

From Biopower to Embodiment: Reconfiguring Healthcare Beyond the Pandemic of Medicalization

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Foucault's concept of biopower shows us how social institutions and clinical practices can systematically classify and manage human beings; often with the aim of controlling populations in subtle and pervasive ways. In the context of healthcare, this manifests as a tendency to define an ever-growing range of symptoms and behaviors as medical conditions that call for professional intervention. While these diagnoses can indeed help individuals requiring treatment, they also risk creating what we might call a: "pandemic of diagnosis", where new labels; such as ever more specific forms of anxiety, newly identified stages of burnout, or a rising wave of fatty liver diagnoses. This then generates concern and dependency, rather than providing genuine relief. Patients may feel reassured in the short term by having a name for their distress, yet they can also become overwhelmed by the sense that their lives are inevitably bound to medical management.

Merleau-Ponty's concept of embodiment offers a path for rethinking this pattern. By focusing on how each person experiences the world through the living body, he reminds us that health and illness are not purely technical or biological matters, but are shaped by one's unique, situational perspective. This approach does not deny the reality or importance of medical diagnoses. Rather, it insists on seeing individuals first as agents of their own experience, capable of interpretation and reflection, rather than merely passive recipients of expertise. When we adopt an embodied perspective, we discover that care involves listening to the patient's own understanding of their body and situation, and adapting medical strategies to accommodate their personal, cultural, and social contexts.

Consider someone who feels persistently exhausted at work and has trouble sleeping. They visit a clinic, and after a brief consultation, are given a diagnosis of "burnout syndrome". On one hand, this label can validate the person's distress and direct them towards helpful psychological or social interventions; such as counseling, changes in workplace culture, or stress-management strategies; instead of a strictly medical approach. On the other hand, calling it a "syndrome" can unintentionally give the impression that they are fundamentally "ill", even though the main factors may lie in social

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E-mail: ezipnary@gmail.com
doi: [10.31584/psumj.202527717](https://doi.org/10.31584/psumj.202527717)
<https://he01.tci-thaijo.org/index.php/PSUMJ/>

PSU Med J 2025;5(1):1-2
Published online 18 April 2025

or environmental conditions. This tension shows why a more balanced, person-centered perspective is so important. Through an embodied lens, the caregiver would seek to understand the person's full experience, possibly suggesting changes in work culture or lifestyle, and encouraging the individual's own capacity for coping and transformation.

Reconfiguring healthcare along these lines means moving away from the paternalistic notion of a "provider" that dispenses knowledge and remedies, and towards the idea of an "enabler", one that facilitates an individual's or community's active engagement in their own health. This shift requires promoting "positive freedom", wherein people are supported and guided, rather than forced or overwhelmed by labels and treatments. It does not reject the value of diagnoses or treatments; instead, it aims to balance the real benefits of medical intervention with a greater respect for autonomy, creativity, and the lived realities of each patient. By bringing Foucault's insights on power into dialogue with Merleau-Ponty's emphasis on embodiment, we can envision a healthcare system that acknowledges the necessity of clinical expertise, while also validating personal and collective experiences. This approach has the potential to transform healthcare into a domain that encourages genuine understanding, shared responsibility, and sustainable well-being.

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