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Biopolitics and the Ideology of 'Mental Health'

Modern political power has two branches: the sovereign and the biopolitical. With the former, the state makes laws, with the latter, it governs. The people of a state amount to all the 'citizens' who assert their lawmaking will and exert their collective sovereignty through their institutional representatives: the people are a *collective subject*. Conversely, the population of a state amounts to all those 'human beings' who are controlled, governed, managed by the state's machinery – on economic, health, and educational levels: the population is therefore a *collective object*. However, the people and the population consist of the same individuals, seen as subjects of state sovereignty or as objects of state biopower. This cleavage between the people and the population, between citizens and human beings, between the subject and object of the modern state power is inscribed in the founding political documents of European modernity, the most important of which reads in its very title: *Declaration of the Rights of Man and of the Citizen*. At the heart of modern political power there has been, since its very beginning, a precise albeit ambivalent and schizophrenic program: the subjectification of citizens as the people, the objectification of human beings as the population; citizens and human beings who are subjects and objects of the same power: 'us'.

Of the two branches of modern power, the sovereign and the biopolitical, I will here thematise only the latter, attempting in particular to emphasise the de-subjectifying effects of biopolitical rationality. Once it can be established that 'we', as sovereign subjects of state power, are also and simultaneously biopolitical objects of the same power, it is obvious to maintain that the biopolitical rationality – that is to say, the kind of rationality that structures the managerial, administrative, and governmental action of the state machinery – tends to exert on us de-subjectifying effects. However, this does not reveal what these effects *are*. I propose to distinguish three levels of biopolitical rationality.

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I will call the first level the *economistic matrix*; the second, the *epidemiological apparatus*, and the third, the *ideological order* of biopolitical rationality. By briefly analysing these three levels, or registers, of biopower's effectiveness we might understand certain characteristics of the 'mental health' construct and of the role that it has in our societies.

1. The Economistic Matrix

We all know what economics is. We all know that at present to govern means first and foremost to control, to manage the patrimony of the community, to increase it as much as possible – there is no stasis in today's economy; one cannot stand still, but must either grow or perish. Economics, though, is a discipline that has its own rules, its own grammar – a fact that is by and large ignored, or at least neglected. And if economics is at the heart of the current art of governing, it can be presumed that the rules and grammar of economics form the matrix of the entire biopolitical rationality. What are these rules? Perhaps the most important one is signalled in the title and in the contents of one of the masterpieces of twentieth-century economics, the monumental essay by Ludwig Von Mises, *The Human Action*. Human being is action. But, all things considered, what does economics do? It studies, analyses, and tries to make foreseeable, manageable, and governable, economic actions, economic behaviours. These behaviours have two essential characteristics:

1) They are indeed to be regarded as behaviours, that is to say, as actions that follow one another without being necessarily attributable to an economic agent who rationally masters the sequence of her choices and behaviours.
2) However, they are to be regarded as rational because, if there were no rationality underlying economic behaviours, they could not be analysed and managed on the basis of a regularity that makes the formulation of forecasts possible.

The two characteristics of economic behaviour, that is to say, that it is a form of behaviour and that it answers to some kind of rationality, have to be clearly distinguished. The rationality underlying economic behaviour – the rationality that allows us to construct a sequence of actions, choices, and preferences arranged in mathematical models – needs not be the rationality of an economic agent whose choices might be a response to a utilitarian calculation. This does

not mean that it is impossible: in the past, this kind of economic agent, the *homo economicus*, was the central focus of economic theories. Yet economics can now relinquish such an idea, and it does so, abandoning the assumption – after all, highly imaginative – that there are economic subjects who make choices on the grounds of a rational calculation of their own interests and profit margins. What lies beyond the pleasure principle, in the form of what lies beyond the utility principle, has long since erupted into the field of economic science, for instance with Tibor Scitovsky, an economist who even quotes Sigmund Freud. The *homo economicus*, the rational economic agent, the profit maximiser, has given way to the disoriented person of today's economy, moved by forces the existence and the telluric trajectories of which she is partially unaware.

