

Medical Practice and Biopolitics: The Reconstruction of Social Norms in Modern Society

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Abstract: Foucault's theory of knowledge-power reveals that hospitals serve as intersections where power is exercised and knowledge is produced. Through his early analysis of clinical medicine and his later introduction of the concept of "biopolitics," Foucault demonstrates how medicine, through practices such as regulating the body and institutionalizing health checks, links individual self-management with social norms. These practices become essential mechanisms for governing individual health and shaping social norms. With the widespread implementation of public health policies and the dissemination of medical knowledge, individuals have not only improved their capacity for self-management but have also taken on greater social responsibilities, thereby contributing to enhanced public health outcomes. This transformation highlights the complexity of power dynamics in modern society and offers fresh insights into the relationship between contemporary medicine and society.

Keywords: Medicine; Theory of Knowledge-Power; Biopolitics; Social Norms

1. Introduction

Through his critique of traditional humanism and the framework of the "death of God," Foucault challenges the fixed relationship between knowledge and power, proposing that knowledge itself is a form of power capable of managing individual behavior and influencing social norms. Particularly in the field of medicine, knowledge is not merely a tool for curing diseases but also participates in the management of the body, the regulation of health behaviors, and the adjustment of lifestyles for both individuals and groups. The individual body is no longer seen as a "pure" biological entity but rather as an object that is

continually "shaped" and "managed." Modern medicine, through its management of individual health, has redefined self-awareness and self-management, thereby altering the relationship between individuals and society. Foucault's concept of "biopolitics" reveals how the forms of power in modern society have become more refined and institutionalized, manifesting across various domains such as medicine, public health, education, and social welfare. The ultimate goal is to optimize public health, prolong life, and ensure societal stability and sustainable development. Through the management of life, society not only shapes individual health behaviors but also drives the reconstruction of social norms and collective consciousness. This paper will explore how Foucault, through his theory of knowledge-power and the concept of "biopolitics," analyzes the multiple functions of medicine in advancing public health and reconstructing social norms.

2. Theory of Knowledge-Power

Since the modern era, science has been regarded as the paradigm of rational knowledge. Although the production of scientific knowledge involves socio-cultural factors, its process of justification has traditionally been seen as independent of contextual conditions, with the "context of discovery" and the "context of justification" being separate. Within this framework, knowledge and power appear to be unrelated [1]. Furthermore, traditional philosophy of science often treats scientific discourse as "truth" and as a challenge to power, without deeply considering the interaction between knowledge and power [2]. However, Foucault argues that knowledge is not inherently a "natural representation"; it is produced through historical power structures and social needs. He opposes the view that

knowledge is an independent, universal truth, separate from power relations and historical or cultural contexts. He believes that knowledge is fluid, relative, and a product of society, not a natural result. Particularly in the late eighteenth century, the socio-economic and political changes led to profound transformations in power structures. With the advent of capitalist production modes, the traditional mechanisms of power gradually exposed their limitations. To adapt to the new social environment, the techniques of power also required reform — not only to become more efficient but also to reduce economic and political costs. On the surface, a series of reform movements during the transformation of power structures seemed to promote the development of knowledge. In reality, this was also a reshaping of power structures — the reproduction of knowledge served these structures and facilitated the further refinement and systematization of power. Foucault emphasizes that with the advent of modernity, we must detach ourselves from the brutal sovereign rule and reflect on the productive and positive aspects of power, even within its repressive and oppressive effects [3]. He also argues that the relationship between power and knowledge is not a predetermined distribution but rather the "matrix of transformation"[4]. Social institutions, such as schools, hospitals, and prisons, which seem to be unrelated to power, are in fact the points of intersection between the exercise of power and the production of knowledge. These institutions are capable of managing individual behaviors and reshaping social structures. When he explores the dynamic relationship between power and knowledge, medicine is precisely at the intersection of both [5].

3. Medical Practice and Biopolitics

Firstly, medical reform is closely intertwined with changes in power structures. Two important functions of traditional forms of power are war and peace, focusing on the monopoly of force, arbitration of laws, punishment of criminals, maintenance of order, and promotion of economic prosperity. The monarch's power is concentrated in the right to decide life and death, reflecting an absolute, centralized control. However, in the seventeenth and eighteenth centuries, a new

form of power, the "disciplinaire" power, emerged. Its theoretical framework no longer referred to legal constructs, but to the field of sciences humaines — the sciences concerning humans themselves[6]. It was during this period that new forms of power began to focus on life, health, and longevity. The process of examination "unfroze" medical understanding; illness was no longer viewed as a simple biological phenomenon but was redefined. The patient's body became a field that could be diagnosed, managed, and even regulated. Hospitals became sites of knowledge production. By the late eighteenth and early nineteenth centuries, medicine had become one of the core techniques of biopolitics. Medicine no longer only concerned individual treatment and control but also began to focus on public health and physiological patterns of populations. Doctors' understanding of epidemics was no longer confined to pathological analysis within medicine, but extended to its connection with social governance and regional affairs[7]. This shift means that life is no longer a natural or accidental phenomenon but can be regulated and managed through public health, insurance, and social welfare systems.

