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## Care, Cure and Control:

A Politics of Dietetics

### Part 1. Introducing Dietetics: Historicism, Cultural Relativism and Power

Let us start with an example from everyday life. According to the infomercials of the Voedingscentrum (The Netherlands Nutrition Center), a foundation supported by the Dutch government to give information about food on a scientific basis (in many ways similar to the Food and Nutrition Information Center as it exists in the U.S.A.), the dietetic rules by which one ought to live one's life, are crystal clear. Men have to consume 2500 Kcal a day, while women need 2000. Everyone should eat two pieces of fruit and two ounces of vegetables each day. Children and elderly people should drink cow's milk as the calcium makes their bones stronger. Everyone should try to reduce the intake of saturated fat.

Although dietary rules like these are phrased in a way that allows little discussion on what the ideal diet is about, the rules for good eating as set up by the Voedingscentrum are no doubt disputable. Actually, in public opinion, their laws are not uncommonly called into question. The center's strategies raised at least a few eyebrows, recently, when they replaced cheese with tofu in their ideal diet. Unfortunately, the critics' rather conservative focus on the importance of cheese in Dutch gastronomic tradition historically tended to obscure much more important questions about how the

Voedingscentrum comes to its definitions of a good diet. In public discourse, by and large, these much more fundamental questions about the premises upon which the Voedingscentrum bases its assumptions, remain largely unasked. In response to this campaign, there was no analysis -let alone any with a scholarly perspective- interested in the normative and philosophical grounds upon which the dietary rules proposed were founded.

The example of the Voedingscentrum is just one of the many cases showing that in our time there seems to be a remarkable consensus on what consuming healthy food is all about. Of course there is some discussion regarding dietary rules within dietetic circles, which explains why the advices of institutions like the Voedingscentrum change quite radically every few years. Yet they can easily be explained as consequential to the developments in nutrition science and related disciplines. The idea that cheese, for instance, is now considered 'too fat' and thus not good for us, is solely based upon ideas that find their basis in nutritional science. Similarly, it is nutritional science that tells us that vegetables contain the vitamins crucial for every human being to lead a 'healthy life'. Thus when organizations such as the Voedingscentrum (or the Food and Nutrition Information Center) change their policy, it is not because they are informed or inspired by different ideas on how the body works, by how food might taste better (and thus give people more joy) or by how new ingredients might enrich our lives. Instead, their dietetic advice always follows nutritional science; a discipline which started its triumphal march - in the footprints of modern science, or more precisely biomedical theory - with chemists like Justus Liebig, and which has grown progressively powerful ever since (see Liebig 1977 but also Beneke 1852 and Atwater 1899).

Keeping in mind that it is only since the latter part of the 19th century that its theories got accepted within academia, it is remarkable (to say the least) that nutritional science has, at least at an institutional level, overcoded the existing dietetic traditions in Europe and America. Furthermore, as it has been expanding its territory ever since, it seems even more remarkable that in our times, nutritional science dominates practically all institutionalized dietetic theories throughout the world (for various discussions on this issue, see Kamminga and Cunningham 1995). By 1978, the World Health Organization was already discussing so-called 'traditional medicine', using this one term to define practically all medical thinking except biomedicine. Although their goal was to raise interest in what these Other traditions could do, the WHO's cartography confirmed once and for all the hegemony of biomedical theory. It was stated:

On the basis of a community's or a country's culture, history and beliefs, traditional medicine came into being long before the development and spread of western medicine that originated in Europe after the development of modern science and technology. The knowledge of traditional medicine is often passed on verbally from generation to generation. Nevertheless, in some cases a sophisticated theory and system is involved (WHO 1978).

Doesn't this quote tell us that traditional medicine should not be taken seriously unless its remedies can be translated into the logic of Western biomedical thinking (and thus be given the predicate 'healthy')? Doesn't the WHO here promote, unquestioningly, the superiority of biomedical thinking just as today's dietetic advices (e.g., by the

Voedingscentrum) would not dare to question the biomedical ideas? The WHO report attempts to develop a cultural and historical reading of the 'minor' medical traditions, and concludes that the methodology and the normativity that comes with biomedicine increasingly endangers 'local' practices. The report triggers questions concerned with how biomedicine, and thus nutritional science and the dietetic ideals that come with it, have become so superior.

An obvious explanation of its success, perhaps also underwritten by the WHO, would be the claim that nutritional science has shown itself to simply 'work better'. Of course there are many ways to critique this statement from a dietetic perspective (it would not be a problem to find 'better working' alternatives in other traditions), but this will not be the goal of this article. Our interests extend to the cultural, historical and, in the end, political powers enveloped in the current rule of biomedical thinking. In other words, we have difficulty accepting the idea that even if these biomedical solutions make so much sense, it is still hard to believe that this only would cause them to overcode traditions that have been successful and valuable to peoples for thousands of years in such a short period of time. Ayurvedic dietetic thinking, for instance, presumably expressing the oldest dietetic ideas in the world, used to be of great value to the peoples from South Asia. Today only traces of its visions can be found in how these peoples live their lives. Within the hospitals, media accounts, and government policies in this part of the world, Ayurvedic theory has not disappeared, but seems to exist only under the guardianship of biomedical theory: patients today demand biomedicine, even from the traditional healers, as Burghardt claims (1991: 293). Ayurvedic thought is not simply overruled, but it is allowed to grow only according to biomedical strategies.

Traditional Chinese Medicine, another impressive body of knowledge with a long-lasting and successful history, seems to be under great pressure today, as even in the cities in its Western outskirts, hospitals are increasingly organized according to the "Western" dietetic principles, as they are known there. As in South Asia, the traditional ideas on dietetics have not disappeared, and they are actually much more alive also within the Chinese medical profession than one would think, especially in the PRC (see Furth 1999: 4). The Government has actually spearheaded efforts to "modernize" Traditional Chinese Medicine since 1950. But similar to what has happened in the Indian subcontinent, traditional dietetics in mainland China is also increasingly reorganized according to the parameters of biomedical theory. It is still there, and it is still being developed, but, again, this development depends on the legitimization of traditional Chinese Medicine by nutritional science (see for instance Dolphijn 2004).

So, again, what caused this dominance of nutritional science as we experience it in the world today? A quick glance at the recent history of Ayurvedic (and Unani) medicine shows us that its downfall happened inversely proportional to the rise of British imperial power (see Bala 1991). Particularly the British administrative system, which rapidly spread its control over the Indian subcontinent at the end of the 19th century and reorganized practically all aspects of its everyday life (not least those practices concerning consumption, as I argued elsewhere (Dolphijn 2006)), should be regarded as responsible for the cultural structures through which the Ayurvedic principles were increasingly marginalized. In China it was only since the liberalizations that started in 1980s (with the coming of Deng Zhao-Ping and as a consequence of the protests at the Tian-An-Men square in 1989), that the fall of traditional dietetics seems to have accelerated. Since then, in close

relation to the many other social and cultural changes that have swept the country, the systems of dietetics seem to have been devoured by biomedical dietetic theories. Of course this cannot be found in government reports, but it can be seen in all of China's major urban centers where 'Western' hospitals get more government support, have more clients, and occupy better buildings than hospitals practicing traditional medicine (see f.i. Zhang 2007: 13). Particularly in terms of dietetics, China proves itself to be an interesting example of postcolonial powers; it suggests that cultures are not contested by globalization but rather absorbed by them, as their codes are somehow forced to function according to these meta codes that force them not so much to adopt the content but rather the strategies that make it work.