This is why economic behaviours need not be traced back to a centre of imputability, understood to be an interested agent, a *homo economicus*, a subject responsible for rational and foreseeable choices, unerringly motivated by obstinate research, perfectly mindful of one's own personal gain. This premise no longer holds true in the current economic science, which, on the contrary, tends to shift the rationality that underpins economic behaviours elsewhere, into a space of de-subjectified rationality. For an economic science to be possible, the only necessity is a surface of phenomena, a surface of segments or behavioural areas whose rationality can even overstep the borders of individual rationality. The human being who is the object of economic analysis is, in this sense, a *behavioural human being* [*uomo comportamentale*], a person segmented into isolated and disconnected actions. These, together with the isolated and disconnected actions of all other human beings, become the field of application of rationalising mathematical models that track down regularity and seriality in economic behaviours irrespective of the individual economic agents' – thus the individual subjects' – intentions and calculations.

This is the first vector of the de-subjectification of biopolitical rationality. Economics is interested in the behavioural human being, a person whose behaviours become visible to economic analysis only insofar as they are considered en masse, together with the isolated and segmented behaviours of other people, and introduced in interpretative mathematical models that cannot see nor grasp the singularity, the historicity, or the subjective qualities of those behaviours. For this person we could also resort to the definition of '*populational human being*' [*uomo popolazionale*].

From this perspective, the difficulty is that those who act and continuously reconstruct specific interpretations of their own economic behaviour, supplying at the same time specific subjective evaluations, are still human beings, subjects, speaking beings. It is difficult to deny that these subjective evaluations interfere with the processes of economic choice and action. Hence the necessity of implementing a managerial and anticipatory rationality of economic analysis with *ad hoc* techniques.

The range of these techniques in the most advanced theoretical models – for instance, in the so-called *behavioural economics* proposed by high-level scholars such as Amos Tversky and Daniel Kahneman, the cognitive psychologist who won the Nobel Prize for economics in 2002 – is to include the economic agents' subjective and qualitative self-evaluations in the objective and quantitative (mathematical) rationalising models of economic behaviours. The operation of including the residual subjective component of economic actions in analytical grids that completely de-subjectify economic conduct is carried out through *ad hoc* technical protocols. The whole set of these technical protocols can be indexed under a single overall definition: the techno-rationality of evaluation.[1] The techno-rationality of evaluation denotes here some kind of techno-managerial *a priori* of economistic rationality. Evaluation is a prosthesis of the technical implementation of biopolitical rationality. Its function is that of making possible the total transformation of the behavioural human being into the populational human being.

In order to achieve such a result, it is necessary to introduce a third dimension: the *evaluative human being* [*uomo valutativo*]. She is both the subject and the object of evaluations, but she is the *subject* of evaluations only insofar as she can become the *object* of those same evaluations. Let us consider Kahneman's example. His idea is that it is possible to elaborate an objective and quantitative measure of people's well-being (so-called 'objective happiness'), beyond the subjective and qualitative evaluations that people give regarding their own well-being. One takes into account the immediate self-evaluations that subjects give daily with regard to their current well-being, leaving out their retrospective evaluations, their historical reconstructions, and their own personal memory

[1] Jacques-Alain Miller, Jean-Claude Milner, *Évaluation. Entretiens sur une machine d'imposture*, Agalma, Paris 2004.

of the past (which is always compromised, according to Kahneman, by serious cognitive deficits). This set of detailed and qualitative self-evaluations made by individual human beings is then entered into mathematical models for the quantitative evaluation of the overall well-being of the population. It is clear that, in this way, there is a transition from a heterogeneous set of subjective self-evaluations of one's own well-being to a homogeneous scale for the objective evaluation of happiness. It is also clear that this is the result of a technical operation, a practical routine of data collection and elaboration (data given by subjective self-evaluations) combined with an abstract theoretical model. The result is, in the end, a human reality that runs on two distinct tracks: on the one hand, there is the subjective level of every single speaking being, who gives subjective and superficial evaluations of her individual well-being; on the other hand, there is the objective level of economistic techno-rationality, which gives, on the contrary, objective and in-depth evaluations of the well-being of the very same speaking beings – considered en masse as the population.

