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Subject of innovation or : how to redevelop 'the patient' with technology

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6 Performing *askēsis* with technology

Interacting with healthcare innovations

In Part 2 of this study, I mainly focused the theoretical lens on cases that exemplified what Foucault referred to as technologies of government. In a sense, the same applied to Part 3, even though the practices I described there were somehow a negation, or side-effect of those described in Part 2. In this last Part of the study, I turn to the space that people still have to shape themselves in the mazes of the network of governmental and other practices. I argue that such 'self-constitution' can only be understood against the background of what I explained before. We are faced with a situation in which government is trying to make 'neoliberal subjects' out of people, but fails to do so, due to 'immoderate expectations'. What is more, however, is that an alternative subjectivity is created. This is partly due to the way in which scripts, relations and practice turn out when they leave the designer's desk. Furthermore, the perception that people act differently in practice than 'on paper', and that the effect of their agency does not solve problems as it was expected to, also works in a subjectifying manner. This is the background against which this chapter is set.

This is also the background against which we can revisit some of the arguments concerning reciprocity. In chapter two, I positioned this as a central concept in the understanding of Foucault's governmentality. Neoliberalism implied a particular understanding of reciprocity between a number of actors and society. I tried to indicate a number of problems with this way of reasoning, for instance with respect to reducing the likelihood of resistance. In this chapter, I attempt to draw out an alternative to such a way of reasoning in Foucault's work.

In terms of the practical lens, I tried to indicate how reciprocity formed an organising principle in encoding the electronic health record, and in positioning the personal budget in a framework of civil society. For reasons that I explain below, I turn my attention away from these cases, and focus the practical rooms to other spaces in which technology mediates healthcare practices, such as medical chat rooms.

Toward the end of his life, Foucault turned to self-constitution by means of 'technologies of the self'. After he acknowledged that he had focused too

much on the question of how subjects were dominated by government practices and oppressive moral codes, he started investigating the extent of people's freedom. Freedom should not be conceptualised as the liberal notion of autonomy: the idea that individuals have a space that is completely free of any effects of power. Peter-Paul Verbeek has formulated Foucault's alternative conception of freedom aptly: '[f]reedom [...] is not the absence of factors that steer and shape the subject, but the very relation to these factors' (2008, p. 22). Verbeek argues that the term subject also implies to subject oneself to a particular moral code. Freedom then comes down to the idea that subjects have certain degrees of freedom in establishing themselves in the maze of other relations in which they are engaged.

This implies a positive conception of freedom, in whatever form of governmentality, i.e. in panopticism and postpanopticism alike. Foucault's argument does not seem to be that self-constitution is related to a particular historical period. People could also constitute themselves as subjects of control, as he argues in *Discipline and Punish*. Even there, however, there were degrees of freedom to escape from control. In this respect, I would like to recall Rose's remark that 'Foucault's disciplinary societies were not 'disciplined societies', but those where strategies and tactics of discipline were active' (1999, p. 234). Similarly, neoliberal societies are not 'free societies', if we take a positive conception of freedom. Still, the different conception of freedom has quite some implications for self-constitution. It may be imagined that there is a complex relation between the negative freedom of neoliberalism and the degrees of positive freedom that exists for self-constitution. In a sense, this places much higher demands on the reflexivity of individuals than under panopticism, where freedom was not explicitly constituted as a political discourse.

In the larger framework of the study, therefore, it is important to stress that self-constitution operates differently in postpanopticism than under other governmentalities. When Foucault (1993) argued that he wanted to study governmentality starting from the technologies of the self, he might have meant that technologies of the self could be appropriated as technologies of government. Clearly, neoliberalism propagates its subjects to constitute themselves according to a rather particular, rational-economic conception of freedom. The degrees of freedom that self-constitution offers should be regarded in relation to the factors that create neoliberal freedom. Panopticism, by contrast, implied that people were largely constituted as subjects of surveillance. Self-constitution under such a system is related to the factors that aim to create control. Shaping the self is always done in the framework

of the power relations that characterise a particular mode of governance. Therefore, getting an understanding of self-constitution cannot be separated from its historical setting. It is not a practice that is the same at any time and place.

On the basis of his earlier work in the philosophy of technology, parts of which I have discussed in chapter three of this study, Verbeek adds to this that technology plays a fundamental role in such self-constitution. If technologies are acknowledged as nonhuman actants, with which humans interact, it is inevitable that such interactions also play a role in giving shape to the human self. Based on personal experiences, Verbeek provides an insightful account of the role that ultrasound imaging plays in the manner in which future parents constitute themselves around questions regarding the health of their unborn child. As part of a broader analysis, Verbeek points out that the ultrasound images constitute the foetus as a person and as a patient, which creates a new relation between the unborn child and the future parents. On the one hand, any serious disease that is detected on an ultrasound might probe parents to consider abortion. On the other hand, the newly established relationship may also be a factor against abortion. It is in interaction with ultrasounds that parents constitute themselves as a particular type of ethical actor.

In this chapter, I provide a reading of Foucault's later work that differs from Verbeek's to some extent. While he gives a thought-provoking account of the general notion of self-constitution by subjects, I argue that it seems that Foucault is looking for a number of characteristics that he deems to be important for every subject. This is not to say that he has a *particular* subject in mind. All individuals should develop an *ēthos* of their own. Nevertheless, Foucault does not entirely relativise ethics. First of all, in line with other commentators of Foucault's work (Simons, 1995; Vintges, 2004; McNay, 2009), I establish the political aspects of the self-constituting subject. I try to indicate that Foucault imagined a political subject that self-constituted in order to 'keep a stand' vis-à-vis the domination of governing institutions, be they panoptical, neoliberal, or the 'problematised' subject that remains from the expectations of neoliberalism. This does not imply that such a subject is the negation of political power. However, it does imply a particular, critical relation to such power. As such Foucault's ethical work may be read as a political philosophy. Secondly, but related, I argue that Foucault attempted to think of self-constitution in such a way that would *minimise* the need to subject oneself to a moral code. Finally, I apply Verbeek's understanding of me-

diation to a particular way of self-constitution, described by Foucault as the care of the self.

The notion of minimal subjection to a moral code is a problem in Foucault's work, as I will try to show. In his series of lectures *The Hermeneutics of the Subject* (2005), which was translated into English only a few years ago, he places his finger on the problematic of ethical conduct without a moral code. Vintges has labelled this idea as 'lived ethics without truth' (2004, p. 284). The question is, however, if, in a given context of a particular set of relations, there is an ethically 'right thing to do'. To return to Verbeek's example: the fact that future parents are probed to consider ethical questions does not give them any handles to decide which decision is the right one for them.