The downfall of these two once powerful dietetic regimes, especially in relation to the firmness with which biomedical rule (through our example of the Voedingscentrum) affirms its position, calls for a close study of link between dietetics and the political. It brings into question, and this will turn out a very important part of the argument to come, the idea that the rise of nutritional science and the concurrent downfall of 'regional' dietetic traditions in the world today are somehow linked to the rise of (post)colonial powers, or even more generally, to the political regimes (which does not only refer to State apparatuses) that are in the position of articulating the strategies according to which the socio-cultural functions. We introduced the dietetic principles from nutritional science (as it developed mainly in Europe), Ayurvedic thought and traditional Chinese Medicine, and it is the dominant streams of these three traditions that we, later in this article, try to conceptualize into two different forms of politics: a total and a general dietetics. Of course we could have chosen other traditions instead of the Ayurvedic and Chinese ones, but since the argument to be made tells us something about the strategies and tactics of dietetic thinking in a very abstract sense, I chose to examine the most successful and widespread dietetic traditions known. The argument to be made, however, covers so much ground that the length of this article does not allow me to discuss these important and immensely complex traditions in any detail. Let us therefore call it a speculative undertaking we start here which aims at understanding the (body) politics of dietetics only in its most rude dimensionality. For more detailed information on the precise nature of the traditions discussed, I hope that the references, which include some of the most canonical works in the field of dietetic research, fill in the gaps and thus support the claims made.

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In literature, this idea that new (or newly imposed) political structures can indeed have great influence on the changing of dietetic regimes around the world, connects to the way scholars like George Rosen and Michel Foucault have been discussing the rise of the modern nation state, and the influence it had on medical thought in the West. Both stressed that the Western state, in performing its totalizing power, used modern medical science and its new dietetic principles as a biopolitical strategy or, in other words, a tool of the dominant power structure to control life (see Foucault 2007: 120, 367). Foucault explicitly mentions dietetics as a means to gain control, to govern one's own body and other bodies:

Before it acquires its specifically political meaning in the sixteenth century, we can see that 'to govern,' covers a very wide semantic domain in which it

## Care, Cure and Control

refers to movement in space, material subsistence, diet, the care given to an individual and the health one can assure him, and also to the exercise of command, of a constant, zealous, active and always benevolent prescriptive activity. It refers to the control one may exercise over oneself and others, over someone's body, soul, and behavior.... Anyway, one thing clearly emerges through all these meanings, which is that one never governs a state, a territory or a political structure. Those whom one governs are people, individuals, or groups (2007: 122).

It is thus that in the 19th century the nutritional dietetic principles, as they replaced the old dietetic ideas in the Western world, were deployed by the new dominant sovereignty as a tool for power. This first of all meant that the state was installed with the help of nutritional dietetic principles, but also that the implementation of these principles was hastened by its connection to the state, making these principles capable of conquering the West so rapidly. Perhaps, in more recent times, similar political strategies are at work in South and East Asia, as there too, colonial and postcolonial powers (the difference between them is, of course, not easy to delineate) deploy dietetics in order to control, in order to striate and to organize peoples according to their new political realities. It would not be a big surprise then that here too, the rapid spread of nutritional science benefitted from its close relation with sovereignty.

Nutritional science, the name given to dietetics as incorporated by modern medical science, was obviously not the only tool for this new form of sovereignty. Michel Foucault stresses that: "Medical supervision... is inseparable from a whole series of other controls: the military control over the deserters, the fiscal control over commodities, administrative control over remedies, rations, disappearances, cures, deaths, simulations" (Foucault 1995: 144). Dietetics is only one of the ways to organize desire into a uniform, quantifiable whole, in harmony with the other tools of control and thus co-employed to organize large groups of people. The nation state in the West, and the colonial and postcolonial powers in the East, were therefore not simply imposed on the peoples they were about to control but came into being with the organization of a manifold of these 'positive domains of knowledge', like dietetics, in the way they resonated with one another (with the way one domain moves according to the other). The new political structures were not caused by an origin (a sovereign), a cause or a series of causes, but came about as a 'magical capture' as Deleuze and Guattari call it (1987:427), a unity of composition that makes all the different elements function as a totality, a kind of integrated systematics of control, a *securité*, as Foucault (2007) calls it, in which the different domains of knowledge (like dietetics) play their part.

Nutritional science or dietetics in general, should be considered a very important part of these harmonized bodies of knowledge, as Zola already stated in 1972. Rosen, famous for his research on nineteenth-century concepts like 'public health', also agrees when concluding: "The protection and promotion of the health and welfare of its citizens is considered to be one of the most important functions of the modern state" (1985: 17). It is therefore that, as Turner noted: "Dietetics was subsequently used to improve the efficiency of the military, and to make the management of prisons more rational" (2008:6). It is no coincidence that Rosen shows particular interest in this concept of public health, as here nutritional science manifests a very particular form of dietetics. Nutritional science

travelling under the name of "public health" is not interested in the functioning or well-being of an individual person. Rather it looks at optimizing the performativity of a large number of people (for instance the inhabitants of a country) and consequently prefers a quantitative over a qualitative analysis. Nutritional science is indeed bio-medicine in that it is employed to control the lives of subjects, a tool in the process of disciplinary normalization. Biomedicine or "public health" performs this new sovereign power through medicine as a regulatory regime.

Foucault very much agrees with Rosen and stresses that in spite of its individualistic reputation, modern medicine focuses actually much more on creating a certain technology of the social body compared to how medicine worked in pre-modern times. And it is the Christian notion of the shepherd (pastoral power as Foucault calls it elsewhere (2000a)) that allows modern power to operate on an individual basis in order to establish a social whole. In contrast, the antique ideas of dietetics (he specifically mentions the Greeks and the Egyptians) functioned much more on a personal basis. In a fascinating article entitled *The Birth of Social Medicine*, Foucault discerns three stages in the recent history of modern medicine. First it presented itself as State Medicine, as it was considered a tool to fortify the power of the nation state (and designed accordingly). Then it became Urban Medicine, a tool to fortify the unity of the city. Lastly, and most importantly, it became Labor Force Medicine, turning medicine and the dietetic principles it included into a capitalist tool (2000b: 134-156). Executed by the doctor, whose task it is to sculpt and repair the organic machinery of the subjects, to execute the will of the sovereign by taking 'action upon action' as Foucault so often calls it, society was reterritorialized according to their new definitions of normality (be it according to the State, the city or to capitalism) with the help, not in the least place, of medicine and dietetics.<sup>1</sup>

The ways in which modern medicine functions as an integral part of the coercion of the modern State, as described by Foucault above, seems to fit the ways in which nutritional science has overcoded the Ayurvedic dietetic principles and philosophical ideas that dominated India for such a long time (see Lasron 1992). Throughout his book entitled *Public Health in British India* Mark Harrison keeps giving us examples of how ideas about hygiene and health were of the greatest importance to British rule. At the same time he shows us that this would not apply to the Indian reading of these concepts: "The administration never officially recognized unani, ayurveda, or the increasingly popular strain of homeopathic medicine that had taken root in Bengal, as 'scientific systems' on a par with western medicine" (1994:17). It is just one of the examples in which the British imperial regime, in its efforts to subject the South Asian subcontinent to its will, made use of medical as much as military personnel in order to enforce its power upon the Indian people. (Burke had already shown that medical but especially ideas about hygiene had been of great importance in the British conquering of Zimbabwe (see Burke 1996).