Secondly, medicine has changed individuals' cognitive configurations and marginalized positions. Medical knowledge did not always begin with a human logic. Classical medical philosophy focused more on natural similarities, viewing the occurrence of disease as part of the natural order[8]. Diseases were abstracted from individual phenomena and framed within a structural context, categorized into different "genera, species, and kinds." On the surface, this "similarity" classification chart merely served as a tool to help us identify and categorize diseases. In reality, it focused on the spatial distribution of diseases, not the patient, or even the patient's physical body. This ontological order transcended human existence. With the development of modern clinical medical knowledge, medicine gradually shifted from the intuitive "symptom model" to the "structural model" at the physiological level. Medical observation became more detailed and systematic, enabling doctors to "gaze" pathological phenomena and record symptoms. Subsequently, doctors' focus shifted from superficial symptom description

to an in-depth exploration of internal mechanisms and causes, viewing the patient's body as a "display" of disease rather than a "pure" living entity filled with subjective experiences and perceptions.

Moreover, Foucault's concept of "biopolitics," developed in his "History of Sexuality" series and later research, profoundly summarizes the interaction between medicine, power, and the individual. First, biopolitics is grounded in the concept of "biopower." Traditional forms of power typically focus on controlling "death," with states or authorities using war, punishment, and other means to control life and death. "Biopower," however, is a distinctive feature of modern society, signifying a shift in state control from the regulation of death to the maintenance and management of life. The historical right of monarchs to determine life and death has gradually transformed into the state's right to "manage" individual and population life. The old death power, represented by monarchical power, is now cautiously replaced by the management of the body and measured control over life. The politics surrounding this life power forms the basis of biopolitics[8]. On the other hand, biopolitics developed around the concept of "population," as the prosperity and development of modern societies no longer solely depend on stable political power or economic growth, but on various indicators of population health, such as birth rates, morbidity rates, mortality rates, and marriage age. Power no longer merely decides who lives and who dies, but also seeks to "make people live" and "make people die." The core methods of biopolitics include prediction, statistical evaluation, and general measurement. By collecting and analyzing vast amounts of data, it enables comprehensive monitoring of population health, birth rates, mortality rates, and other factors. This allows the state not only to understand the survival state of the population but also to develop policies to optimize these physiological processes. Furthermore, modern society increasingly relies on medical knowledge, as this knowledge allows the state to manage the population through standardized health policies, statistical data, and medical systems, ensuring societal stability.

Finally, in biopolitics, Foucault introduces the important concept of "norms."

Biopolitical intervention does not directly alter an individual's physical state but achieves its goals by managing the group level. These goals include reducing morbidity, prolonging life, and stimulating birth rates. This approach contrasts sharply with the disciplinary mechanisms. Disciplinary mechanisms directly affect individual behavior, regulating it through punishment or training. In contrast, biopolitics does not directly train individuals' bodies but manages populations' physiological states as a whole. Norms are the core element that runs through both discipline and regulation. They circulate between the two, influencing both individual body discipline and the regulation of collective life processes. At the individual level, norms achieve discipline by requiring the body to conform to certain behavioral standards and health norms, such as through exercise, diet, and work habits. At the group level, norms regulate the overall state, health, and productivity of the population through public health policies and social security systems. For governors, certain standards are set as norms based on national reasoning, and the health of the entire population must align with these standards. However, many people struggle to meet these standards due to their natural physical conditions. To meet the required norms, individuals must engage in exercise, maintain hygiene habits, and respect disciplinary rules, thereby striving to reach the standard [9]. People take responsibility for their health, which leads to the establishment of a medical system primarily focused on public health, coordinating medical services, centralizing information, and standardizing knowledge. It also promotes national health education and the popularization of medical services. As a result, the spread of medical knowledge empowers individuals to actively manage and control their health, no longer relying solely on external medical services. Through learning about health, individuals become active participants rather than passive recipients. In this sense, biopolitics is not merely an external form of oppression and control; it is closely tied to individual self-management and the internalization of power. The individual body becomes a site of power, and in modern society, individuals are required to take responsibility for their bodies, using methods such as exercise,

training, and diet to enhance bodily performance. Thus, Foucault's concept of "self-discipline" is reflected in medicine. "Self-discipline" means that individuals actively participate in managing their bodies through knowledge acquisition, healthy behaviors, and lifestyle choices. This self-management process is gradually internalized through social health norms, education, and other means. It is this internalization of health and disease perceptions that encourages individuals to reconsider the meaning of life and provides alternative interpretations of life and death.

