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Pluridisciplinary call for papers on:

What public policy does to the body

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The process will be coordinated by:

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The call for papers addresses researchers in sociology, law, philosophy, epidemiology, political science and history, as well as actors involved in social protection and health.

The papers are to be submitted no later than 11 March 2020

The relationship to the body in contemporary societies is a highly normed, supervised and regulated social issue, notably owing to the omnipresence of images and paradigms of self-control.

From the very first public measures in the 19th century, medical officers addressed the management of the body, and notably the bodies of the working class. The latter's unwashed and poorly maintained bodies, and their destitute and dirty environment, were considered at the time as a threat to public order and the middle-class tranquillity of cities. The body thus became an object of public policy. While physicians played a considerable role in defining the "normal" body (slim and in shape), the rise of the image society brought with it body norms liable to pose a real danger to public health, notably overly slim bodies stemming from the development of eating disorders. The images of the "desirable" body also relate to the idea that a healthy and beautiful body is a young, muscular and fit body. One after the next, a number of normative models have competed for domination in step with power relations and socio-economic contexts. In the blurred boundaries of what is defined as a "good" and "bad" body, "unshapely" bodies considered as imperfect are perceived as deviant and are stigmatised. Whether it be

women revolting against the corset or organisations defending the right to obesity or childbirth without medical assistance, the body is the focus of all social attentions, pressures and causes. The body is seen and experienced as the medium of an identity, one's own or that which is projected, and also as a malleable property or a cumbersome item resulting from chance genetics and in all events untameable.

The recent revision of bioethics laws and healthcare reform have generated substantial debate updating the intensity of questions and disagreements on the body in terms of public policy. Assisted reproductive technology (ART) has been a central topic, but it is the body as a whole that has become a national issue, at once political, economic and social. From the sharing of health data to the establishment of the right to know one's origins (and thus the potential end of the anonymous donation of gametes), medical and technological changes are blurring the boundaries between private and public information. The debates on vaccinations and healthcare coverage for tobacco-induced illnesses, as well as the reimbursement of public expenditure on saving lives at sea or in the mountains resulting from reckless behaviour, are rooted in the existence of norms on the "correct management" of one's body, above and beyond one's individual destiny, and in the name of the common good and public expenditure.

Consequently, in autumn 2020, RFAS plans to publish a special issue focusing on how public authorities invest in the body in today's world, particularly in the social and healthcare spheres. This topic has already been addressed by the journal, notably from the standpoint of medical techniques (2009-1), and is currently generating renewed interest, as seen in the recent issue of *Terrains & Travaux* on bodily governance (2018, no. 32).

From a scientific viewpoint, the body is of interest to both the natural and social sciences. For the former, the body is the result of a complex assembly of atoms forming molecules, cells, tissue, organs and bones. The body is reified, a functional and efficient machine, and the focus of research in biology, medicine and genetics.

The body has also long been studied in philosophy, as part of the debate between dualism and monism.

For the social sciences, the body is a result and reflection of social aspects, a social construct to be decoded individually and one that reveals our origins. For example, since the work of Marcel Mauss (1934), researchers in the social sciences have endeavoured to understand and describe how social aspects are embodied in the body's physical mechanisms, the way it is used and the care given to it. Further examples of research on the socialised body are to be found in the social perceptions of female and male bodies (Le Breton, 2018) and healthy or handicapped bodies in children's literature (Joselin, 2013).

From a political standpoint, the state's power over the body has grown since the 17th century on two fronts (Foucault, 1976): physical discipline aimed at increasing the aptitudes of the body, and the regulation of the population, including the birth rate. The body is the medium of the treatments reserved to an individual over its life course, whether regarding the regulation of behaviour (the distinction between the public and private spheres), incarceration, freedom of movement, reproduction or the promotion of virtuous behaviour (such as physical activity and dieting). It is also an essential object in numerous public policies, understood here as a sequence of decisions or acts performed by public actors (the state, operators, local and regional

authorities, and so on) with a view to the targeted resolution of a problem defined politically as collective (Knoepfel, Larue, Varone, 2006).

Scientific advances in recent years have scrambled the distinction between fields of knowledge and between these two conceptions of the body. Pluridisciplinary research in health has served to apprehend the body as part of a dual, social-physiological approach and to go beyond the vision of the body either as a reflection of social differences or as an extra-social machine. This is the case of recent epidemiological work seeking to forge a better understanding of the construction of social inequalities of health by exploring how the social “becomes” biological and how it is incorporated, what Nancy Krieger refers to as “embodiment” (Krieger, 2005).