Similarly, the multiplicity of institutions that create global capitalism, or Empire, as Hardt and Negri (2000) in their activist rereading of Foucault, conceptualize it, might very well be responsible for the way biomedical ideas and nutritional dietary principles make headway in China today, rewriting the principles of traditional Chinese Medicine according to new definitions of healthiness, of the normal body and of a profitable society. Scheid argues that, "almost without exception contemporary scholar-physicians refract Chinese medicine through the lens of modernism, even if that modernism is reflected through Maoism, Deng Xiaoping thought, and other particularly Chinese prisms." Further, these

## Care, Cure and Control

“imported Enlightenment models of the concurrent progress of knowledge and time dominate their internal histories of medicine” (2002: 21). Referring to the writings of important reformers in medical theory such as Ren Yingqui, Xie Guan and Qin Bowei, Scheid even claims that it was already with the first gulf of modernization (with the end of the Qing dynasty) that TCM was slowly but steadily being overcoded when he continues: “The same models inform the standardization (guifanhua) and sifting of the national medical heritage (zhengli zuguo yixue yichan) in progress since the 1920” (idem.).

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The politics of medicine and dietetics in Foucault’s (and Rosen’s) distinction of social and individual medicine, as we discussed it up until here, seems to coincide with the opposition between modern dietetic principles of nutritional science and the dietetic principles that preceded it. Adding a cultural relativist line of argument to this historical analysis, we only briefly opposed this modern dietetics against the dominant lines in the Ayurvedic tradition and in traditional Chinese Medicine. Later, more attention will be given to the Hippocratic/Galenic dietetics that dominated Europe until the coming of modern medicine. Especially the Greek tradition will be given much attention. Most of all because it is without a doubt the best documented of the ancient histories, and is thus able to show us that the philosophical discussions as they took place in Attica in the fourth century B.C. once again prove themselves to be a microcosm of advanced thinking, and in our interest, also of dietetic thinking. The third reason for paying much attention to the Greeks is because it allows us to rethink Foucault’s extensive and important analysis of this period in dietetic thinking and thus to rewrite his argument.

This rewriting of Foucault mainly comes down to releasing politics from the historicist analysis in which it is captured in his writings as it is in so many other scholarly work on dietetics. Similarly, by performing a parallel analysis of both Ayurvedic and traditional Chinese medical thinking, this politics of dietetics is also released from its cultural relativist framework, the other tradition within which dietetics has been considered of importance. This then comes down to a rewriting which is not critical but on the contrary, radically affirmative in its pushing of these scholarly perspectives to the extreme. It proposes a pure politics of dietetics, an emphasis on the strategies and tactics of control, which is by all means faithful to Foucault’s ideas of governance as we discussed them before. It is interested in the governing of the self and in the governing of others. But it sees no reason to read these political processes in a temporal relative chronology. Nor does it see how these processes could be subjected to a cultural relativism. On the contrary, as will be discussed in the final part of this article, it shows how ideas of space and time are actually consequential to politics. This, in the end, allows us to conceptualize two different types of force or power, showing that the differences in dietetic thinking, whether they express themselves by means of a history or a cultural relativism, are first of all of a political nature.

## Part 2. The Politics of Dietetics in Greece and Some Parallels with Ayurveda and TCM

In Foucault’s *History of Sexuality: The Use of Pleasure* (Part 2) (1990), the Greek concept of dietetics plays an important role because in ancient Greece the aphrodesia, sexual practices, were considered to be a part of one’s diet. Next to for instance getting

massages and taking baths, the aphrodesia played an important role in both the gymnasium and the *ponos* –the systematic practices and the general everyday activities- that were valued of equal importance to the wellness of body and mind as the foods and the drinks we consume. In order to improve one's physiological condition, to stay in good health and to improve it, the Greeks practiced a double methodology. On the one hand they claimed that one should pay close attention to one's energy intake, to the way in which consumables but also non-material phenomena function with the body and to how they fit the needs of the body. On the other hand, the body should be trained to handle these products and to actively respond and adapt to the forces from the outside. (Throwing up, also regularly prescribed in those days, might be located where the two axes meet). Together these two opposing forces gave form to what was named *diata*, the way of life. Indeed a concept that covered practically all means of sustaining life.

According to Hippocrates, known to be the father of Western Medicine, the two forces of dietetics should be seen as the tools useful for balancing the four bodily liquids. But as these liquids each expressed a relation between the inside and the outside of the human microcosm, we could also say that they were four methods in order to balance the inside and the outside of the human body: dietetics, in his view, was about adaptation and anticipation, about experimenting and experiencing what life was all about. It was about finding the just part (*aisa*), the natural way for the human being to live in harmony with what surrounds him. Dietetics was a way to constitute a subject that gave the right, necessary and sufficient attention to the human body and soul. Dietetics, and especially this search for balance, for the right amount at the right time, lead to a constant moderation and self-mastery as Coveney puts it (2000: 33). This then leads to what Foucault considered a complete art of living (1990: 99).

As it was so much an aesthetic or creative activity, dietetics –in pre-Socratic times- was spared from universalist claims. Very much in contrast with the example (of the Voedingscentrum) with which this article starts, advice was not a judgment defining one food product as healthy and the other as unhealthy, nor did the advices given claim that in order to stay in shape one had to do wrestling or to have an active libido. Dietetics, in those writings, did not work with fixed rules. It did not express a morality that split the world of consumables into right and wrong. Instead, dietetics encompassed a continuous search for what was good to the body, for those practices and consumables that could benefit the body. "Dietetics related to the daily conduct of everyday life, a mode of living", as Coveney concluded (2000: 32). It was an ongoing search that followed the flows of life rather than defined them.

Even Socrates, when quoted by Xenophon (1959), stresses the importance of observing and recording what benefits the body and argues that, in doing so, one can find the best way to stay healthy. He even adds that if you take care of yourself this way, it will be difficult to find a doctor who knows better what will be good for you. Observing and recording what is good to the body is thus necessary for every individual, since it is thus that man (Hippocrates sadly talks only of (free) man) can master himself and his environment and avoid getting ill. This way man can keep the body from falling into disharmony whether with forces within the self or with forces outside it.

In practice this meant that one had to find a balance between food, drink, and daily activities and exercises. One was to find the right way to live one's life according to one's individual circumstances (the principle of *pantra metra*). In order to do so, dietetics taught

## Care, Cure and Control

us about the cycles of the days, of the seasons, and of life in general. Also, it taught us the tactics of warming up and cooling down, of moistening and dehydrating, about gaining weight and losing it. It did all this without introducing universalist claims. In pre-Socratic thought (which might be said to include Xenophon's version of Socrates), the learned did not invent rules of permission and prohibition, imposing what they considered to be a good dietary regimen, as we already mentioned above. If we read Hippocrates closely, we see that there should not even be a hierarchy between the doctor and the patient in the sense that the former should have any power over the latter, informing the latter on what a good diet is all about. It was only because the doctor has developed a general interest in knowing and recognizing human nature and has studied the principles that guide the body, that he might be capable of fathoming how the patient can be best served. But it is only in knowing the patient, in listening, touching and feeling him and thus learning about how this particular patient has created his life, that the doctor can tactically intervene in these bodily imbalances. Rather than being armed with a universal medical knowledge, the medical doctor is trained to follow the strategies of life and learns how to rebalance them. The doctor is thus not an authoritative figure (he who knows), but an inquisitive one (he who searches).