As I highlighted in chapter two already, different authors have pointed out that, in spite of his dismissal of humanism, Foucault seems to maintain a certain loyalty to some of its concepts, such as reciprocity. I try to show how this is articulated in his thinking about taking 'care of others', a value to which he seems committed. Also here, the question is if such values can be assured without a moral code. In relation to this, I review his discussion of a reliance on human nature as an alternative to such a code. As we will see, this evokes at least as many critical questions, if not more.

There is a second problem. Foucault already signalled serious shortcomings of an ethical model that is largely based on self-constitution. He shows that only a minority of the population is likely to act in such a manner. Therefore, if self-constitution were to form the basis for a general ethical theory, it needs to come up with an account of the conduct of the majority that is unlikely to act ethically.

I start by introducing the main concepts of Foucault's political philosophy and some of the replies that Foucault has received. Then I analyse two different ethical 'models' (2005, p. 247) that Foucault discusses: the Platonic and the Hellenistic model. Foucault seems to favour the latter (Simons, 1995, p. 74). I do not discuss the third, Christian, model, considering that Foucault clearly opposed this. I first show how ethics were problematised in Plato's time, and then see which 'solutions' were offered in the Hellenistic model. Throughout, I provide a critical discussion of these problems and solutions, and highlight issues that are underexposed in Foucault's writing. After the discussion of the two traditional models, I turn to question of how society could be organised in such a way that the scope of ethical practices is maximised. I discuss literature that applies Foucault's approach to ethics to the field of health. On top of that, I comment on the role that information technology plays in this respect. Doing so, I particularly articulate the ambiguous

interplay between technologies of the self and technologies of government with which all authors seem to struggle.

Ethics as political philosophy

Foucault positions the notion of personal ethics, or *ēthos*, as a basis for his political philosophy; he regards *ēthos* as a critical attitude (Foucault, 2007b) towards problematic or dangerous issues that occur in the present. He expects different groups of actors to base their conduct on such an *ēthos*: engaged citizens, but also (political) leaders, experts and political philosophers. Crucial for such personal ethics is that it operates relatively independently from moral codes. In a 1983 interview, Foucault asked:

‘Are we able to have an ethics of acts and their pleasures which would be able to take into account the pleasure of the other? Is the pleasure of the other something that can be integrated in our pleasure, without reference either to law, to marriage, to I don’t know what? (1997, p. 258).

Apart from his resentment of institutionalised value systems, Foucault does not believe that ethics can be grounded in some universal truth (Foucault, 2005, p. 112). This is why Vintges refers to Foucault’s ideas as a ‘lived ethics without Truth’ (2004, p. 284). The stress on the ethics being ‘lived’ signals that morality is not just connected to the content of what one says or thinks. It also relates to the practice that a person connects to this. In very basic terms, Foucault expects a moral person to ‘practice what (s)he preaches’.

One way of acting on such an *ēthos* is by speaking out courageously against topical issues that are regarded undesirable from the point of view of the personal ethics. Foucault uses the Greek term *parrhesia* to explain this (Foucault, 2004)¹³. The term may be translated as ‘free speech’ or as speaking the truth. It is strongly connected to the person that uses it, the *parrhesiast*. In line with the notion of the personal *ēthos*, it is important to note that *parrhesia* is a personal, self-imposed duty, rather than one that is externally enforced. There is another element to *parrhesia*, which brings it particularly close to matters of resistance or critique, i.e. the much-mentioned notion of danger. When it comes to speaking out against such dangers, the speaker is also

¹³ Translations of quotations from this Dutch volume are mine

likely to endanger him/herself. This does not imply that anything that one says that may be used against him or her should automatically be regarded as using *parrhesia*. The danger should come from statements that may be unpleasant for the partner in the conversation. By focusing the *ēthos* on addressing societal problems, Foucault does not intend to argue that 'everything is bad, but that everything is dangerous', adding that '[i]f everything is dangerous, then we always have something to do' (1997, p. 256). In this respect, the topics of resistance, critique and activism becomes increasingly relevant. Foucault is, therefore, considered a proponent of 'agonism' (Simons, 1995; Gabardi, 2001). It is important to note that he is aware of the 'danger of focusing on danger'. He acknowledges that the critique of the anti-psychiatry movement – to which he contributed – of the dangers of psychiatry led to other dangers. In relation to this, he remarks that 'the ethico-political choice we have to make every day is to determine which is the main danger' (1997, p. 256).

As to the question of how one develops an *ēthos*, Foucault points at the necessity to 'take care of the self'. In relation to his earlier work he claims that our personal ethics have been subjected to dominant discourses. In a quest to find technologies of the self that were not dominated by technologies of state-government, or other forms of dominant discourse, Foucault stumbled upon ancient Greek and Roman texts on ethics. He considered Stoic ethics free of normalisation, even if they were not as liberal and tolerant as he had expected or, seemingly, hoped (1997, p. 254). Care of the self aims at self-development through long ascetic practice and daily work. He was certainly not interested in what he calls the 'Californian cult of the self', which aims at discovering one's 'true self'. He denounced the idea of an authentic deep self, in the sense of Sartre's work, for example. Foucault points at the influence of Nietzsche on this part of his thinking (1997). In addition, he claims that we learn from thinkers from antiquity to get an understanding of this laborious notion of self-mastery.

There are strong disagreements on how to interpret Foucault's ethics-based political philosophy. As I indicated before, many commentators argue that Foucault speaks only for a minority. Simons (1995) discusses critiques that argue that Foucault focuses merely on marginal groups and marginal themes. Grimshaw (1993) concludes that Foucault only discusses a male elite. Beiner goes further than that and cynically states that Foucault is interested in a type of ethics that 'simply addressed itself to a small group of individuals seeking to perfect themselves' (1995, p. 361).

Vintges, by contrast, argues that '[c]learly, Foucault wants everyone to have access to the domain of freedom practices' (2004, p. 287). She bases this on Foucault's question: 'couldn't everyone's life become a work of art?' (1997, p. 261). This difference in interpretation is not trivial. Vintges argues that we may interpret the notion of 'freedom practices for all' as Foucault's hinting to an 'ethical universalism' (2004, p. 286). This is an interesting conception, for two reasons. First, it could fill the void that was introduced by the postmodern critique of all forms of universal categories. At the same time, it could maintain the pluralism that postmodernism offers. Vintges argues that this ethical universalism is 'pluralistically enlightened' (2004, p. 278). Second, it could provide an answer to Habermas' critique of Foucault as a 'cryptonormativist' (Habermas, 1994), or to Fraser's request of normative criteria in Foucault's work (Fraser, 1981).

Vintges, however, does not address the issue of the alleged focus on a minority in her article. Although it seems true that Foucault stressed that personal ethics be offered as a principle with 'universal appeal' (2005, p. 120), he gives many examples of barriers to this appeal. He refers to our general principle of 'universality of appeal and rarity of salvation', saying that 'the principle is given to all but few can hear' (2005, p. 119). The awareness that 'the possibility of making one's life into a work of art will be differently distributed' (McCarthy, 1990, p. 462) implies that we have to take a less ethical segment of society into account.

