoption of a ‘prudent’ lifestyle. The second difference is theoretical and based on the distance between a cultural ‘translation’ of reality and the historical creation of new concerns. As we have seen, according to Douglas, different cultures devise distinct political means of dealing with danger as an ‘external reality’. Thus, it would be difficult to accommodate the emergence of new social concerns, which is a major premise of this article. The political aspects of risk are not restricted to the allocation of blame; they include creating new dangers and ‘empowering’ individuals to confront them.

Our understanding of risk can be situated within the field of Foucauldian studies on governmentality that try to make sense of new techniques and practices of power articulated to the crisis of the ‘welfare state’ (Castel, 1981, 1991; Dean, 1999, Ewald, 1991; Rose, 1999). The main point of this perspective is summarized by Ewald: “as Kant might have put it, the category of risk is a category of the understanding; it cannot be given in sensibility or intuition” (Ewald, 1991: 199). Consequently, nothing per se is a

risk and, conversely, everything may become one if the appropriated techniques are historically invented and deployed.

Marking a major difference in relation to welfare state practices, in which risk entailed a collectivization of suffering through insurance practices, we witness today an ‘unpooling’ of risk (Ericson, Barry and Doyle, 2000: 534). Thanks to statistical profile techniques developed by the insurance industry, marketing practices, epidemiology and genetics, each person’s future becomes increasingly individualized and dependent on one’s past and present behavior. The general tendency among governmentality scholars is nicely captured by Petersen and Bunton:

(...) there is broad agreement among writers that advanced liberalism operates not so much through coercive means as through creating certain conditions that allow people to govern themselves. (Petersen and Bunton, 2002: 4)

As our strategy to approach this shift of responsibility privileges the health related care of the self, attention is cast upon the social concern with lifestyle. Although loose, ‘lifestyle’ is a very interesting category. In common-sense terms it signifies consumer ‘choice’, but a choice that may be both influenced by advertising techniques and by epidemiological recommendations. Lifestyles are also thought of as being subject to multiple ‘disorders’ that are usually framed according to the model of ‘substance-abuse’.

Studying the social concern with lifestyles is yet another way of apprehending the role of science and technology in everyday life. But this role is not based on the direct intervention of medical professionals, as was the case with normalizing power. On the contrary, medical knowledge is conveyed to individuals through the media and assumes the form of advice on healthy lifestyles to individuals interested in taking possession of their lives and caring for themselves.

The nexus between medicine and the media defines the aspects of their lifestyles that individuals have to care for. But this does not mean the ‘medicalization’ of society in the sense that individuals follow the authority of medical knowledge without question. After all, the authority of experts is dwindling, the media presents numerous and conflicting definitions of ‘healthy lifestyles’, the recourse to alternative health practices is increasing, and there is a plethora of self-help groups in which authority is based on previous experience in dealing with a illness/disease. Furthermore, the relevance of consumption in contemporary society is to be acknowledged. As Bauman eloquently put it, “most of us are socially and culturally trained and shaped as sensation-seekers and gatherers, rather than producers and soldiers.” (Bauman, 1999: 23)

Although we recognize the pertinence of these arguments, we contend that medicine continues to play a decisive role in contemporary western societies. To be blunt, these arguments overlook the conjoint creation of a concern with health by medicine and the media. The experts may dispute the risks in lifestyles and the changes to be implemented; still, they all agree that health is precarious and must be incessantly maintained and improved.

Here, a question must be posed: how are these aggregate risk factors translated into self-surveillance? A first dimension of this question addresses the problem of knowing individuals' effective responses to the divulging of risk factors in the media. After all, despite numerous public health campaigns, a great number of individuals, for example, continue to smoke.

It is important to notice that a power relation exists not only when people act exactly as incited. It also exists, and is perhaps more effective, when it delimits the field of individual experiences. As we have been arguing, the new field is characterized by the recurrent necessity of calculating risks even in the most mundane activities and of exercising self-control in relation to pleasure. Individual attitudes to risks divulged in the media vary according to at least three beliefs. Individuals may differ in the extent to which they entertain the belief that life can and should be planned – the problem here obviously lies in the role accredited to chance in one's life. Secondly, individuals diverge in believing in their capacity to control their own behavior. The last belief derives from the temporal gap between a given practice and its dangerous consequence. Adopting recommended behavioral changes depends upon an individual conviction that danger is pressing and can affect one directly. The immediacy of a distant probabilistic danger clearly presents a problem in 'educating' adolescents, who may easily shun risks, as opposed to their middle aged counterparts who tend to willingly try to change their habits given the perceived proximity of health problems. But it is also part of a general rhetoric of risk, as we saw recently during the campaign for the war against Iraq in the US and Britain: in order to justify pre-emptive action, a risk must be constructed as highly probable, as pressing and as concerning everyone. In other words, the general rhetoric of risks requires transforming every individual into a virtual victim, of others and/or of his or her own behavior.