Hippocrates and his contemporaries kept insisting on the inquisitive basis of dietetics. In his own writings, Hippocrates often stressed that medical science was to be seen as a consequence of dietetics and not the other way around. Medical science might be more elaborate in its ideas on how to restore the balances of the human body, but it should nevertheless always keep the diet (in its classical definition) as its essential preoccupation, since dietetics, Hippocrates insists, is the most fundamental and original search for what life is all about. Or, as Magner puts it: "In a fundamental sense, dietetics was the basis of the art of healing... thus, the first cook was the first physician. From such crude beginnings, the craft of medicine developed as people empirically discovered which diets and regimens were appropriate in sickness and in health" (1992: 68-9).

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As so often, it is with Plato, the least classic of the classic thinkers, that things start changing. With Plato, dietetics is still considered an art of living, but it gets subordinated to a general 'aesthetics of existence', as Foucault put it (1990: 89), which in fact means that it should serve the soul only. A remarkable statement flatly opposed to the Hippocratic and even to the then very influential Pythagorean ideas on dietetics that considered the mind and the body different in their form and in their relation to the world, but equally important and certainly not in a power relation to one another. Pythagoras' influential ideas on dietetics are now often reduced to his vegetarianism, which was not so much a choice on humanitarian grounds as one might think today. Adams rightfully notices that his choice not to injure innocent nature was much more a mental and spiritual consequence of his whole philosophy (see Adams 2003: 7-8). In Pythagorean thought then there is healing music that gets you back on your feet, and likewise there are foods, drinks, daily routine and (sexual) exercises that look after the soul (see for instance Veitch 1989: 11). That however does not mean that the *rex cogitans* and the *rex extensa* in a Pythagorean sense should be considered strictly separate phenomena capable of relating to one another in terms of domination and submission. Even in Roman times these ideas were still taken very seriously. An important Roman Neo-Platonist Pythagorean scholar like Porphyries

(from Tyre or the Phoenician) stresses that there is no difference in character between the face and the soul, i.e. what affects the body equally affects the soul and the other way around (see Kleffner 1896), a thought that definitely undermines Plato's hegemony in Roman times. Porphyry follows Pythagoras when he pleads not to kill animals for consumption, a claim contrary to Plato's and Christian philosophy.

This minor dietetic tradition also surfaces in Xenophon's Socrates who still agrees with the Pythagoreans as he stresses that a bad physical condition brings oblivion, discouragement, bad temper and madness, so much that acquired knowledge can even be chased from the soul (1959:12). For with Plato, this kind of equality between the mind and the body is out of question. Plato's Socrates, as staged in the Republic, claims that the reasonable man is in search for education along the paths of the muses and sees no benefit in devoting much of his time to his physical condition and training: "The only studies he will value will be those that form his mind and character accordingly" (1955: 591c). A reasonable man is not interested in his health, his fitness or beauty, just as he should not be affected "... by popular ideas of happiness and make endless troubles for himself by piling up a fortune" (1955: 591d). A reasonable man has higher goals.

In line with that, Plato's thinking about dietetics shows a second major change in respect to the other great minds of antiquity like the abovementioned Pythagoras. Aside from placing dietetics under the authority of the mind, and thus under rational control he also subjects it to the rule of the doctor who, accordingly, was given a very central position. With Hippocrates the doctor is first of all interested in following the ever-changing strategies of the human body and mind, and searching for the ways in which the relations between man and nature can be improved (see also Capelle 1922: 262). With Plato, however, the doctor is being given authority, his actions turning more rigid and true. The doctor has still learned his profession from nature, as with Hippocrates and the Pythagoreans, but not because he is interested in dietetics or in the works of nature. This time, the doctor starts a well-focused search for the origin of the disease that needs to be cured. The dietician who was interested in learning the art of living has metamorphosed into the doctor who knows how to kill a disease. Interestingly enough, Plato adds to this that there should be a difference between doctors for free men and doctors for slaves. On the one end, the free patient is studied by the free doctor who searches for the origin of the disease and its nature. Then, after talking to the patient and his friends, he discovers the disease and gives the patient instructions on how to kill it. The free doctor never prescribes a patient something without convincing him of the accuracy of his diagnosis. On the other end, the slave is treated by the slave doctor who trusts his experience and pretends to know everything there is to know: "Conceited like a potentate he moves on to the next patient. This way he lightens the care of the master for his ill slaves" (1970: 720cd). Despite the obvious qualitative difference between these two positions, what unites them in the end is very provocative, especially compared to the way other classical thinkers envisioned the position of the doctor. For whether treating a slave or a free patient, the doctor in the eyes of Plato, is in the end, the one who knows what is right, who rules the body of the patient. The doctor is the one who tells you how to lead your life, whether by argumentation or by dictating it. This Platonist position is indeed very different from the ones described by Hippocrates and the Pythagoreans who systematically refuse any kind of hierarchy, who turn down any kind of fixed solution, and who, in the end, even discount the idea that a disease has an origin that can be attacked.

## Care, Cure and Control

Next to the *Republic* and the *Laws*, there are several passages in the work of Plato in which he addresses medicine, the body, the good diet and ideas on what good food is. Famous are firstly his *Timaeus* (2009) in which a lengthy passage reveals his general disinterest in the body and mainly states that the search for knowledge demands a certain modesty in terms of food and drink (see Taylor (1928) for a thorough analysis of this dialogue and its ideas on dietetics). In many ways the *Timaeus* repeats the first part of the argument already made in the *Republic*. Secondly there is the *Phaedrus* (for instance 2007: 268c) in which he also talks of the importance of the doctor, which comes down to the second part of the argument we just discussed. In sum, it makes good sense to conclude that although discussed throughout his work, Plato primarily develops his ideas on dietetics in his two major books on state politics (the *Republic* and the *Laws*). The case above (on the two different kinds of doctors) comes from the latter, and not surprisingly, the difference between the two kinds of doctors is made for a good reason, as, for Plato, the doctor is in fact a metaphor for the ruler who is supposed to take good care of his people. In the end, Plato uses the example of the two doctors in order to show the similarity between the way a person and a society are both subjected to laws, and should therefore both be governed. Of course, he argues that the good ruler should not suppress his subjects the way master dominates his slave. The good ruler should not be a potentate who merely informs people of decisions being made, but, rather, should explain why the laws have to be made, and why they follow the course of nature. The good ruler, like the good doctor –in Plato's terms- should convince the commoner of the laws he is subjected to and according to which he should live his life. The good ruler like the good doctor is perhaps like the shepherd, an image Foucault links to modern forms of sovereignty. We already claimed that Plato was the least classic of the classic thinkers, at least in terms of dietetics. Perhaps we can add that Plato's theories functioned as the seeds of what turned out to be modernism in terms of power.