All this – the economistic matrix of biopolitical rationality and its implementation within the techno-rationality of evaluation – is not irrelevant to the notion of 'mental health' that is becoming widespread. If we intersect what has been said so far with the WHO definition of health, according to which health is "a state of complete physical, mental, and social well-being", we can infer that: 'mental health', i.e. 'mental well-being', emerges as measurable, quantifiable, and hence *objectively assessable*, only in behavioural and 'populational' terms. The mind, or the psyche, eventually disappears within the very frame of 'mental health', which becomes a matter of behaviours, rather than mental states, and, what is more, it becomes a matter of the populational human being's behaviours, rather than a specific person's, with a forename and a surname. The behavioural-populational-evaluative human being becomes the *subjectum*, the deep anthropological foundation against which one has to measure, compute, and, if necessary, correct the behaviours and the superficial self-evaluations of every single speaking being. The biopolitical machine does not cease to function because this *subjectum* produces a radical de-subjectification of human beings. On the contrary, this is precisely its direction, its deepest vocation. Today's cognitive-behavioural therapies are but one of the many peripheral appendices of this machine, an appendix that has the merit of lucidly showing its intention: to de-subjectify the subject. Or, in slightly different but equivalent terms: to 'psychoticise' the subject.

2. The Epidemiological Apparatus

Side by side with the economistic matrix of biopolitical rationality that outlines the profile-less and quality-less face of biopolitical humanity, there are certain 'apparatuses' of biopolitics that unfold its performativity. The most important of these apparatuses is, probably, epidemiology, a discipline whose history and impact on the practices of government (from the mid-nineteenth century on) should be carefully studied. I will not dwell on this theme, as interesting as it is sensitive, but will confine the discussion to the essentials.

'Apparatus' [*dispositif*] is a notion coined by Michel Foucault, who understands it, more or less, as follows: an apparatus is a texture of entwined discursive and extra-discursive practices – however heterogeneous – that articulates itself in the forms of what we could define as an acted-out knowledge [*sapere agito*]. According to Foucault, the apparatus typically intertwines the said and the unsaid in a *making* [*fare*]. The apparatus is a system of relations internal to this *making*. Its habitual function is to "respon[d] to an urgent need".[2]

Foucault was also the first to supply a clear definition of biopolitical power as the other side of sovereign power. His definition of biopower and, most of all, sovereign power is not the one that I employed at the beginning of this article, but it emphasises an important aspect of biopower that is, at this stage, useful to underline. While sovereign power, as Foucault explains, is the power to "*faire mourir et laisser vivre*" ["make people die and let them live"], in that it exerts a right of life and death on the totality of its subjects, biopower is, on the contrary, a power to "*faire vivre et rejeter dans la mort*" ["make people live and disallow life to the point of death"].[3] It is a power that takes care of human beings, raising and nursing them, in view of safeguarding and possibly increasing their well-being, understood *in primis* as economic well-being, but also as education, hygiene, physical and mental health, and so forth. Hence biopower means, first

[2] Michel Foucault, 'The Confession of the Flesh'. Trans. by Colin Gordon, in Gordon, C. (ed.), *Power/Knowledge. Selected Interviews and Other Writings 1972–1977*. Pantheon Books: New York 1980, p. 195.

[3] Translator's note: to maintain consistency throughout the text, we have chosen to modify the official English translation of 'faire mourir et laisser vivre' and 'faire vivre et rejeter dans la mort', translated by Robert Hurley as 'to take life and let live' and 'to foster life and disallow it to the point of death', respectively (Michel Foucault. *The History of Sexuality. Volume 1: An Introduction*. Translated by Robert Hurley, Pantheon Books: New York 1978, p. 138).

and foremost, to *make people live*: this is, from a Foucauldian perspective, the *governmental making*, the government's making, the making of a biopolitical state that takes the lives of the subjects upon itself. In line with this tendency, the epidemiological apparatus is the apparatus that, again in Foucault's words, "enables one to observe, measure, and permanently improve the 'state of health' of the population, in which illness is only a variable that depends on a long list of factors".[4] Foucault himself never fully explored the scientific history of epidemiology and limited himself to locating the prodromes of the first public health policies in the eighteenth century. Nevertheless, this history is particularly interesting and can be divided into two broad phases: the classic epidemiology of the nineteenth century and the new epidemiology of the second half of the twentieth century (which was partially anticipated by the developments of Nazi German epidemiology in the thirties). Two different aspects of the governmental *making people live* correspond to the two historical phases of epidemiology. The first phase is the epidemiology of mortality, according to which the governmental *making people live* means *not to die*. The second phase is the epidemiology of risk, according to which the governmental *making people live* takes on the meaning of *making people live a better life*. In this second phase, the exhortation that biopower sends out to all of us is no longer *Do not die!*, rather, it becomes the mysterious imperative *Live!*, whose intensity is not directly measured by the negative and unambiguous marker of death. To get an approximate idea of the differences between the two historical phases of epidemiology and the corresponding aspects of governmental making, it should suffice to point to the different research that initiated them.