The Platonic model

Foucault traces the first written occurrence of the care of the self in Western culture to Plato's *Alcibiades*, even though he stresses that this is part of an older tradition. The work is largely a dialogue between Socrates and the young governor-to-be Alcibiades. After some deliberation, Socrates establishes that his conversational partner does not have the *technē* to govern the city-state well. In order to develop this, and to develop it better than his competitors and future rivals, Alcibiades is advised to take care of himself. The principle is clear: 'One cannot govern others, one cannot govern others well [...] if one is not concerned about oneself' (Foucault, 2005, p. 36). The defining characteristic of the Platonic conception, therefore, is that it is inextricably related to political action. For Plato, there are three ways of linking the care of the self to the political:

‘the link of purpose in political *technē* (I must take care of myself in order to know, to have a proper knowledge of the political *technē* that will enable me to take care of others); the link of reciprocity in the form of the city-state, since by knowing myself I save the city and I save myself by saving the city; and finally, the link of implication in the form of recollection’ (2005, p. 176).

To govern in Plato’s days was an elite affair. The same applies to developing an *ēthos*. To participate in the Athenian democracy required citizenship, which excluded many. A first consequence of this limitation is that there is a majority that does not take care of the self, or develop an *ēthos*. Foucault refers to quite some examples of types of actors which Plato considers to be excluded from taking caring of the self properly. This implies working on the soul (2005, p. 54-60). In the *Alcibiades*, Plato gives examples of different types of actors that are rather oriented to bodies, property or other physical substances: doctors, family fathers, heads of a household, landowners, or lovers (2005, p. 57-58). He argues that the care of the self is fundamentally incompatible with certain other duties in the Platonic conception.

This becomes problematic if such actors succeed in penetrating the political arena. When this happened, it brought about the ‘crisis of democratic institutions’ in ancient Greece (2004, p. 65). This is an instance where the care of the self is related to *parrhesia*. Foucault refers to a negative understanding of this concept, in which it would imply that anyone can say anything to anyone. This is referred to as the ‘dumb right to speak’ (2004, p. 49), a problem that is not a result of *parrhesia* as such, but to a problem with overtly free, and diverting lifestyles (2004, p. 70). Foucault’s sums the argument up by saying:

‘Democracy [...] will have to necessarily allow all forms of *parrhesia*, also the worst ones, equally. If *parrhesia* is also given to the worst citizens, the overwhelming influence of bad, immoral and dumb speakers may descend the population into tyranny [...] For us, this is a well known problem’ (2004, p. 65).

This conclusion speaks to the present-day reader of his work. Foucault does remind us that this analysis is mainly based on the writings of (ultra-)conservative aristocrats, but does not expand further on the implications for the interpretation of the problem. He proceeds to discuss a ‘moderate’ text by

Isocrates, in which it is concluded that ‘real *parrhesia*, *parrhesia* in the positive, critical sense does not exist in democracy’ (2004, p. 69).

Another perceived danger of the poor use of *parrhesia* is populism, of which Foucault shows examples around Plato’s time. In Euripides’ account of the trial against Orestes, for instance, there is a reference to a speaker who is a ‘bluffer’. This is someone who ‘has a tongue, but not a door’ (Foucault, 2004, p. 53), who mainly speaks to please the crowd. Another speaker, Talthybios, is not so much a populist, but is problematic as a *parrhesiast* because the opinion he voices is dependent on others. He speaks with ‘two tongues’.

Having acknowledged the likelihood of unethical actors in a system, an important question in Plato’s era was how we can tell the difference between those who base their action on an *ēthos* and those who don’t. Foucault uses Plato’s *Laches* or *Peri andreias* to illustrate this dilemma. The basic way, to recognise someone who truly practices *parrhesia* was to consider the ‘ontological harmony of *logos* and *bios*’, or the ‘harmony of words and deeds’ (Foucault, 2004, p. 83). It concerns an attitude, a way of life. However, there is little discussion of concrete techniques that may be used.

The Hellenistic model

Already throughout Plato’s work, Foucault recognises certain changes with respect to the conception of the care of the self, compared to the original formulation in *Alcibiades*. This development continued for a number of centuries to culminate in what Foucault enthusiastically calls a ‘genuine golden age in the history of care of the self’ (2005, p. 81), the first and second centuries AD. This leads to a different model of the care of the self.

The first distinction with the Platonic model is that it breaks the links between the care of the self and the political. Particularly the break of the Platonic links of purpose and of reciprocity that I referred to earlier is important here. I start with the link of purpose. Rather than being a requirement for governing others, or taking care of others, in the ‘golden age’ ‘[t]he self is the definitive and sole aim of the care of the self’ (177). I will restrict myself to one of Foucault’s examples that serves as a counterexample to Plato’s image of Alcibiades: the emperor Marcus Aurelius. Almost sarcastically, Foucault says to the audience of his lecture:

‘Well, you will tell me, there is at least one case in society in which the care of others must, or should, prevail over care of the self, because there is at least one individual whose entire being must be turned towards others, and that is obviously the Prince’ (2005, p. 198-199).

He then proceeds to argue why even this is not the case in the golden age. ‘[F]or Marcus Aurelius the primary objective, the very end of his existence, the target to which he must always strive, is not to be emperor, but to be himself’ (2005, p. 201). Here, we can hear echoes of what Gros refers to as Foucault’s ‘governmentality of ethical distance’ (Gros, 2005, p. 539), the notion that a governor takes a distant stance with respect to the object of his governance. With respect to the link of reciprocity, Foucault discusses the changing understanding of salvation. Whereas salvation for a governor in Plato’s model implied that he saved himself by saving the city state, in the Hellenistic model ‘[t]he care of others is like a supplementary reward for the operation and activity of the salvation you exercise with perseverance on yourself’ (Foucault, 2005, p. 192). It is added that ‘all is lost if you begin with the care of others’ (2005, p. 198).

The second distinction that is relevant here is the broadening of the care of the self to a universal principle. The focus on youth that ambitioned a leadership position was abandoned in favour of an understanding of the care of the self as a ‘general and unconditional principle, a requirement addressed to everyone, all the time, and without any condition of status’ (2005, p. 83).

What about the problems that arose in Plato’s days because only a minority developed a care of the self and an *ēthos*? The extension of the concept to one with universal appeal seems to provide an answer. For instance, the category of actors that take care of physical or material aspects, rather than for the soul, is also addressed in the Hellenistic model. Foucault claims, referring to Marcus Aurelius’ letters, that the physical and material domains ‘are reintegrated, but as a reflecting surface, as the occasion, so to speak, for the self to test itself, and develop the practice of itself which is its rule of life and its objective’ (2005, p. 162).