To explore these issues, RFAS organised a work seminar in 2019 on the incorporation of the social in the biological and the biological in the social, and on the ways in which public authorities draw on this concept. The three main findings of the three work sessions underpin the structure of this call for papers.

Epistemology of the body as a subject of public action

Questioning the body as a subject of public action calls for an understanding of how the individual body exists as a social object that can be mobilised for the general interest. How and at what moment does the body become a source of preoccupation for the state, and in particular for the social state? Is the “governance of bodies” (TT, 2018) a constant in political history? Which public policies use the body as a medium? What is the significance of past and current trends?

By becoming the subject of public policies, the body is shaped by institutions torn between a care approach and a control approach. While the manner in which public health action contributes to the governance of the body is a regular source of research and publications (*Terrains & Travaux*, 2018/2; D. Fassin, D. Memmi, 2006), an analysis of trends in the surveillance and regulation of the body (the promotion of physical activity and a well-balanced diet, the fight against smoking, etc.), new techniques in the management of body behaviour, as well as issues in bioethics (organ donation, end of life) and filiation (ART), remain an essential basis for understanding the political and social fabrication of the body. This thinking also raises questions on the place of the normal and the pathological (Ganguilhem, 1943). How is the limit between the sick body and the deviant body defined? The approach to body weight is a key example in this respect, as the treatment of the fat body and the thin body ranges from norms to deviance and from social to biological. How is this image of the healthy body constructed over time and how does it establish itself as a norm superior to the freedom of each individual to do as they please with their body? What role does public power play in this process? How does it conceive of the body, from an individual’s birth to their death? Gender is an important issue in this regard, and notably the relationships between the construction of public policies and social perceptions: the perception of illnesses that may manifest themselves differently among men and women, and perceptions of social roles, as for example in the case of pregnant women, subject to a number of medical and social injunctions that may lead women to feel that they have been robbed of their body and their free will. The special relationship that society nurtures regarding the woman’s body and the social position conferred on her in terms of family health calls for an understanding and analysis of the social and political effects and mechanisms, as well as the physiological mechanisms, of the female body.

The question of deviant bodies is implicitly connected to the definition of a healthy and desirable body, the “good body”, but it also relates to the idea of a “good citizen”. An increasing number of prevention programmes, whether organised by the state or healthcare entities, promotes the idea that each individual is responsible both for the management of their bodies (diet and fitness campaigns, the reimbursement of sports contributions, etc.) and for the management of healthcare costs. The prevention programmes of supplementary healthcare insurance and rewards in the form of contribution reductions illustrate the arrival of new private players in both the public management of the body and the processes of individual empowerment. This raises questions on the convergences and divergences of these entities and the establishment of a new “good citizen” paradigm, as well as the reflection of the latter in healthcare coverage for unhealthy bodies.

This aspect also encourages us to review the founding approaches to the analysis of the body as an object of political action. The techniques of the body as described by Marcel Mauss, as well as techniques on the individualisation of power as analysed by Michel Foucault, take on a new dimension in the light of new knowledge in biology (including in epigenetics and epidemiology). More recently, among epidemiologists, Nancy Krieger has proposed analysing health inequalities as an “eco-social process” involving a discussion of an ecological approach to the body and social inequalities. In the ecosocial theory, the environment is assessed on the microscopic scale (biological and individual factors), mesoscopic scale (work, territory) and macroscopic scale (social, cultural, historical and political aspects) of individuals so as to understand the social determinants of health through the interactions of these different factors.

Can these founding concepts and analyses still be used today to understand the place of the body in public action? Is the “discipline” conceptualised by Michel Foucault now combined with the governance of the body, the latter corresponding more to biopolitics? What is the complementarity between these approaches, which position the body now as a receptacle, now as a tool, and now as an actor in one’s social environment? How can research assess and redefine this conceptual framework today?

The normed body, the social body, inequalities and public policies

Questioning the emergency of the body as a subject of public action should not obscure the fact that the body is first of all the medium of the identity, the tangible expression of the being. This being so, how do normative constraints apply to the body? What kind of tools and resources for action do institutions have, and which institutions are we talking about?

Professionals in the preventive and medical fields alike approach the body in its uniqueness and plurality. This permanent contradiction is illustrated in organ donation. How to convince people to donate organs through institutional communication? And how to address the question of living organs in a subjectivised dying body? Articles addressing the role of the body in medicine will be particularly welcome in this area, which will explore the multiple ways of understanding the body.