4. Reconstruction of Social Norms in Modern Society

In traditional societies, disease was seen as a sudden, intense threat that directly led to death. However, in modern society, with the advancement of medicine, particularly the widespread adoption of public health policies, vaccination, and health education, disease no longer signifies "the harbinger of death" on an individual level. Instead, it is seen as a phenomenon related to controllable factors such as lifestyle, environment, and genetics. On a societal level, disease is no longer a sudden, deadly catastrophe but a continuous, gradual process that weakens vitality, affecting productivity, decreasing work efficiency, and increasing treatment costs. Importantly, while from an individual perspective, diseases may appear as accidental and unpredictable, on a collective level, they reveal certain constants that can be established. Thus, disease as a "population phenomenon" does not simply refer to individual suffering but to its social implications, particularly its long-term effects on the economy, productivity, and social structure. It is no longer an instantaneous fatal event but a persistent, ongoing state that continuously erodes the vitality and energy of the group. Disease is no longer solely the pain of an individual or family; it has become a resource issue that needs to be managed at the collective level. By managing diseases, society not only controls the vitality of individuals but also effectively manipulates productivity and social costs, ensuring the efficiency and stability of societal operations. It can be said that through the scientific management of disease, medicine has not only

reshaped individuals' views on life and death but has also provided society with a new model of governance.

In the past, death was seen as a manifestation of natural law, inevitable and unchangeable. Death used to be a symbolic event, marking the end of a particular power and the beginning of a new one. In monarchic power structures, death symbolized the limit of the monarch's absolute power, while also signifying the continuity or transition of rule. The relationship between death and power was deeply rooted in the political and social order of the time, representing a transition from one form of power to another. These ideas were reinforced through religious authority, social hierarchy, and divine rule, which created a "top-down" management model of death, trapping individuals in a fatalistic view. In modern society, however, death is no longer a mysterious domain beyond science but has entered the realm of medical knowledge and become an object of control and prevention. The social status of death has undergone a profound transformation, shifting from public rituals to private matters. This shift is not due to anxiety or repression over death but rather reflects a change in the power structure of modern society. Death is no longer the ultimate manifestation of power; power has gradually shifted from "controlling death" to "controlling life." Modern power no longer holds the absolute right to decide who lives and who dies but instead focuses on improving the quality of life, extending life expectancy, and maximizing efficiency through more technical, normative, and managerial means. In the past, power-maintained control through death; today, the emphasis is on life management, aiming to reduce accidents, ensure the continuity and stability of life, and manage the population's health. From this point onward, death is no longer a display of power but its endpoint. As Foucault puts it, death has been "liberated from the ancient tragic heaven" and become the core of human expression, revealing its "invisible truths" and "visible secrets"[10]. This shift has given death a radically different meaning in medical history, illuminating the path of life [11]. What was once the uncertainty and mystery of "death" has transformed under the modern medical framework into a

standardized understanding and management of death and disease. Individuals, benefiting from medical knowledge and health education, not only learn to focus on disease prevention but also understand how to avoid "death-inducing factors" through health check-ups, regular physical exams, psychological counseling, and other measures. Gradually, the control over disease and the fate of life and death has shifted from external forces to a more self-directed management model, establishing a "bottom-up" path of governance. As the definitions of death and disease undergo a transformation, the way social norms are reconstructed has also changed radically. The reason lies in the fact that biopolitical technologies have integrated individual life processes into the governance structures of the state and society, making the entire society a managed living entity. Norms, as a core element of this transformation, are now used both for disciplining individuals and regulating public health. They no longer depend on religious or authoritative oppression but are shaped through health education, medical intervention, and public health management. These measures have created universally accepted health standards, gradually establishing a social organizational structure centered around "health." This regulation is not achieved through strict discipline or constraint but through the balancing and optimizing of life processes at the collective level. Modern society controls the survival state and productivity of the group in meticulous detail by managing "physiological constants" and institutionalized fields such as healthcare, education, sanitation, and labor. By managing life events such as birth, death, and disease, society and the state are able to regulate the entire population without directly intervening in every individual's life. Power assumes responsibility for the life process, ensuring the proper functioning of physiological processes and societal stability. This responsibility is not carried out through punishment or coercion but through the optimization and safeguarding of factors such as public health and productivity, enabling society to achieve a relatively ideal "balance." In such a society, disciplinary and regulatory norms intertwine to form a comprehensive system of social governance.

Additionally, the spread of medical knowledge has led individuals to not only pay attention to their own physical health but also take responsibility for monitoring the health of others in daily life. Individual health management has gradually become a part of the public responsibility, tightening the relationship between individuals and the collective, as well as between power and knowledge, and expanding the boundaries of social governance.

5. Conclusion

Foucault's theory of knowledge and power offers a sophisticated framework for examining how medicine not only regulates individual behavior but also governs social norms, elucidating its constructive role in advancing public health. His concept of "biopolitics" has profoundly influenced disciplines such as social theory, political philosophy, and medical humanities, providing critical theoretical tools for interrogating the power structures and governance mechanisms of modern societies. By engaging with concepts like "self-discipline" and "biopolitics," Foucault illuminates how medicine integrates individual self-regulation with the broader framework of social norms in contemporary society. In the context of rapidly advancing biotechnologies, his theoretical paradigm remains profoundly pertinent, particularly when addressing global public health challenges, the ethical implications of gene-editing technologies, and debates surrounding population control. Foucault's insights help to unravel the intricate interplay between individual autonomy and state oversight, offering fresh perspectives on the role of medicine in shaping social governance, informing health policy, and mediating individual health management within a biopolitical framework.

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