Plato's ideas were rewritten by (Neo)Platonism; not only in terms of the dominant philosophy but also in terms of dietetics (though the writings of Pythagoras remained (for instance through the work of Iamblichus) quite popular at least in Roman time). Christianity and the Roman imperialist state further developed the ideas on dietetics and the body as formulated by Plato and spread them throughout the Christian and Roman world. We hinted at this above but it is important to stress that Christianity adopted the idea that the body is subjected to the mind, and thus, that the food one eats is much less important than the ideas one consumes and produces. In the Gospels of Matthew this is well summarized: "No one is defiled by what goes into his mouth; only by what comes out of it" (Matthew 15:11). The only kind of reference made to the diet, as for instance done by Paul in the First Letter to the Christians of Corinth, is actually in order to stress that despite some rather ambiguous early Christian texts, Christianity does not consider any food or drink unclean in itself (contrary actually to all other great religions in the world). (Note also that Christ himself claimed that diet can never make a person unclean (see Matthew 15: 1-21)).

Within the Roman Empire, both Hippocrates' and Plato's dietetic ideas were echoed within the work of the most influential medic philosopher of Antiquity: Galen of Pergamum. Galen did copy the Hippocratic humoral theories, but added to them that humoral imbalances could be located within particular organs as well as in the body as a whole. The reason for that was that Galen, in contrast to Hippocrates, did not take dietetics to be the

basis of his medical theories, but, rather, anatomy. There was an important shift in perspective from a focus on the dynamics of dietetics to more fixed notions of human anatomy. This proved to be a crucial step that changed the entire character of the discipline, turning it from a dynamic study of human intake and output into a static study of the human body. Galen's ideas gave way to the mechanistic and uniform ideas of the human body as presented with the Renaissance, that indeed are far removed from how Hippocrates envisioned his profession.

This emphasis on the static led Galen to further develop Plato's emphasis on the authority of the doctor. Of course, the authority of the doctor was only widened, as his goal is no longer to study dietetics (in the classical definition) and follow how the individual has created his life. On the contrary, the doctor is the one who knows the anatomy of the universal human body. He interprets the syndrome according to his knowledge of the body and prescribes medicine that ought to kill these local humoral imbalances. Galen (also through the writings of Oribasius who played an important role in popularizing his theories) thus completes Plato's political rereading of Hippocrates by turning the dynamic and general Hippocratic dietetics into an ontological and localizationist discipline.

The Galenic turn is so important that, even in etymology, its traces can be found. For whereas the Greek concept of *diata* makes reference to 'lifestyle', 'way of life' and 'means of sustaining life', the Latin concept of *diateta* refers to the rules of life as defined by the doctor, which seems minor but is in fact summarizes a crucial difference between ancient Greek and 'Roman' thinking, as Foucault would call it (for a lengthy discussion of this difference, see Clark 2004). The success of Galen's revolutions is undisputed. Yet again, without questioning the quality of his claims, it stands out that the rising of his star happened parallel to the expansion of the Roman Empire throughout Europe and the Mediterranean. And it is important to notice that it is within this territory (Europe and North Africa) that Galen remained the major dietetic reference up until the eighteenth century when the new modern sciences, and new ideas about hygiene came into being (though important medical scholars like Boerhaave still emphasized Galen's dietetic and humoral theories (Boerhaave 1975)). It is probably also worth mentioning that Galen himself was employed by several Roman emperors including Marcus Aurelius. Of course we cannot discard his important intellectual work. Galen was, without any doubt, a prolific and revolutionary writer (he has upwards of 300 known works). His work was copied and translated often, notably by Ḥunain ibn Ishāq (also known as al-*Ibādī* or *Johannitius*) who prepared and translated many of his works in Arabic and Syriac (see *Hunain ibn Ishāq/Johannitius* 1476). But the relation between the rise of his ideas and that of the Roman Empire is also one that needs attention. We'll get back to this later.

...

As opposed to the way in which dietetics in the West was moving further and further from the Hippocratic Oath and increasingly closer to (Neo-) Platonic Laws, the Chinese dietetic tradition is often (implicitly) believed to have remained as naturalistic as it started, uninfluenced by dominant power structures or other political strategies within which it functioned over the years. This, by all accounts, Orientalist positioning of traditional Chinese thinking follows a very old line of thought, which could be said to begin with the (unpublished) writings (especially his *Medicus Sinicus*) of Michael Boym, a Polish

## Care, Cure and Control

Jesuit missionary who wrote on Chinese medicine and drugs in the mid-seventeenth century (Chabrié 1933). This approach was dominant in (or at least politically informed) all the writings of the Jesuit missionaries, as we can also read this for instance in Leibniz's (2006) famous letter on Chinese naturalist theology (where he responded to two Jesuit tractates). It followed the overall idea that Chinese thinking was naturalist, which remained largely accepted until, at least, the middle of the 20th century.

TCM's presumed naturalism would seem to place it closer to Hippocrates than to Galen and what followed in Western medicine. TCM has never, or so this line of thinking would suggest, appointed the doctor as the ruler of the body nor has it replaced dietetics by anatomical principles. This is easily explained that anatomy was very much against Confucianism. Confucius himself quoted the Classic of Filial Piety in his Analects: "One's body, hair and skin are a gift from one's parents – do not dare to allow them to be harmed" (Confucius 2003: 79). Chinese (medical) thinking has always stayed loyal to this Confucian idea that the whole body was sacred and demanded it to remain intact throughout life, but also in death, since it was important to present oneself to one's ancestors as a whole). In China, at least up until recently, this meant for instance that the traditional doctor was to be paid not when he 'cured' a patient, but when he kept him in balance, i.e., when he did not get ill. From this perspective, the doctor assisted his client in finding the best possible diet (consisting of consumables and of activities) in order to allow the person to live his or her life in as balanced a manner as possible.

Chinese medical practices might seem more naturalistic than Western ones (at least from our perspective), but they too have always been under the influence of power structures, of a new sovereignty that deployed dietetics as a means of political strategy (if only because even Confucius was always employed by and in search of a good patron, as Lloyd shows 2002:134). From the early Taoist sources and the writings of the Yellow Emperor all the way to the medical and dietetic practices as noted by Joseph Needham (Needham a.o. 2000) in the early twentieth century, traditional Chinese Medicine too was entangled in dominant political structures that used dietetics to expand its power. In fact, scholars like Sivin show that specific principles of classification through which ethical and medical norms and normalities are created have always already been part of TCM and its dietetic ideas.

Throughout the long and complex history of the concepts of yin-yang and of wu ch'ang (the five constants) - the ideas that form the basis of the traditional Chinese Medical system - Sivin shows that these concepts underwent a strong formalization together with the economical and political expansion of the Chinese state from the third century B.C. to the first century A.D.. During that time, both yin-yang and wu ch'ang formed the principles of classification through which diets were compared, turning the early personal and holistic principles into social theories and general norms on how to maintain balance through diet. Developed mainly from Confucian teaching as it took place under Imperial patronage, the new doctors made fewer and fewer references to the study of nature, as was (believed to be) commonly practiced in earlier days (see also Lloyd and Sivin 2004). Similar to the developments in European dietetic thinking, in TCM too, dietetics more and more consisted of specific formulas on the basis of which a strict diet was measured. It was a dietetics that definitely moved away from the ancient naturalistic and holistic practices, by forming an apparatus that was again ontological and localizationist, though much more based on a characterization of movements rather than the search for absolutes that became

so important for Western thought. Nevertheless, the formalizations in China do show interesting parallels with what happened in the West.