With the broadening of the care of the self to a concept for the whole population, some of the elitist tendencies in terms of background and class were in principle transcended. Foucault argues that ‘[t]here is no *a priori* exclusion of an individual on the grounds of birth or status’. However, as I argued in the introduction ‘although access to the practice of the self is open to

everyone in principle, it is certainly generally the case that very few are actually capable of taking care of the self' (2005, p. 118). He attributes this to personal characteristics, such as a lack of courage, strength or endurance, but also to a lack of time to spend on caring for oneself. Foucault also recalls cases in which those that could practice such care required others to work for them to allow them to work on themselves (Foucault, 2005, p. 31). Interestingly, however, he does not seem to acknowledge that this is likely to be related to one's background. Even if we do not consider the implicit reproduction of existing elites, it seems that a new distinction will arise between those that could and those that could not be persuaded. Practically, it seems that this setup may still lead to the development of a 'moral elite' (2005, p. 75), as in the Platonic model, while leaving the unethical masses behind.

How does this relate to the Platonic problems of the 'dumb right to speak'? For this, we must acknowledge the replacement of democracy by monarchy. Indeed, there are no instances of unwanted public speech in Foucault's description of the golden age. However, this seems mostly due to the fact that governors were even less approachable than in the Athenian democracy. This issue also turns up in the discussion of *parrhesia*. In the monarchist era, '*parrhesia* now becomes the central point of the relation between the sovereign and his councillors or court officials' (Foucault, 2004, p. 18). Even though the concept might appeal to the entire population, this does not mean that everyone can make effective use of it, just as in the Platonic model (2004, p. 14). Despite referring to examples such as Diogenes requesting Alexander to stop blocking the sun (2004, p. 99-100), it is telling that Foucault also explicitly refers to the 'silent majority: the people in general, who are not present at the exchange between the king and his councillors, but to whom the councillors refer and on behalf of whom they speak when advising the king' (2004, p. 19).

Even though Foucault does not make explicit reference to it, it seems reasonable to also question the dangers of populism and speaking with 'two tongues'. Particularly now that he evokes a situation of *representation*, in which councillors speak on behalf of the silent majority it seems at least pertinent to question the likelihood of populist, or biased councillors, or experts. It is curious that this not turn up in Foucault's account.

Reciprocity, and the problem of normative foundations

A final issue that I want to problematise here is the normative foundation of Foucault's ethics, taking the pivotal example of the care of others. This brings

us back to the topic of reciprocity, which has turned up in a number of chapters so far. Even though the care of others was considered important in the golden age, it is argued that ‘all is lost if you begin with the care of others’ (2005, p. 198). It is not entirely clear if this is a statement to which Foucault refers, or that it reflects his own opinion. In spite of this ambiguity, claims like these have caused critics to regard Foucauldian ethics as giving rise to egoism or withdrawal (Vintges, 2004). Foucault immediately proceeds to stress, however, that ‘[t]he benefit for others, the salvation of others, or that way of being concerned about others that will make their salvation possible or help them in their own salvation, comes as a supplementary benefit’ (2005, p. 194). This suggests that there is a normative basis for taking care of others in the Hellenistic model, which we have to take into consideration.

The example that is most explicitly analysed from the point of view of reciprocity is the Epicurean conception of friendship. This implies that we do not have friends for the sake of their practical usefulness in our social networks, or in times of hardships, but that usefulness is likely to appear as a ‘bonus’ nonetheless. The idea is not to take care of friends because of an expectation to get something in return.

A more interesting example, from the point of view of governmentality, is the case of Marcus Aurelius. Foucault concludes: ‘It is in caring for himself that he will inevitably care [for others]’ (2005, p. 202). Why is this inevitable? This seems to relate to Marcus Aurelius’ explanation that a task should always be measured against something that you always remember:

‘What do you always remember? That you must be a good emperor? No. That you must save humanity? No. That you must dedicate yourself to the public good? No. You should always remember that you must be an honest man and you should remember what nature demands. Moral candor, which in the case of the emperor is not defined by his specific task and privileges but by nature, by a human nature shared with no matter who, must form the very foundation of his conduct as emperor and, consequently, must define how he must care for others.’ (2005, p. 201).

All of a sudden, an ontological basis for this ethical claim is introduced: human nature. This issue and the care of others is further developed, albeit somewhat ambiguously, in Foucault’s analysis of the Stoic conception of man as a communal being in the *Discourses* of Epictetus. He aims to show that, for Epictetus, human nature is more than the divine creation of humans as ra-

tional animals. In spite of that he continues his discussion of the argument by saying that, unlike (other) animals, '[m]en [...] have not been endowed with the advantages that exempt them from taking care of themselves' (2005, p. 196). In other words, human nature implies that we necessarily take care of ourselves, a notion that seems to contradict Foucault's analysis of both the Platonic and the Hellenistic model. After going through a series of self techniques that I will not quote here, the conclusion is: 'Consequently, the person who takes care of himself properly [...] knows what he should and should not do, he will at the same time know how to fulfil his duties as part of the human community' (2005, p. 197). We might understand this argument as implying that, even though human nature requires that we take care of ourselves, it does not determine how we ought to do this. Also his discussion of Epictetus' example of the mistake of a father who leaves his ill daughter to the care of others out of his love for her is ambiguous. On the one hand, he claims that, had the father taken care of himself, he would have realised it is wrong to leave his daughter behind. No immanent rational nature is required for this. On the other hand, however, Epictetus does argue that the father would have realised that 'love of the family is natural' (2005, p. 197), thereby again referring to a determined nature.

This is certainly an interesting turn, considering the idea of a postmodern 'ethics without truth' (Vintges, 2004). However, just as it is unclear whether the statement that 'all is lost if you begin with the care of others' reflects Foucault's own point of view, it is also unclear how Foucault regards the notion of an underlying ontological motivation. On the one hand, some specifically argue that 'Foucault is well known for his reluctance to rely upon any such universalist concept of human nature or human essence' (Patton, 2005, p. 269). On the other, we have to keep Habermas' (1994) criticism of Foucault as a 'cryptonormativist' into consideration. Habermas has the opinion that Foucault simply doesn't voice his normative principle. To some extent, I agree with this point of view. From his discussion of the care of others, it certainly seems that he is committed to such values. However, it is unclear how Foucault regarded the Hellenistic notion of human nature. If he does not take this element over, it seems that he adopts an ethical system, while leaving its 'basis' behind. Without such a base, Foucault's system is considerably more relativist than authors like Vintges (2004) suggest. From such a point of view, the care of the self simply becomes a 'stimulator'. It cannot give any fundamental guarantees of ethical conduct.

Institutionalising the care of the self

The question that remains after the previous section is what is it that makes us take care of ourselves. And if we do, how does it influence our conduct? Foucault is clearly occupied with these questions as well. In his studies he pays particular attention to ways in which society was geared toward the learning and facilitation of the practices that constitute the care of the self. He even talks about the ‘institutionalised dimensions of the care of the self’ (2005, p. 116). Nevertheless, he never stresses the question of organisation as a central element of this ethical tradition. I first provide an overview of both elements – organising and practicing – in the tradition. Afterwards, I comment on the implications that this may have for the field of health. In this discussion, I pay particular attention between the interplay of technologies of government and technologies of the self.