The classic epidemiology of mortality was born in London around the mid-nineteenth century, during a series of severe cholera epidemics. John Snow and William Farr, a physician and a statistician respectively, compared the mortality rates in a number of districts, and noticed that the rate increased where water was provided by a certain company. They deduced that the illness could have been transmitted through the water and not the air, as was commonly believed. The authorities did not listen to them. Nevertheless, their embryonic research represents a first and rather accurate model of the epidemiological evaluation of mortality. The assessment had two aims: 1) To derive from the epidemiologi-

[4] Michel Foucault, *La politique de la santé au XVIII siècle* (1979), in Michel Foucault, *Dits et écrits*, Gallimard-Seuil, Paris 1994, vol. III, p. 731. Our translation.

cal survey an etiological inference: water was the cause of the epidemics. 2) To derive from the results of the survey an administrative regulation: to stop a certain company from supplying water. Epidemiology therefore came into being to analyse and manage public mortality, the mortality of populations increasingly concentrated in the dense urban realities that created new problems for public administrators. Epidemiology emerges, in the context of the new *Public Health Policy*, as an apparatus to decipher and contain populational mortality. *Do not make people die*.

The new epidemiology came into being a century later, also in England, with Richard Doll's and Bradford Hill's studies on the correlation between cigarette smoke and lung cancer. Doll and Hill compared the morbidity rates between smokers and non-smokers. They deduced that there is a relationship between smoking and becoming ill. Yet it was difficult, in this case, to translate the epidemiological inference into an etiological one: medicine was not able to articulate the cause-effect nexus between smoke and cancer. So, what about the evidence of epidemiological evaluation? At this point, it changes its status. The epidemiological apparatus is no longer interested in *univocal causal factors*, that is to say, in factors to which one could ascribe the unambiguous causation of a certain effect (for instance: water as the unambiguous cause of the spreading of cholera). The apparatus is now interested in *risk factors*. If we cannot say that smoke univocally causes lung cancer, we can at least say that smoke increases the risk of lung cancer. Although the difference might seem minimal, it is crucial. This difference introduces us to the risk society, our society. By increasingly widening the spectrum of epidemiological evaluation, everything can become a risk factor for this or that illness, for this of that ailment. Thus, risk progressively becomes active, albeit concealed, in every aspect of reality – physical, psychic, social. A governmental counter-dynamism is directly opposed to this 'activeness of risk', dedicated to containing the reach and impact of the risks that are lurking everywhere. To contain and govern the risks to which our lives are exposed no longer means, simply, to fight mortality. It also and especially means to fight all the impairments, not necessarily just the lethal ones, that our life can experience – in the shape of chronic illnesses, for instance, or a diminishing of our potentiality. To govern risks means to improve life, its performance, and its so-called 'quality', regardless of the meaning that life itself has or can have. It means to introduce a silent and enigmatic imperative: *Live!* – or *Live a better life!*... Why?

The question – why live? – makes sense only when a subject able to ask it of himself appears. Yet the populational human being, the object of the epidemiological survey, is not a subject; she is only a behavioural human being, a human being whose risky behaviours are now assessable, in the light of their possible optimisation. The contemporary epidemiological apparatus, just like any other governmental apparatus, has but one purpose: to optimise behaviour and human performance, in order to increase their performativity. It is not particularly important to ask which continuously changing parameters ground the case-by-case measuring of our vital performance on which the performativity of our conduct is based. These details do not alter the overall functioning of the governmental apparatus. On the contrary, it is crucial to understand the relationships between apparatus and evaluation.