A second dimension of the translation of aggregate risk factors into self-surveillance concerns the relation between truth and experience. What is the process through which individuals problematize the singularity of their thoughts and behaviors based on a knowledge that is valid for everyone? As Foucault pointed out, the separation between true and false constitutes the basis from which western human beings separate right from wrong in diverse ways: the permitted from the forbidden, normal from the pathological and – in Western contemporary societies – the less risky from the more risky. And these separations are the basis from which individuals render meaning and value to their conducts (Foucault, 1985).

However, this general theoretical relation between truth and experience may change according to the subjective counterpart of the relevant scientific truth. As we saw, in disciplinary, modern society, the relation between truth and experience was established through the effort of conquering the identity of a normal citizen. This effort was recurrent given the concern with potential abnormality in thoughts and actions. The concepts of risk and self-control, in turn, do not operate through identity, but through the promise of a longer life and continuing consumption. As social concern is directed to self-control in relation to pleasures and not primarily to the form of obtaining pleasure, different identities are socially admitted. In addition, as there are numerous practices deemed to

prevent the risk of a disease/illness, individuals can make a series of bargains. One is oscillating between periods of restraint and of consented relapse. Individuals usually indulge themselves in certain periods of a week, a year or even a life. Another bargain is made between a habit an individual does not want to abandon and other behaviors that are held to prevent a disease/illness associated with it. For example, although concerned with coronary diseases, an individual may continue to smoke by assuming that controlling weight or exercising counterbalances the hazardous effects of the habit. Nevertheless, all these thoughts and actions acquire meaning and value through the lens of the concepts of risk and self-control.

To summarize, as risk works upon the distance between momentary pleasures and the possibility that these pleasures may threaten the continuity of a pleasurable life, 'sacrifice' is aimed at keeping oneself alive and consuming. It is a compromise of sorts, between the instant logic of hedonism and the continuity of consumption, for the only possible reward for moderating pleasure at any given moment is its continued renewal multiplied by an extension of life's duration.

Epidemiological risk and self-surveillance

The encroachment of the concept of risk factor in contemporary medicine results from a series of technological and theoretical deployments. As Foucault chronicled it, modern medicine emerged at the end of the eighteenth century by spatially locating disease and suffering in the body (Foucault, 1976). In this secularized movement, disease came to be viewed as the locus of life's battle against death and medicine became the active partner of our 'vital forces'. Causal reasoning in modern and contemporary medicine functions by reducing a necessary event (death) into an accidental one: "a cause of death appears as a contingent circumstance in relation to which death is also a contingent event" (Fagot-Largeault, 1989: 1). In other words, one remote origin of the concept of risk factor lies in this active medical attitude regarding disease and death.

A second movement is the very success of therapeutic medicine since Pasteur's discovery of microbes and the increasing objectification of diseases it propitiated. The multiplication of vaccines, hygiene observance in interventional surgery, the discovery of blood compatibility making surgery more efficient and the invention of antibiotics are events that accounted for a huge success in combating infectious diseases. This success allowed for both an increase in the average life expectancy and for a consequent increase in the percentage of chronic-degenerative illnesses among the totality of causes of death in developed countries.

As the percentage of chronic diseases in the total of causes of death increased, the concept of risk factor was invented and refined. Until the end of the World War II, epidemiology was centered on infectious diseases; its causal reasoning was based on the idea of infectious agents such as virus and bacteria. The renewal of epidemiological knowledge was streamlined by research on deaths caused by lung cancer. The first wide-ranging research project in this field was presented in 1949 and concluded that (1) tobacco smoke certainly played an important role in lung cancer etiology because only

3.5% of those affected by the disease were non-smokers, contrasting with an incidence of 26.3% in the control group; more than one in every two diseased patients were excessive smokers, while in the group free of lung cancer, less than one in five presented such a high degree of dependency on cigarettes; and (2) that tobacco could not be the sole cause of lung cancer since there was a slight occurrence of lung cancer among non-smokers. (Fagot-Largeault, 1989: 158; Doll and Peto, 1981)

This research outlines the basic elements of the development of causal reasoning inherent to the concept of risk factor. Since many smokers die of other causes, smoking is not enough to develop lung cancer, that is to say, smoking is not the sufficient cause. And since a small number of non-smokers are also affected with the disease, risk factors do not constitute a necessary cause. Smoking increases the risk of lung cancer, and this increase can be calculated. (Fagot-Largeault, 1989: 159)

There are two major differences in the concept of risk factor in comparison to the concept of infectious agent. First, a risk factor can be established without knowledge of its biological mechanism. Secondly, and more important to our argument, in comparison with the action of common infectious external agents, there may be a huge temporal gap between the action of a risk factor and the appearance of symptoms: instead of days or weeks, it could take years for symptoms to appear (Evans, 1993, 168). The idea of a defensive medicine thrives in this temporal distance.

