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Nikolas Rose, The politics of Life Itself. Biomedicine, Power, and Subjectivity in the Twenty-First Century. Princeton and Oxford: Princeton University Press, 2007, 350 pp.

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Book reviews

Nikolas Rose, *The politics of Life Itself. Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton and Oxford: Princeton University Press, 2007, 350 pp.

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Several social theorists, philosophers, politicians and theologians are entangled today in a debate about the Twenty-First century biotech era, claiming that advanced liberal democracies are entering an age of wonderful – yet worrying – new medical possibilities and that “some limits” must be drawn. Nikolas Rose, one of the most important interpreters of Michel Foucault’s work, refers to these themes with this “cartography of the present,” an attempt to emphasize continuities as much as change and to stress the multiplicity of the possible pathways our societies could follow. Let us clarify at once what the book *is not*. It is not a consideration about any posthuman future, nor a bioethical meditation on the present. It is not the genealogy of a radical transformation, nor the description of a shift into any “after nature” world. All these kinds of speculations and fears are, rather, object of investigation, since they are all elements of “an emergent form of life”. Rose defines this concept as a “certain way of thinking about and enacting one’s existence according to certain rules and premises” [p. 80]. This idea also refers to the “life form” [“the entities that inhabit the way of living and their characteristics”, *ibidem*], while the notion of “emergence” is intended to suggest that the present, although not radically different from the past, “may nonetheless be a moment within a process in which something novel is taking shape” [p. 81]. We are inhabiting an emergent form of life: this is the focus of the book. And “politics of life” is the principal window through which Rose wants to observe it.

More precisely, if we can assume that vital politics in the Eighteenth and Nineteenth centuries was a *politics of health* – “of rates of birth and death, of diseases and epidemics, of the policing of water, sewage, foodstuffs, graveyards and of the vitality of those agglomerated in towns and cities” [p. 3], – we could define the succeeding one as a *politics of life itself* – “as concerned with our growing capacities to control, manage, engineer, reshape, and modulate the very vital capacities of human beings as living creatures” [*ibidem*]. The politics of life in the contemporary age is not delimited by the poles of illness and health, nor it is focused on eliminating pathologies to protect the nation, as it was in the more recent past. In a context in which marketization, autonomization and responsabilization are the principal watchwords, this vital politics concerns, rather, the reorganization of the room of state agency, the transfer of many responsibilities for the management of human health and reproduction to new authorities – such as bioethics commissions, private corporations, medical associations – and, of course, the increasing responsibility of individuals as consumers of medical services and products.

In the space of contemporary biopolitics change is coming without radical shifts, but by means of small variations, most of which will silently be routinized and slowly taken for granted. Rose delineates five fundamental pathways in which mutations are occurring: *molecularization* (life is increasingly manipulated by medicine at the molecular level to eliminate anomalies and enhance attractive outcomes); *optimization* (inter-

ventions are no longer regulated by the dichotomy of health and illness, the two key dimensions of technologies of life are now susceptibility and enhancement); *subjectification* (new expectations and duties now regulate individuals and their medical authorities, giving rise to a new form of “somatic ethics,” based on the ethical principles of informed consent and autonomy); *somatic expertise* (the rise of new pastors of the soma, professionals who claim to manage particular aspects of our somatic existence, from genetics to specialists in reproductive medicine, to stem cell therapists, to experts in bioethics and genetic counsellors); and *economies of vitality* (not only new actors, but also unprecedented links between old actors, such as pharmaceutical corporations and science at one hand, and stock markets on the other, giving rise to a new economic space, “bioeconomy,” and a new form of capital, “biocapital”).

After having examined these five mutations in detail, Rose tries to delineate how a new politics of life is taking shape in the interrelations between them. He examines how the shift away from biological and genetic determinism is generating an emergent form of life, as well as novel forms of genetic responsibility. The ambivalent space traced by new genomic and molecular politics of race, ethnicity, and health, is also explored, since it is related to a biopolitics “in which references to the biological do not signal fatalism but are part of the economy of hope that characterizes contemporary biomedicine” [p. 167]. The author also analyzes the rise of new neurochemical conceptions of the self and its pathologies: as a consequence of the process of somaticization that changed the way people have conceived themselves over the past half century, novel technologies associated to new somatic individualities are taking shape. His analysis ends up with a passionate focus on the implications of some developments in molecular biology, neurosciences, behavioural genomics and psycho-pharmacologies for crime control and the criminal justice system.

The more insightful part of the book is probably the chapter about biological citizenship – defined as “all those citizenship projects that have linked their conceptions of citizens to beliefs about the biological existence of human beings” [p. 132]. To stress its novelty is not to deny that citizenship has long had a biological dimension, but to suggest that new forms of subjectivities, politics and ethics are emerging in contemporary developments of biomedicine. In the present biological age not everyone has identical citizenship, although this inequality is not driven by purposes of racial purity as it was in the past: “Different ideas about the role of biology in human worth are entailed in practices of selective abortion, preimplantation genetic diagnosis, and embryo selection. Different ideas about the biological responsibilities of the citizen are embodied in contemporary norms of health and practices of health education. Different citizenship practices can be seen in the increasing importance of corporeality to practices of identity, and in new technologies that intervene on the body at levels ranging from the superficial (cosmetic surgery) to the molecular (gene therapy)” [p. 133]. Rose describes how biopolitics and biocapitalism have extended themselves into subjectivities and citizenship, underlining that biological citizenship is a space of subjectification, which involves a certain kind of relation to oneself, but also a space of contestation. Biological citizenship differs from one national context to another, in relation to different biopolitical histories and governments, traditions of activism and ideas about persons, their rights and obligations. But what counts here is that biological life has entered the

domain of decision and choice: it is no longer a matter of destiny, but one of opportunity.

This complex set of changes entails a new form of biological responsibility. Firstly, biopolitics does not operate in a problematic space defined by population, quality, territory and nation, as it did in the first half of the Twentieth century: population is replaced by *individuals*, quality is no longer evolutionary fitness but *quality of life* and, finally, responsibility is a matter of *family* and its members. On the one hand, the subjects' vitality has opened up as never before to economic exploitation and extraction of biovalue and the "will to health" is increasingly capitalized by enterprises of goods and services; on the other hand, any somatic neurochemical individuality has opened up to choice and contestation as never before.

Secondly, these new biotechnologies are not merely technologies conceived to cure organic damage or disease, nor to enhance health, as in dietary and fitness regimens, but to "change what is to be a biological organism" [p. 17]: they are "technologies of life." They already entered in our everyday experience, removing some of the normativities once considered as inscribed in the immutable laws of organic life. Present reproductive technologies are only one example: overcoming traditional limitations of age, infertility or sexuality, they already enlarged the field of choice and of ethical problematization.

Moreover, what is new is not the will to enhancement, but its total customization: recipients of these interventions choose on the basis of consumer culture. The point here is that, constantly required to improve ourselves in continuous training and life-long learning, to monitor our health and to manage our risk, even at genetic level, we now conceive ourselves differently than in the past: we are now somatic individuals. The strength of the book is that the Author, from a clearly foucauldian perspective, sees commercial investments that shape the organization of biomedicine less as marketing falsehood than as producing new truths; at the same time, he shows how genetic knowledge and professional practices related to it contribute to *create*, rather than simply *control*, new subjectivities.

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