Apparatus and evaluation are the two fundamental techno-managerial *a priori* of the biopolitical society. To use the Foucauldian definition of apparatus, we could say that the technique of evaluation is, every time, an apparatus: it is an *acted-out knowledge*, a governmental act that responds to an emergency. The epidemiological evaluation, for instance, is a measuring, a calculation of risk, produced with a view to the creation of an administrative regulation in response to the emergency risk. This measuring/calculation does not coincide with a simple theoretical enunciation. Governing risk is a practice that supports and even encourages the dynamism of risk. Doll and Hill formulated their epidemiological evaluation, following the evolution of the health conditions of a number of 'cohorts' of British physicians who smoked several cigarettes per day. They supported the activeness of risk to accurately evaluate and govern it. To evaluate risk means to manage risk also in the sense of administering it. Another example would be that today, when new medicines are tested and numerous relevant epidemiological evaluations are produced, the activeness of risk (in this case the risk being that of more or less serious side effects) is blatantly urged and stimulated, though always with a view to risk governance. The epidemiological evaluation then – like any other evaluative technique, including the one Kahneman conceived to measure 'objective happiness' – is an acted-out knowledge and it is, in this sense, a Foucauldian apparatus.

This does not mean that all the apparatuses are evaluations or that they include evaluative protocols. Foucault, in fact, does not speak of 'evaluation' in his works. There is no doubt, for instance, that the university is to be regarded

as an apparatus from a Foucauldian perspective. Yet there has been a university without evaluation – even if we have lost its memory. What then is the relationship between apparatus and evaluation? And why are we witnessing the proliferation of evaluations in every nook and cranny of the biopolitical society? Why does our society look as though it is destined to be transformed, more and more, into a society of evaluation? The reason is possibly that the techno-rationality of evaluation is the best means of offering an *additional rationality* to the biopolitical and economistic government of our society. If the biopolitical and economistic government of the population is a government of behaviours and not of subjects, then this government will tend to de-subjectify as much as possible the rationality of its regulations, it will tend to homogenise as much as possible its administrative rationality into the anonymous and de-subjectified rationality of the population that it manages – a task that evaluation accomplishes in all its varieties.

Evaluation, in its essence, is nothing other than a technical procedure, thanks to which the gaze that society casts on itself is rendered unbiased, neutral, impersonal, anonymous, and de-subjectified, that is to say, 'objective'. This technical procedure shapes, in turn, the logic – the kind of rationality – with which society manages itself, through its own state machinery (or its generic institutional machine). Evaluation, by virtue of these characteristics, is no longer, nowadays, one of many apparatuses. It is the techno-managerial protocol that most reinforces and nourishes the governmental apparatus, or the numerous governmental apparatuses, of the biopolitical society. This holds true for all kinds of evaluation (impact evaluation, process evaluation, decision-making evaluation, and so forth) but it is especially true of epidemiological evaluation, which has a localised but paradigmatic impact, capable of directing the biopolitical machinery, from now on, towards insidious forms of social epidemiology, imitating the model of medical epidemiology.

To return to the issue of 'mental health', the epidemiological apparatus of biopolitical rationality transforms the old nosology of behaviours into something different: an epidemiology of behaviours, that is to say – following what has thus far been advanced – a *government of the behavioural risks devoted to the increasing optimisation of our conduct*. This epidemiology of behaviours, which tends to blur the distinction between a medical and a social epidemiology, leans

towards the future. The key concept that enables us to get ahead of the still diffident Foucauldian diagnosis of the biopolitical society is that of 'optimisation'.

From a Foucauldian perspective, there is, on the one hand, sovereign power with its 'laws'; on the other, biopolitical power with its 'norms'. If sovereign power issues 'laws', which all must obey, on pain of death, biopower spreads 'norms', which all obey, not because they are imposed by threatening death, but because they are spread through different means – such as school education. Thus norms trace the boundaries of 'normality', says Foucault, the boundaries that substantiate and give greater detail to the limits of 'legality' in the biopolitical society. I believe that, in this case, Foucault's diagnosis is wrong or, at least, incomplete. It holds true for the past, it applies dramatically less to the present.