The tradition

There are a number of ways in which Greeks and Romans organised for ethical conduct. Foucault pays attention to questions of education and tutoring and to the role that particular groups and networks of friends may play.

Both the Platonic and the Hellenistic model include a conception of education and tutoring, albeit in quite different ways. The main distinction is that the former is considered as an alternative pedagogical activity, while the latter involves spiritual guidance throughout the course of one’s whole life. Again, Foucault seems to favour the second option. There is a difference, however, between the Greek and the Roman model of organising this. While the Greeks created philosophical schools like the Pythagorean or the Epicurean (2005, p. 136), the Romans typically applied a model of commercial private counselling. Foucault presents the latter as ‘almost the reverse of the school’ (2005, p. 142). In any case, there is the notion that taking proper care of oneself needs to be learned and practiced laboriously.

Closely related to this is the notion that the care for the self is typically organised in the framework of egalitarian groups. Foucault names ‘institutionalized religious groups organized around definite cults’ (2005, p. 114) and philosophical communities like the *Therapeutae* (2005, p. 116). In this respect, Foucault’s interest in the practice of Zen is noteworthy (Foucault, 1978b). Foucault also gives clear examples of ‘wrong’ ways in which the care of the self has sometimes been organised. He points at Marxism and psycho-

therapy, to show how membership – be it of a group, a school, a party or a class – can require subjects to transform their selves to ‘access the truth’ of the larger whole of which they are part in an unfavourable manner (Foucault, 2005, p. 29). In contrary, also pre-existing networks of friendship may be considered as a way of organising care of the self. I will not develop this issue further, as I have discussed it at some length before.

Moving over from institutionalisation to the question of practice, Foucault discusses a number of approaches. I focus on what is called *Askēsis*. The importance of ascetic practices lies in the complex notion of having ‘access to the truth’. This requires a bit of elaboration. Foucault argues that, in modern times, it is assumed that we can recognise that something is true merely by the act of knowing. The only thing we need to do is to meet the conditions that modern philosophy devised for what it is to really know something (2005, p. 18). Foucault refers to requirements such as ‘one must not be mad’. On top of that, there are cultural conditions. We must have enjoyed a certain level of education and operate within a particular scientific consensus. Finally, a number of moral conditions apply. We must make an effort, must not deceive anyone and must not have a personal interest in the outcomes of the study. Such conditions are either intrinsic to knowledge or extrinsic to the subject. What is missing, in comparison to ancient times, is the requirement to transform ourselves, our being as subjects, in such a way that we will be able to know properly. Knowledge is not the general objective of taking care of the self. Referring to the often-used metaphor of the athlete, the purpose of transforming ourselves is ‘to be stronger than anything that may happen in our life. This is the athletic training of the sage’ (Foucault, 2005, p. 321-322). This is related to Foucault’s view on philosophy and spirituality:

‘We will call ‘philosophy’ the form of thought that asks what it is that enables the subject to have access to the truth and which attempts to determine the conditions and limits of the subject’s access to the truth. If we call this ‘philosophy’, then I think we could call ‘spirituality’ the search, practice, and experience through which the subject carries out the necessary transformations on himself in order to have access to the truth. We will call ‘spirituality’ then the set of these researches, practices, and experiences, which may be purifications, ascetic exercises, renunciations, conversions of looking, modifications of existence, etc.’ (2005, p. 15).

I mainly focus on Foucault's descriptions of ascetic exercises, such as 'listening, reading, writing, and the activity of speaking' (Foucault, 2005, p. 333). I have noted before that taking a somewhat distant stance is of great importance. Listening requires a good deal of skill and practice in order to avoid listening unproductively, or even counterproductively. The same applies to reading. There are strong ideas about not reading everything that comes your way, but to make a deliberate selection. However, even well-selected speakers or writers can use certain techniques that can divert the recipient into undesirable territory. Ascetic practice is required to guard oneself against such influences. A practice that is not immediately taken up in Foucault's list of listening, reading, writing and speaking is the notion of contemplation. At numerous points in his lectures, Foucault's raises the audience's attention to the exercise of reflecting on the achievements of the day when lying in bed. The same thing can be achieved in writing, or in speaking to a friend or counsellor. The objective here is to critically assess to what extent you are in reach of the goals that you set out.

Institutionalising the care of the self around health

A question to start with is whether it makes sense at all to consider care of the self in relation to physical health. As a reminder: doctors were only considered capable of taking care of their selves from the Hellenistic period onwards. However, the earlier-mentioned *Therapeutae* restrict themselves to the work on the soul. This is in line with the older Platonic model. At the same time, dietics – the care of the body – would become 'one of the crucial forms of the care of the self' (2005, p. 59). The point here is that the care of the body is an application domain, an occasion to test oneself, a way of reflection. Since the late 1990s, Foucault's work in this area is frequently cited by authors in the field of health and care (Coveney, 1998; Frank, 1998; Crossley, 1999; Kerr, 2001; Parr, 2002; Hughes et al., 2005; Heyes, 2006; Armstrong, 2007; Frohmann, 2007).

Most authors that take the angle of technologies of government to examine healthcare note a highly complex ambiguity. The question that returns in virtually every article is whether such work on the self ought to be regarded as self-development or as 'government at a distance' by means of internalised self-control. There is never a straightforward answer, but some are more pessimistic than others. Crossley, for instance, describes it as 'one of the ways in which power operates by convincing people to seek certain parts of them-

selves and institute practices [...] to effect a transformation of self' (1999, p. 1686). Such a view seems to stem from a reading of Foucault's middle work. There is a range of examples in the field of healthcare in which self-techniques are considered as subjection, rather than as subjectivation. We may think of self-control and self-discipline by means of: community-based health promotion (Coveney, 1998), telling stories about one's health (Crossley, 1999; Frank, 1998), charts that patients can use to get a grip on mood disorders (Kerr, 2001), the practice of weight loss (Heyes, 2006), standardised cervical cancer screening (Armstrong, 2007) and the worker-citizen model that is often associated with self-care by means of direct payments (Hughes et al., 2005).

At the same time, a number of these practices are also considered as approaches to genuine self-development, or even resistance of dominant discourse. Cressida Heyes has written a brave paper on this topic that challenges a number of the axioms of the feminist community with which she associates. In fact, the paper may be regarded as an act of *parrhēsia*. In her discussion of *Weight Watchers* she discusses the 'paradox that Foucault highlighted so well: that normalizing disciplinary practices are also enabling of new skills and capacities' (2006, p. 128). She proceeds by saying that:

'[o]n the one hand, deliberately losing weight by controlling diet involves the self-construction of a docile body through attention to the minutest detail. On the other hand, becoming aware of exactly how and what one eats and drinks, realizing that changing old patterns can have embodied effects, or setting a goal and moving toward it, are all enabling acts of self-transformation'.