Sivin even claims that this young Chinese state was aiming at the creation of what would later be regarded a system of 'public health,' and he argues that "...several attempts at a single state ideology included this doctrine of cosmological harmony [yin-yang and wu-chang, r.d.] and other equally adaptable currents of thought" (Sivin 1995: IV, 6). Consequently, he continues, "by the end of the first century, yin and yang were not forces, and wu ch'ang were not elements. They were rather sets of qualifiers used to describe the two or five aspects of ch'I ['energy', 'breath' or 'life in general', r.d.]... As the sciences evolved from roughly the first century on, this approach to thinking about natural and social phenomena became usual although never standardized to the point that it could be called a paradigm" (Sivin 1995: IV, 7).

In the history of Ayurvedic dietetics, similar developments have taken place. For although the study of the wisdom of life (veda means "wisdom", and ayus is "life") is more filled with riddles and gaps than the history of Chinese medicine, here too, (contrary to Leslie 1976) we find a strong connection between the dominant power structures and the formalization of dietetics. Like with traditional Chinese Medicine, this tradition would seem closer to Hippocrates than Galen, though this time because Ayurvedic dietetics also starts with dynamic humoral theories (common in Hippocrates and rejected by Galen). But it can be no coincidence that the most influential treatise found in Ayurvedic dietetics (and herbal medicine), the Carakasamhita (Caraka 1941) - that contains the thoughts of the old Agnivesa Tantra extensively revised by Caraka - was most likely produced around the first century A.D. under the rule of King Kaniska, the most powerful king of the Kushan dynasty.<sup>2</sup> Together with the rapid political and economical growth of the state, with its cultural zenith in the northern part of the Indian peninsula, the school of Caraka became influential from Java to Afghanistan, in such a drastic way that Kutumbiah concludes, whatever happened after Caraka in Ayurvedic medical thought can be regarded nothing more than an imitation and abstraction of Caraka's methods (1967).

The Carakasamhita proposes a set of dietary norms (the vidhi) that, in their attempt to regulate the balance between the body and the outside world, set up particular principles of classification according to which diets are compared. It produces a normative system, or indeed a "vigorous scientific tradition" (Larson 1993: 105) on the basis of which nature was classified into three formal categories, which could apply to people but also to food: sattvic is equal to cold, rajasic to hot and tamasic to poisonous. In terms of people this would translate into -respectively- a quiet person, a tempered person and a mean person. In terms of food one should think bland food as sattvic, meat as rajasic and garlic as tamasic.<sup>3</sup> Over time, this threefold dietetic stratification thus transformed into a radically normative stoic ethics and social structure. Especially since the diet became increasingly interwoven with the caste system where, for example, relationships became established between a rajasic diet and members of the castes that had to perform heavy physical labor, or a sattvic diet and members of the castes that performed administrative functions. The Ayurvedic dietary rules and regulations, in the end, turned out to be one of the most important tools for organizing the caste system, a means for controlling the minor casts by the dominant Brahmin and Baniya castes but also within the particular casts as a means to create consistency (Dolphijn 2006). The Ayurvedic ideas turned into what can best be

## Care, Cure and Control

described as an extremely extensive yet well organized dietary system used to (re)create and maintain social and cultural order (see also Metcalf a.o. 2001: 139).

Earlier, Foucault showed us that whenever dietetics was deployed in a dominant political structure, its power was practiced through a series of formal and material bodies of knowledge that produced this dominant form of control within society in the way they resonated with one another. Rethinking the histories and cultures mentioned above suggests that the ways in which dietetics in East and in South Asia were connected to the upcoming State forms is not all that different from what happened in the West. Here too dietetics was used to govern. And here too, dietetics was among the multiple tools that were used in order to establish the sovereign. We cannot consider the Ayurvedic theories of life without including the thoughts found in the four original Veda's and in Vedic astrology (jyotish-inner light). We cannot think of traditional Chinese Medicine without including the thoughts found in I-Ching.<sup>4</sup> We cannot consider the biomedical theories with which we started our argument without recognizing its formal relation to anatomy, mechanics, physics, and even economics because these sciences of the Enlightenment all carry similar principles of composition, exemplified by the steam engine. The image here is of a machine that can be stopped and repaired, a mechanism that is believed to function without having a relation to any environment at all, having errors that can be isolated. In conclusion, Sivin's statement that the most important Chinese ideas on the diet were "...simultaneously political, moral and naturalistic" (1995: 29) tells us something about how all major dietetics are composed.

### Part 3. A Total versus a General Dietetics

Instead of understanding dietetics in terms of its cultural (spatial) situation or in terms of its historical (temporal) development as these two traditions have been dominating academic interest in dietetics for a long time, we now propose reading dietetics from its political (strategic) organization. This means that from here, we do not start conceptualizing dietetics from an Ayurvedic, Chinese and Western tradition (as informed by a cultural relativism), nor from a pre-modern/antique and modern development (as informed by a temporal relative chronology). Instead we suggest a dietetic conceptualization into a total and a general dietetics. 'Total' and 'general' are two concepts that Foucault himself used in order to read two different types of historiography (1972: 9 and following) (rereading Braudel, who worked with them first in his 1950 inaugural *leçon* (1980)). Yet in order to rephrase them politically, to connect them to this dietetic ideal of an aesthetics of existence, we propose to read the two concepts in how they relate to the two types of vitalism Deleuze and Guattari mention in their conclusion of *What is Philosophy?*, thus as either: "... that of an idea that acts but is not -that acts therefore only from the point of view of an external cerebral knowledge...; or that of a force that is but does not act -that is therefore a pure internal awareness" (1995: 213). Foucault, in his final works, also struggled with a similar vitalist problematic as his aesthetics of existence clearly included a notion of power (the first principle) yet clearly works with the internal awareness (the second principle). Following the cultural relativist and the historicist analyses above, we now set ourselves to a rewriting of these much more static organizations into a dynamic exploration implementing the total and general and how they allow us to conceptualize dietetics.

First of all we should emphasize that the cultural relativist stratification into Western, Ayurvedic and Chinese dietetics makes good sense as indeed these three traditions seem strongly entangled within other territorial cartographies that in their coexistence showed some evolution in their particular processes of unification (or the particular magical capture that has totalized the different political apparatuses into one organism, one 'nation' for instance). On the other hand, since the political creation of these social and cultural bodies shows remarkable similarities in their development, similarities that are not unique to particular territories but rather tell us something about the processes of territorialization in all three cases, an emphasis on the political strategies actualized reveals the forces at play in these traditions. The three traditions discussed no doubt differ a lot in how they have changed over time, but in all three cases, dietetics develops from a dynamic and general movement towards an ontological and localizationist perspective.<sup>5</sup> All cases show a development in which dietetics is no longer the aesthetics of existence, the general search for well-being with which it started (which can be found with the Greeks, as Foucault noted, but also within early Ayurvedic and Chinese sources). Instead dietetics is more and more put into action as part of a totalizing system of tools, a (primitive) biopolitics that implements dietetic principles as a means for control. Foucault claimed that: "Hippocrates applied himself only to observation and despised all systems" (1975: 107), and this is exactly why Hippocrates, but also the early Ayurvedic and Taoist dietetic theorists, performs a very different form of dietetics; a dietetics which does not interpret but follows, a general dietetics. Or as Deleuze and Guattari would have verbalized it, "One [that] does not go... by deduction from a stable essence to the properties deriving from it, but rather from a problem to the accidents that condition and resolve it" (Deleuze and Guattari 1987: 362).