Our time abhors 'normality' and norms, and it has done so since its birth, and increasingly so, for a very simple reason: it has nothing to do with the ultimate inspiration of our time, of the modern era. 'Normality' is a straitjacket that has been placed on our autonomy, our freedom, which can be limited or, worse, stigmatised for no reason, by anyone. This probably explains the unusual success of Foucault as a person, and his elevation to his present-day stature in many circles. His 'critique of normality' is consistent with the categorical imperative that moves our society's process of modernisation: 'do what thou wilt', 'obey only yourself', 'be as autonomous as possible'. This is what modernity prescribes, this is what dispels all processes of normalisation of conduct, directing us to more elastic models of social management.[5]

Yet, if the rigid norms of behaviour no longer exist, or, at least, if they tend to disappear, if there is no longer a 'normality' to look up to, how is it possible to govern our behaviours? It is in this context that the epidemiological apparatus of biopolitical rationality reveals all its effectiveness. To govern risk means 'to optimise' our behaviours. This does not mean to 'normalise' behaviour. It means to increase the performativity of our conduct, it means to improve our behavioural performance. According to this view, an optimised behaviour is one that gives access to the widest spectrum of further behavioural options. An op-

[5] Gilles Deleuze, 'Postscript on Control Societies'. Trans. by Martin Joughin, in *Negotiations 1972–1990*, Columbia University Press: New York 1995, pp.177–182.

timised behaviour is plastic, flexible, and reactive, capable of diversification in order to face the variable environmental circumstances. A behavioural stance associated with risk, on the contrary, is a stance that impoverishes or stiffens our behavioural potentiality, in which our vital functions are expressed. What our behaviour means has no role in this context, along with normality. What matters is only that one behaviour makes other behaviours possible. What matters is the range, no matter how wide, of possible preferences and behavioural performance that can be compromised and risked by a certain behavioural stance, which can and has to be optimised for this very reason. In this light, governing the behavioural human being takes a clear direction: to make the behavioural human being behavioural to the highest degree, capable above all of assuming new and diverse behaviours, extremely faithful to what we all fundamentally are: autonomous yet speechless *subjecti*, reduced to the behavioural substrata of biopolitical humanity. A dynamic human being, from the Greek *dynamis*, literally, a potential human being.

3. The Ideological Order

The third level of the biopolitical machine is that of ideology, a concept which has multiple definitions. I propose a definition of ideology that I deem applicable to the discourse expounded here, and maybe even exportable beyond it.

Ideology is, first and foremost, order. It is order because it coincides with a certain arrangement of the discursive space, with a layout of enunciations in a certain hierarchical order. It is an order because it consistently expresses a certain order understood as a command, as an imperative, inseparable from a statement of fact. One could even say that ideology emerges every time a series of constative statements assumes a purely performative value – but this, all in all, would only prove that the constative/performative dichotomy is not the best instrument for explaining what ideology is.

Could we define ideology as an apparatus? It is definitely a surface of enunciations that are articulated in an acted out knowledge. Nevertheless, ideology cannot be reduced to an acted out knowledge; rather, it is that edge of the enunciation that comes before an acted out knowledge and incites, promotes, and enjoins this acting out. With ideology we find ourselves on the edge, at the external limit of the apparatus. In what particularly concerns the biopolitical ma-

chinery, ideology can be conceived of as a cog in the machine, whose movement conditions the movement of its many apparatuses, without ever coinciding with any one apparatus.

Hence, once again, where and why does the ideological order come into being? I will not be able to completely argue my answer: the ideological order emerges where an epistemological construct – that is, a concept or a judgement of knowledge – acquires an axiological surplus value that transubstantiates it. This means, first of all, that ideology always emerges in the field of knowledge and that, secondly, ideology is always knowledge that has transubstantiated into value, or value transubstantiated into knowledge. It is much easier than it might seem at first sight.

Let us take a notion such as that of 'life'.[6] Foucault, looking at the role that this notion plays in the modern science of life, has defined it as an "epistemological marker", that is to say, a meta-discursive concept that has the function of circumscribing the boundaries of a jagged and disjointed epistemic field. 'Life', in this sense, does not have a precise referent in reality, it does not signify any given recognisable object – as would be the case for an organism, a cell, DNA. Rather, it 'points to' the fact that a set of scientific propositions belongs to the same discursive field: the science of life, biology. There are many such notions – which we could also call the 'metaphysical radicals' of modern science: apart from 'life', we could think about 'labour' (the metaphysical radical of economic science), 'language' (the metaphysical radical of linguistic sciences), 'human nature' (the metaphysical radical of anthropology), 'mental health' (the metaphysical radical of psychiatry), and many more.