A finding that many authors have pointed out is the notion of self-development in recognition of the potentially repressive effects of their practices. Heyes explains this as follows:

'the real women I met were often aware that they could learn from *Weight Watchers* without becoming the projected unified subject of its regime. Central to this awareness is the possibility of uncoupling new capacities from docility, and of recruiting those capacities to the care of the self' (2006, p. 146).

Something similar applies to the notion of medical narratives. While telling stories about one's health may be a way of 'turning the medical gaze on one-

self', it may also be considered as a 'reaction of the individual's experience, often constructed in opposition to the largely objectifying and deindividualising 'voice' of medical technology' (Crossley, 1999). Stories can be a way of articulating the uniqueness of one's particular situation. However, also stories that particularly address the non-specificity of someone's case may in fact be liberating. Crossley uses the example of someone with H4 who gains strength by continually stressing his own 'normality' to illustrate this. Armstrong sticks to the notion of uniqueness in her study of how women relate to the normalising practice of cervical cancer screening. Her objective is to

'explore some of the ways in which individual women interpret, negotiate and make sense of screening through a consideration of their own personal circumstances, experiences and/or characteristics. Through doing so, [she] intend[s] to argue that women engage in the production of alternative conceptualizations of, and discourses on, cervical screening that differ from those contained within the official discourse' (2007, p. 76)

It is questionable whether Armstrong's account serves as a good example of what Foucault intended with the care of the self. In addition to that, I wonder whether the production of personal conceptualisation about this medical procedure is indeed a 'practice of resistance', as Armstrong claims. However, it is interesting to note that the same account of reflexivity with respect to dominant discourse turns up here as well. A last example that I will raise here relates closely to the topic of chapter five: the notion of employing a personal assistant (PA) by means of a personal budget. On the one hand, Hughes and others argue that,

'[a]s 'master' of 'his' own destiny and PA at 'his' command, the disabled person is able to acquire control over many of the mundane but vitally important aspects of everyday existence which, hitherto, were delivered, if at all, to a timetable that suited the 'carer'' (2005, p. 263).

On the other hand, similarly to what I have argued before, they note that '[t]he idea of all disabled persons as fully fledged 'worker citizens' is still an enormous challenge' (2005, p. 263).

There are a number of things that I want to stress in reference to the way the tradition of the care of the self imagined the institutionalisation of these

practices. First of all, Heyes' article clearly stresses the role that dedicated organisations can play. From the discussion above, it may be clear that there is a certain ambiguity about this role. However, is this really that different from Foucault's examples of organising self care practices in the framework of a religious cult? Obviously, it is easy to imagine organisations or groups in which there is significantly less domination than in the case of the Weight Watchers. Particularly because of that, it is interesting to note that even in groups that are hardly ideal, it is still possible to do critical self-development to some extent.

This is related to the second point: the question of educating or counselling. It is clear that none of the examples I have provided here fit well with the way this was presented in Greek or Roman times. Nevertheless, there is certainly a counselling aspect in these different health-related cases. The case of Weight Watchers does not require much further explanation. Turning to another example: even though community-based health promotion (Covey, 1998) may be regarded as a disciplinary technique, we might also attempt to imagine ways in which this could be turned into a positive practice. It should be clear that this case has a distinctive educative aspect, even if it is not purely education in the sense of learning how to care of the self. Obviously, these types of communities can not immediately be compared to a community of Weight Watchers. This is mainly because the reasons for joining such communities are very different. Still, we can imagine that counselling in the sense of health promotion may also contribute to positive self-reflection to some extent. The role of counselling in relation to medical narratives is perhaps even clearer. By giving an ear to people's health-stories, a process of reflection may be stimulated. Particularly in the case of HIV/AIDS, which Crossley (1999) discusses, this seems to have materialised to some degree in the buddy system. Finally, I wonder to what extent we may regard the notion of a personal assistant in the role of counsellor. Clearly, there are a number of objections to be made here. The label of 'assistant' does not associate well with the label of 'counsellor'. The tasks of such an assistant are also typically related to the practice of providing physical care. On the other hand, we could imagine that an informal relation might develop that has aspects of reflecting on the person's being. Even the role of 'personal budget consultant', which I outlined in chapter five, could be thought along these lines. This is currently 'trapped' in a neoliberal setup, which approximates what Hughes and others called the 'citizen worker' model. Nevertheless, we could imagine a broader role of 'health counsellor' that would be a step in the direction of the topic of the present discussion.

The final point I articulate here is the particular ascetic practices that are associated with the care of the self in a health-related setting. Clearly, the notion of medical narratives could be imagined along the lines of the practice of careful *speaking*. Crossley argues that “‘narrateve ethic’ incorporates a conception of morality which requires a ‘commitment to shaping oneself as a human being’” (1999, p. 1687). As the examples above indicate, this does not imply that any form of speech about the self is beneficial. Another common practice that is mentioned is the meticulous process of monitoring self-development, often captured in *writing* or some form of ‘code’. Mood charts (Kerr, 2001) and food journals (Heyes, 2006) are good examples that illustrative the complexity of the way self-reflection and attempts of normalisation and surveillance are interrelated. The same ambiguity turns up in the practice of *reading*. Particularly the role of informational leaflets are articulated (Heyes, 2006; Armstrong, 2007), a notion that is strikingly similar to my discussion of the 2008 brochure about the Dutch electronic health record. Even though such leaflets may stimulate self-reflection, they often stem from a broader governmentality discourse.

Mediating the care of the self by technology

The last paragraph of the previous section provides a good link to the theme that Peter-Paul Verbeek (2008) highlighted: the role that technology might play in Foucault’s ethics. It may be clear that the way ‘mood charts’ and ‘food journals’ are set up is not neutral. It is not the same if someone writes a few lines a day about his/her mood or diet experiences in a personal diary or if (s)he did that on a printed table composed of categories, fields and codes. It would be different again if this were done with dedicated software that uploads the data to another computer where it is monitored. Diaries, printed tables and software all have their own scripts, in the sense in which Latour (1992) uses the term. What I want to suggest is that it is helpful to regard technology as an actant in the care of the self, as a mediator. Artefacts not only mediate the formation of groups, but also notions of counselling and particular ascetic practices. In this last section, I take up the role of information technology in the discussion around care of the self and health.