Looking beyond the shift from the body as unique to the body as components, notably in the field of medicine, the papers should examine how social inequalities mark the body and shape biological heritage both at the start of a life and over several generations. While certain genetic

dispositions increase the risk of developing addiction, as do certain social factors, how do biological and social factors interlink in the fabrication of social and health inequalities?

Authors may also analyse changes in the norms that model and regulate the body. How are they appropriated by the targeted individuals? Do they in turn generate forms of resistance, avoidance or particular appropriation methods?

Whether based on social class or gender, how is the “good will” of patients, and notably working-class patients, constructed (Arborio, Lechien, 2018), and how is this “good will” perceived by professionals? What shapes this “good will”? Who relays these norms and policies of the body? And to whom?

The proximity of women to the medical milieu is forged through childhood and adolescence and continues with maternity. This constitutes an undeniable difference in the health journeys of men and women. How does this proximity change a woman’s relationship to the body and body norms? Does it give women room for manoeuvre relative to injunctions? Or, in contrast, does it stand as an opportunity for domination on the part of healthcare institutions and players?

Lastly, the arrival of new techniques and processes suggests that the limits of the body may be pushed back. From ART, gestational surrogacy and gene therapy to transhumanist ideology and connected tools supposed to permanently control the correct way to use the body, these new developments raise questions on the body as a technical object, the fragile nature of which may be surpassed. The widely covered case in autumn 2019 of a young quadriplegic man being fitted with an exoskeleton enabling him to “move” is a concrete example of what new technologies and knowledge can do to the body. What impact does this have on the body as an object of public policy? And on our own relationship with our body? To what degree can collective solidarity be called on to pay for the improvement of fragile or damaged bodies? Does the hyper-management of our physical performances make us more docile relative to the norm of the “good body”? Or, on the contrary, does it enable a new form of appropriation?

Uses and misuses of research on the body in public action

The third focus of the call for papers is a critical view of the way in which public authorities use current research on the body. Technological advances are increasingly improving knowledge of biological, neurological and genetic mechanisms. The current political environment is highly favourable and attentive to new discoveries in biology (including the findings of epigenetics research) and neuroscience (as seen in the positions taken in recent months by the French Education Ministry). The participation of scientific experts in political bodies and legal commissions raises issues on the interpenetration of the sciences and politics in the field of the body and health. To what extent is new knowledge in biology and genetics used to shape programmes and systems to fight against social inequalities? What kind of relationships with scientific knowledge stemming from the incorporation of the social into the biological are emerging in the fight against social and health inequalities? Are new forms of body control reducing or increasing social inequalities and territorial divisions in health and the access to healthcare?

How can individuals, the recipients of public action, contest the authoritarian argument conferred by science? Recent debate on excluding homeopathic medicine from France’s national health system questions this mechanism of resilience in the face of scientific authority. Similar to vaccination refusers, the advocates of homeopathic treatment are challenging

scientific findings and generating, or at least attempting to generate, controversy, reasserting their right to do what they want with their body and thus treat their bodies, and those of their children, as they see fit. Public intervention opposes these arguments in the name of collective safety¹. In the management of the body, how is controversy based on the preservation of the body produced and animated?

Similarly, with public opinion consistently manipulated by fake news, disseminated on the social media and beyond the control of the health authorities, how to ensure that health research is not instrumentalised beyond its objectives in terms of understanding and improvements? Understanding the mechanisms of lipid storage should not lead to the naturalisation or essentialisation of obesity. With research on the body now addressing the understanding of biological mechanisms, what kind of responsibility do scientists and politicians have in the fight against disinformation and misuse? Also important are the ethical debates on augmented, improved and selected bodies. Is there a direct conflict between the role of institutions and public policies to protect the body and the ethical duties of supervisory bodies in research, and medical research in particular? The right to interrupt a pregnancy in the event of a severe malformation, genetic problems discovered via amniocentesis or a foetal deficiency is authorised and supervised by the health authorities. The selection of healthy fertilised ovules is already a standard practice for parents with what are seen as serious genetic illnesses, while the *in vitro* “repair” of defective DNA is now possible using clustered regularly interspaced short palindromic repeats (CRISPR). How do these situations differ from other attempts to master biological characteristics condemned both politically and medically? Where does the border lie between what is considered as therapeutic practice and what is labelled as attempted eugenics? How is current research leading public authorities to defend imperfect bodies and secure their acceptance? And, in contrast, how is research leading the authorities to strengthen the normed image of a healthy and functioning body, as for example in the technological repair of broken bodies? Which disseminating factors, resistances and support are involved?

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