Secondly, the historical stratification into pre-modern and modern dietetics also makes good sense because the modern dietetic ideas of Liebig and his successors are radically different in their approach and in their social and cultural consequences compared to the traditions they overcoded. We cannot stress enough that also in the West, in the 18th century, dietetics was still a concept that was interested in the whole way of life (for a lengthy discussion of dietetics in 18th century Europe, see Tobin 2001: 113-120). But taking into account the new political reality and most of all the coming of the bureaucratic nation-state in the nineteenth century, it might very well be possible that this new totalizing articulation of dietetics is different because of the new type of sovereignty in which it became operational. Dietetics became part of a manifold system of (scientific) institutions and practices, and it is with the way these various parts resonated with one another, that a new political system emerged. This new sovereignty was not the causal end to its metamorphoses, but was released alongside the institutional and practical forces. What this says is that next to the historical developments that have obviously changed the way dietetic systems function, the political strategies active alongside it (that cannot be reduced to a linear temporality) were most successful in formalizing dietetics radically.

Also it might be questioned whether this break in history (between pre-modern and modern dietetics) was indeed as radical as Foucault (or Canguilhem 1991) makes us believe. A localizationist and ontological perspective had already been firmly instituted in Galen's revision of Hippocratic dietetics, and, in milder forms, within Caraka's Ayurvedic revolutions and within the institutionalizations of the Chinese principles under imperial Confucianist patronage that developed during the third century B.C. to the first century A.D.

## Care, Cure and Control

Though it should be noticed that despite their embeddedness in a totalizing sovereign machinery, both Ayurvedic and TCM remained rather dynamic. In Ayurvedic thought, the humoral theories, for instance, never turned localizationist while, as hinted at above, the traditional Chinese doctor is still a skeptic about all interpretation.

It might seem now, that in the way we introduced a total and a general dietetics, a chronology and thus a historical (linear) theory seems inevitable, since in all the examples given above, a general way of thinking about the diet is succeeded by a total dietetics. But this is somewhat misleading. Mostly because this is the consequence of the most abstract point of departure we had to take, meaning the ways in which the dominant systems in dietetic thinking are studied in academia today (historically and culturally) and how it is discussed (implicitly) for instance by the WHO. By studying these traditions (not as a whole but in terms of how and in what form they became dominant and powerful) the argument developed here intended to show a major politics at work in all of them, a politics that has been referred to only as a series of strategies within time and space. Our analysis has shown the independence and the great power of this politics. Further analysis will reveal a politics even more independent from time and space, in other words, it will show us that within the (re-active) total dietetics, a new general idea pops up, followed again by a totalizing strategy, ad infinitum. But let us lift this argument to pure abstraction: A total dietetics is necessarily responding to a general one as it only realizes itself by delimiting and distributing the potentials released by a general dietetics. Yet this is only revealed in analysis: pragmatics only shows them tumbling into one another, out of one another. A total and a general dietetics always travel side by side, necessarily invoke one another. They are of a completely different nature but nevertheless always already grow together, and still keep performing a very different politics.

A total dietetics does perform a(n) (linear) evolution, and, thus, it claims a particular change over a period of time. A general dietetics has no evolution, and thus no history. A total dietetics also creates a territory, an empire that coincides with the frontier of the dominant sovereignty. It performs its unity. A general dietetics drifts, pops up and goes away again. It might therefore seem difficult to include a general dietetics into historical or cultural relativist readings of dietetics, since such readings seem to prefer a total dietetic regime, although Braudel's previously mentioned inaugural lecture, in 1950 already, was radically critiquing precisely this idea in historiography (see Braudel 1980). Our idea - following Braudel, Foucault, Deleuze and Guattari - is that one always finds out that these temporal and spatial readings are not spared from general influences. On the contrary, any total dietetic history or tradition is speckled with general dietetic events so much that in the end they almost seem to consume it (similar to how its holes in the end completely consume Sierpensky's carpet in mathematics). General dietetics are singular events that cannot be stringed into a chronological temporality or a territorial spatiality, yet they keep on popping up in the major histories and cultures so abstract yet familiar to us.

The general dietetic events that intervene in a total history are openings created, able to constitute a new search for the aesthetics of existence. Ayurvedic dietetics, for instance, (in their focus on the substances, qualities, and actions that can be life-enhancing), in spite of its progressive narrative, kept stressing the need for an imminent sensitivity (called the Trividh Pariksha) in which all senses and sense organs of the medic (except the mouth) should be opened up and serve to find the imbalances of the sick by all means (Kutumbiah 1967). In TCM too, the dominant Chinese dietetic theorems have

repeatedly been rejected by, for instance Zhang Zhongjing (150-219 A.D.), known as the 'Saint of Medicine', who stresses the dangers of theoretical formalization. He states: "It seems to me that physicians nowadays fail to look into medical 'science' and improve their medical skills. Instead, following the same way as their ancestors in practice and adhering to the old therapies, these physicians examine patients and listen to their complaints, and all of them give basis for their treatment... So this is the so-called 'looking at a leopard through a bamboo tube.' A practice like this would certainly make it difficult to discriminate between life and death" (Huang 1995: 6-7). In Western thought, lastly, there have been many scholars that have searched for the loopholes in the sovereign's net, warding off or at least questioning any kind of governmentality. Most well known perhaps is Friedrich Hoffmann (1660-1742), whose iatromechanical model of medicine follows Galen (and Descartes), yet in introducing Leibniz, attempts to give it back the dynamics that could not be found in so many of the theoretic expositions of his time (see Lonie 1983).

This whimsical and impalpable nature that keeps breaking open a totalizing tradition is exactly what 'general dietetics' is all about. Not that it is by nature a tradition of resistance, but it is indifferent to the organization of every structure or strategy. Again we turn to Deleuze and Guattari to learn the true nature of this type of dietetics: "Their semiotic is nonsignifying, nonsubjective, essentially collective, polyvocal, and corporeal, playing on diverse forms and substances" (Deleuze and Guattari 1987: 175). It is non-cumulative and non-complementary, non-spatial and non-temporal. At the same time it is most real and aesthetic in its existence. General dietetic thoughts have always wandered about slipping into all kinds of practices, inspiring many minor thinkers throughout space and time. In a way, thus forming an 'own' tradition, but this time a non-linear, fragmentary one.

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It has been said that in our days, at the start of the 21st century, to which we now return, dietetic regimes are dramatically changing both their appearance and the way in which they practice their control (an argument mainly put forward by Rose 2007, but also in Elliot 1999, 2003 and Healy 2004). It is true that the opening statement in the field of dietetics and power, Foucault's *The Birth of the Clinic*, was published in France already in 1963, and, as we now live almost half a century later, one might think that things have changed since then. As Foucault's arguments are also of great importance to the ideas of a total and a general dietetics, as conceptualized above, this would lead us to conclude that the proposed opposition might not live up to the dietetic developments of today. Yet, as will be discussed in what follows, though scholars like Rose definitely notice important changes, these changes do not question the difference between general and total dietetics. On the contrary, they confirm their radical difference and prove their usefulness.