A good part of this study has focused on the governmentality that is mediated through a nation-wide infrastructure that constitutes an electronic health record. A direction that diverts from such ‘public health records’ is what has been called ‘personal health systems’. Considering the difference in

terms, one may be inclined to think that this is more in line with a focus on self-reflection and self-development. However, authors who study such systems often come to an analysis that is in keeping with Foucault's governmentality work. Particularly products of such companies like Google and Microsoft receive a good deal of negative attention. Wright and others, for instance, argue that

'the growing digitalisation of everyday life furthers the creation of comprehensive profiles across all aspects of one's daily routines [...] Health records are being not only increasingly digitised, but also often outsourced to commercial third party providers (e.g., Google Health or Microsoft's HealthVault) and thus stored 'in the cloud' (2010, p. 346).

Rich and Miah (2009) hint at the type of ambiguity that I highlighted above with respect to the interplay between technologies of the self and technologies of government:

'By linking with clinics, this opportunity should [...] be situated in concerns about the monopoly of Google over online searching. Its attempt to provide online tools that rival Microsoft's Office, along with a whole host of technologies that do not make explicit the possibility to opt out of – such as automatically tracking and storing web browsing history – provides a double edge to this opportunity to empower ourselves through the technology' (2009, p. 170).

The possibility of empowerment is acknowledged, but in return for possibilities of extended surveillance. This recalls the discussion of reciprocity of chapter two.

An element of electronic health records that has not been picked up by research with a Foucauldian angle is the notion of record keeping as an ascetic practice. Particularly personal health systems tend to contain a feature that allows people to keep a diary of developments in their health. Providing an empirical analysis of such a feature falls outside the scope of this chapter. However, it can easily be imagined that it would bring forward a similar ambiguity as I have discussed before. A micro-analysis would be good to illustrate the complexities of such issues.

Considering that I cannot expand further, I provide some comments on research that does connect the themes of health and information technology to the care of the self. An interesting example of this is an article by Hester Parr (2002) that discusses chat rooms for people with multiple sclerosis (MS). Even though she mainly focuses on ways in which the members of such forums are politicised, she also sees room for self-development and resistance. On the one hand, she notes how the 'medicalised nature of the health knowledges on the Internet may be leading (at worst) to a mass hypochondria' (2002, p. 86). On the other hand, she points out how seeking medical knowledge online can in some ways 'be argued to be a form of resistance to medicalisation and medical power where subjective, embodied experiences rather than conventional medical knowledges are privileged' (2002, p. 88).

Parr's study highlights elements that are similar to the before-mentioned institutionalisation of care of the self practices in the health domain. She discusses the issue of organising practices in the framework of a particular group, as well as the notions of counselling and ascetic practices. To start with the former, she indicates how '[t]he question 'community' is powerfully present here as users talk of emotional attachments to the chat rooms which they access daily' (2002, p. 91). The main purpose of joining this community is to gain 'nonmedical but still in effect 'expert' advice' (2002, p. 89). The role of others, then, may indeed be described as counselling. In relation to Foucault's discussion, the chat room is easier to link to the Greek way of educating people to take care of themselves than to the Roman notion of private guides. On the other hand, the relations on such chat rooms are probably more distant than in collocated communities like the *Therapeutae*. In addition, Parr remarks that '[i]n some chat rooms there even seems to be input from medical workers' (2002, p. 90). In such cases, the issue of trust become very important. With respect to ascesis, finally, it is clear that writing/speaking and reading/listening are both practiced. In this respect, Parr argues that '[t]he way in which health and medical knowledge are 'consumed' through collective debate in such sites may be notably different from the lonely absorption of health and medical information through individual virtual travel' (2002, p. 87).

What is the role that technology plays in this respect? Does it make a difference that care of the self is practiced online, rather than with paper tools at home? Parr provides a number of interesting comments in this area. Most importantly, she shows how the use of the internet for forming health communities defies traditional medical geographies. This is particularly interesting considering the weight that Foucault gave to the role of geography in

developing the 'medical gaze' (Foucault, 2003). Parr speaks of an 'emancipatory disruption of traditional canons and geographies of medical power' (2002, p. 86). The notion that the internet may be regarded as an actant that pushes the quest for 'new localities' is considered an interesting prospect by philosophers of technology like Andrew Feenberg (1999). Another effect that relates to space is more closely connected to the position of the individual patient. By using chat rooms, '[t]he social isolation which many of those with MS feel in 'real space' is compensated for in virtual space' (Parr, 2002, p. 88). Obviously, it would also be possible to arrange physical meetings for people with MS. However, the particular medium of the internet has fewer constraints in terms of time and space. The fact that Parr stresses that compensation takes place in 'another space' articulates the mediating character of the technology that is applied.

Frohmann (2007) provides a similarly critical discussion of the relation between information technologies and working on the self, without focusing specifically on health. He poses interesting questions regarding the ascetic practice of using information technology as a 'digital writing machine'. He argues against an instrumental view of technology by posing that computers in a network do more than communicate and record. They process data as well. He states that '[w]e do not so much use digital writing machines to record and disseminate >>information<< as we feed machines that write us in scripts far removed from our knowledge and control'. This dark image is inspired by Deleuze's concept of the control society. Despite its exaggeration, this relates to a remark that I quoted earlier about such systems as Google Health and Microsoft Health Vault. Data is often re-used for other purposes, potentially outside the frame of influence of the person who entered it. The fast-written narratives that one composes in chat rooms are a different type of mediator than a fully coded medical record. Re-use of such data for purposes of generating generic images of the population of such a community would require software that is currently still in development. Nevertheless, it is good to note that Parr was able to research all that was said 'undercover', without the consent of other users. She acknowledges the ethical issues that this entails. The mediation of the internet adds additional openness to the way in which certain ascetic practices are performed. There is certainly a difference between speaking and listening with a particular counsellor who is sitting at the other side of the table and reading and writing in the openness of a chat room.

Discussion and conclusions

At some level, the subject that Foucault identified in the ‘golden age’ is comparable to the neoliberal views that I outlined in chapter two, although there are strong differences as well. The similarity is that, in both approaches, there is a certain reliance on what is ‘natural’. In neoliberalism, it is considered natural that the good for others will be the spontaneous outcome of the conduct of self-interested individuals. In the Hellenistic model, the good for others depends on the natural tendency of those who take care of themselves, to care of others as well. It seems reasonable to argue that there is a certain danger to both these assumptions, considering that it relies on macro-level models of human interaction that are hard to prove or falsify. The major difference, obviously, is that the Hellenistic approach does include values such as reciprocity and taking care of others. In the neoliberal conception, such values are regarded as implicit and indirect, based on the assumption of a particular macro-model of self-interested human interaction. Neoliberal individualism, according to some commentators, has destroyed social bonds and cohesion (Lazzarato, 2009).