The concept of risk factor re-establishes a link with the first efforts to create a basis for a probabilistic approach to causes of death. At the end of the eighteenth century, probability theorists discussed the advantages of inoculation and vaccination against smallpox (Fagot-Largeault, 1989: 293-295). Since then, studies of how life expectancy could be extended by avoiding a specific cause of death have proliferated. The basic reasoning of the probabilistic approach consists in estimating the frequency of an event in the total population against its abnormal frequency in a given subset of the population. This differential requires a causal hypothesis, be it an epidemic, a given occupation or a lifestyle (Fagot-Largeault, 1989: 306-314). The ‘unpooling’ of risks originates in this form of reasoning. It is a set of statistical techniques that essentially aim at classifying a heterogeneous population into homogeneous subgroups.

The concept of epidemiological risk still depends on techniques of collecting, processing and distributing data such as a unified record of causes of death and patient-centered medical records (Fagot-Largeault, 1989; Petersen and Bunton, 2002). The development of computers also favored the establishment of a causal nexus between risk factors, lifestyles and life expectancy. Although the ambiguous dream of a computerized medical record accompanying an individual from cradle to grave is still unfulfilled despite various official efforts (Grimson, 2001: 112), there is no doubt that computers helped establish a link between risk and lifestyles by allowing the collection and processing of huge amounts of data necessary to ‘longitudinal’ studies that follow individuals through a large period of time.

The temporal gap between the presence of an illness/disease in an individual and its subjective symptoms opened by the concept of risk factor is also produced by the

improvement of “(...) diagnostic technologies that have expanded our ability to detect subtle differences among individuals and to predict many diseases before symptoms appear” (Nelkin and Tancredi, 1994: 4). Along with individuals at risk because of their lifestyles, the asymptotically ill makes her appearance (Novas and Rose, 2000). In both, a space for individual preventative actions is excavated.

With the mapping of the human genome, this space is widening. The objectification of danger becomes more precise and can be ever more incorporated by the individual, as it links life habits to genetic predispositions (the ‘terrain’). Most effects of genetic lesions are of a probabilistic nature and can be reinforced or reduced by lifestyles and the environment.

Some doctors are enthusiastic about this coming together of genetics and epidemiology. Jacques Ruffié, doctor and professor at Collège de France, states that this connection corresponds to the birth of predictive medicine, a new stage of medical knowledge:

Thanks to the knowledge of our risk factors, we may soon turn our elderly into alert one hundred year olds. The condition is that we know our health capital and insure its management, just as we do with our real estate. (Ruffié, 1993: 75)

Not all doctors are as enthusiastic as Dr. Ruffié about the coming together of genetics and epidemiology. Nobel Prize winning biologist François Jacob observed that

Until now, a person became ‘sick’ only after symptoms appeared. People would go to the doctor complaining of a few aches and pain. With availability of the data on the genome, future illnesses or risk of illnesses will be revealed... People will become patients before their time. Their condition, their future will be discussed in medical terms even though they feel fine and will remain in good health for years. (Jacob, 1998, p. 102)

Risk factor epidemiology and the progress in medical testing are in fact generalizing the concept of the risky self – the ‘patients before their time’. We are all virtual carriers of some illness because of our predispositions and our life habits. Hence, because we believe in a possibility, we should all behave as if we were ill, while we are not yet so, nor may we ever be from the specific diseases/illness we fight against.

The generalization of the risky self provokes the emergence of a new relation between past and future. Human genetic mapping and life habits make it possible to anticipate, among the countless illnesses/diseases that may affect an individual and among the multiple ways of dying, those that are more probable, as well as the means we may dispose of to avoid their emergence. In presenting itself as anticipation of accidents and turbulences that may abbreviate our journey in this world, this scientifically defined possible determines limitations to be observed in the present. Life now depends on knowing how to behave in the distance between everything that may happen and what is more probable of happening; it depends on the restriction of possibilities – and not upon their invention and posterior realization. The aims of human action have indeed changed

since the time in which terms such as progress, revolution, liberation or even cure organized the sense of the future.

Care and history

It is difficult to sustain a critical stance when associating care and surveillance. How can one question the care of the self if carelessness is not an alternative to constitute oneself as a subject? An answer to this difficulty is that there are historically diverse ways of defining the care of the self. Although every one of them implies an opening up of the future, each one is limited. "Our possibilities, although inexhaustible, are also bounded" (Hacking, 2002: 107). As one way of care emerges, it relegates others to historical forgetting. Certain ways of being a subject become historical impossibilities. Besides, each form of the care of the self has its own limits. We have argued that the limits in our way of caring are related to the status of the future. The future as risk functions, in reality, as a restriction to what can be done in the present and it may signify the disappearance of the future as an alterity to the present. The longing for a different life and even the belief in its possibility might be lost in the vicious circle produced by hedonism and security.

One last remark. Our form of caring may also be a way of not comprehending others. The historical make up of the prudent individual may sustain the acceptance that others must be surveilled or even excluded from society. After all, we may think of them as putting others at risk because they are careless with themselves. One lesson that Foucault left in diverse books is that the mixture of the care of others and the belief in 'truth', be it religious or scientific, is really a dangerous thing.

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