The most important change that occurred with respect to dietetic thinking concerns the state of contemporary biomedical theory and nutritional science. For there is little doubt that the biotech century we have now entered will be the age in which new medical ideas will redefine the concept of life like never before. The coming of genomics and reproductive techniques will likely not only change our ideas about diseases and the functioning of the hospitals and other institutions, but also the discourses in which they are embedded. As part of a series of controls that actively reshape every part of life, the era of

## Care, Cure and Control

biotechnology comes with new institutions and practices and might very well introduce us to new forms of power.

In terms of the diet then, the biotech age is famous for modifying foods, for the rise of food supplements including probiotics (for instance lactic acid bacteria (see Shetty a.o. 2006: 1844)) and the introduction of functional foods or smart foods. Especially food supplements and functional foods claim to cross the boundary between food and medicine so important to total dietetics theory (as discussed above). But simply introducing a clearly definable pharmacological element into a food stuff (for instance Omega 3 fatty acids into margarine), also has nothing to do with the general dietetic perspective according to which all consumables can function as medicine depending on their use. It has little to do with the experimental and naive stance taken by the general perspective as conceptualized above. Nikolas Rose claims that molecular genomics has the potential to strip the "...tissues, proteins, molecules and drugs of their specific affinities - to a disease, to an organ, to an individual, to a species - and enables them to be regarded, in many respects, as manipulable and transferable elements or units, which can be delocalized - moved from place to place, from organism to organism from disease to disease, from person to person" (2007: 15). But what does this change?

Molecular biopolitics, as Rose refers to it, is no doubt a major revolution in biomedical theory as it has refined its strategies enormously. Perhaps it even creates a new form of social medicine, adding a fourth late capitalist strategy to Foucault's historiography (see 2000b: 134-156). But the dynamism it proposes in the quote above is by all means organized and thus limited by particular qualities that are still ascribed to particular elements. In other words, diseases are still anatomically located (following Galen) and even more so than before, the doctor, the pharmaceutical industry and now also the food industry (as they provide us more and more with food supplements and functional foods) are the ones who claim to know how we ought to live our lives (following Plato). Also the idea, implicit in Rose, that these new forms of medication question the very strict line between the normal and the pathological as established by biomedical theory before is questionable. Of course food supplements and functional foods are developed to prevent illnesses from taking place, which is claimed to be 'new' to modern medicine, but as they give us a very clear indication of what they are good for (they lower your cholesterol for instance) they merely redefine the relation between the normal and the pathological, for instance by insinuating that the person with a high cholesterol level is already ill (to which heart failure and high blood pressure are consequential). Food supplements or functional foods or any other contemporary mix between food and medicine do not question the opposition between the normal and the pathological itself (which a general dietetics is pursuing).

Yet as these new political strategies materialize themselves in the form of consumables, thus creating new paths of control, striating the realm of the edible, an interesting thing happens. Once again a history is in change. Once again a state apparatus territorializes itself with the organizing of institutions and practices. In the case of the Voedingscentrum with which we started this article, it is indeed the national institution which practices control. But in more and more cases today other powers (a neo-liberal machine, a capitalist Empire) delimit and distribute the healthy potentials confronted with, often even in contradiction with government control (that is why a growing number of laws are being developed against the biotechnological revolutions). Yet in the stapling of

these dietetic regimes and in the inevitable intermingling or entangling of their territories, an endless amount of options arise. Thus it increasingly happens that not only the biomedical genetically modified (for instance cys genetics, which restrains from the introduction of alien material) somehow connect to the ideas of ecological wellbeing, but also the allopathic theorems, which have long been considered opposed to Ayurvedic thinking, increasingly melt into one another with pharmaceutical brands like Himalaya and Ozone. In opening up all of these spaces, control does not just multiply the series of cures it proposes: it offers us an askesis at the same time, as Foucault would phrase it, it increases the need for an active creation of the self. The creation of a style which has nothing to do with the Christian (sociological) identity one finds in modernity (from Kant to Bourdieu) but rather presents the idea of a work of the self on the self, as Veayne seems to name it (1993:7). The biotechnological revolutions of the 21st century do not neutralize the relation between the total and the general simply because there is no relation. Another way of putting it is to say that any new dietetic regime (like molecular biotechnology), in the progress it proposes, disqualifies itself from an insight into generality, into a dynamic and naive dietetics, while, at the same time, creating an infinite amount of ways for the general to take place. We cannot but conclude that a total and a general dietetics and the different non-chronological and non-territorial succession they always already set in motion, remain at work. Also in our times they keep on enveloping one another, they continue to allow each other to take place. The theorematic totality and the problematic generality always already enfold one another.

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## Notes

<sup>1</sup> Rosen refers to this concept of normalization as 'social medicine', which he considers different from that of the concept of 'medical police' which comes close to Foucault's terminology (Rosen 1974). Social medicine is a technique he sees emerging with the coming of the modern State referring to Thomas Jefferson who claimed that sick populations were the product of sick political systems. Jefferson embodies the ideas of progress in his conclusion that despotism produces disease whereas democracy produces liberated health (Rosen 1952: 32-44).

<sup>2</sup> It should be noted that the whole of Ayurvedic thought is actually based on two writings: the Carakasamhita, which focuses on herbal theories, and the Susrutasamhita, which focuses on surgery. But since surgery is not addressed here, the Susrutasamhita will not be discussed.

<sup>3</sup> Actually, the idea that one should prefer sattvic food is already presented in the Bhagawad Gītā. There, we can already find a strong moral (and political) dimension regarding food; it states that tasty, rich, and substantial food (sattvic) is loved by the man of goodness; pungent, sour, salty, very hot, sharp, astringent, and heated foods (rajasic) are loved by the man of passion as they cause pain, misery, and sickness; spoiled, its taste lost, putrid and stale, leavings and filth (tamasic) are loved by a man of darkness (Edgerton 1972: XVII, 22). Its obvious normative ethics become even clearer when the Gītā adds to this: "Which wise man would ever wish to be intoxicated to an extent which is as frightful as insanity, even as no traveller will select a road which leads to an unhappy end and which is beset with many troubles?" (quoted in Chattopadhyaya 1978: 393). Nevertheless the absolute stratification often found in dietary prescriptions in South Asia today cannot be found in the Gītā. For instance when talking of wine, it warns against consuming it in an improper manner. But wine –or alcohol- is not by definition bad for one's health, as we can read it: "Wine, taken in proper manner soon gives exhilaration, courage, delight, strength, health, great manliness and joyous intoxication" (idem 394).

<sup>4</sup> The noted T'ang Dynasty medic, Sun Simao (581-682 A.D.), claimed "If you do not study I Ching, you cannot understand medicine at all" (Tsuei 1992: 21).

<sup>5</sup> The choice of these four terms has been heavily inspired by the work of Georges Canguilhem. In his *The Normal and the Pathological*; he makes a distinction between Hippocratic writing which "offers a conception of disease which is no longer ontological, but dynamic, no longer locationist, but totalizing.(1991: 40)" The only conceptual change being made here is that, inspired by Canguilhem's student, Michel Foucault, I have replaced 'total' by 'general'. Of course, taking into account the argument being made here, this is by all means a crucial change, though this does not mean that I critique Canguilhem. In fact, my conceptualization of 'general' comes very close to his conceptualization of 'total' dietetics.

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## Care, Cure and Control

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