The background of self-constitution

From all the examples that I discussed in this chapter, it may be clear that it would be a mistake to examine self-constitution as an isolated phenomenon. These types of practices always stand in relation to a ‘set of other practices’. In more general terms, we could argue that we should always examine the institutional context, or networks, within which people attempt to shape themselves. Given the previous discussions, it may be clear that this ‘context’ be explicated in terms of basic descriptions of the practices that it entails. I agree with Latour that it is not desirable to use words like ‘context’ or ‘background’ in order to avoid having to explain what this actually entails. Still, once we have made a description – as I have tried to do before – such terms are well-suited. On the basis of the preceding chapters, I could distinguish two of such ‘backgrounds’.

First, what we are faced with is a situation in which governments *attempt* to constitute their citizens as neoliberal subjects, while these citizens *may* attempt to constitute themselves according to their own insights. This implies that people need to find space to reflect on the manner in which they are constituted by the standards of ‘neoliberal freedom’. As I said in the in-

roduction to this chapter, this relation is crucial in the understanding of postpanopticism. People need to consider whether their relations are reciprocal indeed. They need to consider whether critical consumption is in line with the way they regard their own role in society, and in relation to others. Constituting oneself in relation to a personal assistant (Hughes et al., 2005) is a good example. It shows that reflection is aimed at the tension between the freedom that such an assistant provides and the worker-employer model that government imposes. To return to Verbeek's claim: '[f]reedom [...] is not the absence of factors that steer and shape the subject, but the very relation to these factors' (2008, p. 22).

As we have seen, however, the constitution of neoliberal subjects is not very effective. Therefore, as a second, self-constitution should rather be regarded in relation to what I have called the 'neoliberalised subject'. People *may* attempt to shape themselves within the space of a governmentality that places unfeasible expectations on their conduct. Interestingly, in the examples that I found in international literature, I did not find clear indications of this type of self-constitution. This may be for different reasons. It could imply that it simply doesn't exist. Alternatively, it could be that research is still insufficiently geared towards understanding this type of relation.

On the basis of this chapter, however, we can add a third way of considering the background against which self-constitution is set. It would be tempting to assume that this chapter has offered an entirely different perspective. I could argue that taking self-constitution as a starting-point brings forward a set of surprising issues that are not easily linked to my discussion of neoliberalism and its effects. Certainly, the examples of medical chat rooms, and weight watchers were not on my mind when studying electronic health record policy. However, such cases were clearly triggered by my decision to examine cases in the domain of healthcare and dietics. To some extent, these overlapped with considerations of neoliberalism. Nevertheless, they also portrayed a relation between self-constitution and the logic of health and care. Similarly, had I focused on governmentality in relation to consumption or education, the logic of these sectors would have provided a relevant background. An analysis that is limited to studying 'top-down' governmentality will imply that parts of the story will be left out. A focus on self-constitution can help to bring them 'back in'.

What is important in this respect, is that the examples that I raised both concern cases in which self-shaping is induced by practices *from* the healthcare domain and by practice to *escape* the healthcare domain. Ideas such as community-based health promotion (Coveney, 1998) and charts that patients

can use to get a grip on mood disorders (Kerr, 2001) may be regarded as attempts that stem from the healthcare sector, which aim to facilitate self-reflection by the self and for the self. Medical chat rooms (Parr, 2002), by contrast, are position vis-à-vis the sector. Nevertheless, websites that offer such chat rooms are probably better understood if they are regarded in connection to the background against which they are set.

A fourth, and final, way of thinking about the background to which self-constitution is set, is by taking the mediating relation of technology into consideration. Just like it turned out that the choice for a particular standard for the electronic health record 'matters' when it comes to installing postpan-optical governmentality, the availability of technologies for self-constitution matters as well. Technologies like chat rooms, blogs and other Web 2.0 platforms are more suitable for mediating ascetic self-practices. Still, the fact that such technologies operate in digital networks makes the information that is processed on them susceptible for alternative use. When I argue to regard the technological background, I suggest a similar analysis as I have performed in my study of the electronic health record. In order to grasp technology-mediated self-constitution, we have to improve our understanding of the concrete processes and artefacts that are applied here.

A universal ethical theory?

Is Foucault's constitution of an ethical subject 'strong' enough to form a basis for a universal ethics without truth, as Vintges (2004) suggests? I have indicated how Foucault already noted that only a minority is likely to live according to the practices that he unfolds. This is undeniably a limitation. On the other hand, it is reasonable to ask whether ethical conduct ought to be considered as such a black and white issue. Does it make sense to argue that people are either ethical or that they aren't? Shouldn't the notion of a lived ethics be regarded as a sliding scale? As a situation in which people struggle and sometimes do something for better or for worse? Particularly if we take into consideration that Foucault considers all of our actions to take place in the interplay of what we try to do ourselves and what others are trying to make us do, the idea of a sliding scale seems to make a lot of sense.

The notion of universal appeal is important in this respect. In this chapter, I have focused on health as an issue to apply to care of the self to. On the one hand, it seems clear that the examples I raised involve minorities, usually constituted by a particular condition of the body: MS, obesity, HIV/AIDS, etc.

Out of all the people with such a condition, it is again a minority that joins a community that actively engages with practices that could contribute to the care of the self. We are dealing with minorities of minorities. The question is what happens if we add all these little groups up.

I could add to that that health is only one application that could be associated with the care of the self. Foucault has already given examples that relate to sexuality. Others have commented on how it may be related to the development of citizenship (White & Hunt, 2000), education (Peters, 2003; Drummond, 2003; Ball, 2003), consumption (Du Gay & Salaman, 1992) and music (DeNora, 1999), to name a few. It seems likely that all of us are to some extent part of such a community, or have such practices that involve self-constitution. For some this is probably minimal, others do it more. The appeal may be universal, but in a very fragmented way. Such an explanation fits quite well with Foucault's idea that the subject does not have a 'deep self', but that it is highly discursive and contingent.

Obviously, this makes it difficult to study the care of the self. 'Where to look?' becomes a difficult question, as it is likely that such communities, counsellors and ascetic practices turn up at most unexpected sites. Obviously, some options are more likely than others. I have already indicated some application themes.

I hope to have made clear that also nonhuman actors ought to be followed when it comes to studying the care of the self. There is still a lot of work to be done to establish the impact of technology on the way we relate to each other, form communities and practice our daily lives. Verbeek (2008) has provided very interesting ideas about ways in which technologies relate to self-constitution, without mediating in institutionalising or practicing *askēsis*. This shows that there are many more ways in which technologies relate to human subjectivity. I can return here to a remark by Latour that I mentioned earlier: technologies could be considered as plug-ins or attachments to our selves. Clearly, there is still a lot of work to be done in this area.

Finally, in spite of all of this, it is questionable if we can rely on self-constitution as the main basis for an ethical theory. Particularly considering the minority issue, it could be argued that a complementary conception of government is required as well. Foucault seems to acknowledge this by saying that, in order to keep a stand in the games of power that he has analysed, one not only needs to develop self practices, but one also needs to 'to give one's self the rules of law, the techniques of management [...] which would allow these games of power to be played with a minimum of domination' (Foucault, 1988, p. 18).