Let us return to 'life'. When this simple epistemological mark doubles as an axiological marker, we enter, *ipso facto*, into the field of an ideology of 'life' that charges the scientific (in the case at issue, biological) proposition with an injunctive value. At this point, life as such, life in its merely biological acceptation, and hence its preservation, boosting, proliferation, and the constant improvement of our biological conditions and performance, become ideological prescriptions. It is useless to ask what is the sense of this *living a better life*, this continuous reinforcement of our 'life' – that matches the uncanny feeling of an

[6] Davide Tarizzo, *La vita, un'invenzione recente*, Laterza, Roma-Bari 2010.

intrinsic defectiveness and infection of our 'life'. It is useless because ideology does not argue but orders – giving voice to the invisible anxiety that nourishes the fantasy of 'risk'.

Set in the epidemiological apparatus of biopolitical rationality, the ideological order of 'life' promotes, therefore, the imperative *Live!* that maintains the engine of the biopolitical machinery. The governmental *making people live* can become a *making people live a better life* only in the presence of an ideological order of *living better* that makes the scientific description of 'life' coincide with the injunctive prescription of 'life', its boost, its reinforcement, its optimisation. Only at this stage can the epidemiological evaluation function as an apparatus of constant monitoring and governance of our behaviour, to be adapted day by day to the order of *living a better life*.

Let us now move on to 'mental health'. In this case we are also facing an epistemological marker, that is to say, a meta-discursive concept that 'points to' the fact that a jagged set of propositions belongs to the same epistemic field, to the same family of scientific disciplines: psychiatry, psychology, psychotherapy, psychoanalysis, etc. There is no definition of 'mental health' that is shared by all these *psy-* dialects. Rather, the very idea of 'mental health' is a source of fierce disagreements. But what happens if one accepts and promotes the idea of 'mental health', notwithstanding the problem of its preliminary definition? What happens is that an epistemological marker, 'mental health', doubles as an axiological marker. The problem of the definition of 'mental health' turns into the problem of its prescription. To define 'mental health' means, from this moment on, to prescribe 'mental health', because it is only by beginning with its incessant prescription that we can head for its definition – albeit fragmentary and intrinsically re-workable. This is what imposes the ideological order of 'mental health', such as it is embodied, for instance, in the DSM and its ensuing editions, destined to swarm *in sæcula sæculorum*: to derive, every time, a definition of 'mental health' from its prescription, that is to say, to systematically update the definition of 'mental health' in light of a periodic re-qualification of treatments; to produce and to maintain in operation a theoretical order beginning with a practical order, with an injunction in which the epistemological value and the axiological surplus value of the same propositions is blurred. Needless to say, this *order* seems the more effective the more it proves itself to be integrable with the governmental and bioeconomic apparatuses with which it will mesh.

From this, a series of insistent buzzwords springs: *screening*, for instance, the *prevention* of mental disorders, the *promotion* of 'mental health', and so on. All these words are internal to a medical logic that is no longer the passive and hospitable logic of listening, but the logic of management and active, not to say intrusive, manipulation of conduct. But from this a series of paradoxes also springs. First of all, the paradox of a 'mental health' that exists only as an outcome, the effect of a *prescription*, thus becoming a product, goods to purchase from the relevant reseller, *in primis* drug resellers, who do not restore but manufacture health, improving and boosting it, against the background of a congenital instability. Secondly, the paradox of a 'mental health' that, when it cannot be prescribed on the grounds of a preliminary definition, can nevertheless be prescribed according to *evaluation* protocols that tend, in their call for objectivity, to ruthlessly de-subjectify the potential carrier of 'mental health'. Thirdly, the paradox of a 'mental health' that no longer responds to criteria of normality or normalisation, given that there are no norms that offer an *a priori* definition of 'mental health', but rather to the criterion of the behavioural *optimisation* of the populational human being.

Given these paradoxes, one could speculate that depression, asthenia, mood disease, and lower behavioural responses arise now as the ultimate protest, the last form of subjective resistance against the demands of the biopolitical and de-subjectifying optimisation. Yet one could also speculate the opposite, that is to say, that depression and asthenia are the subjective reverse that the process of optimisation pre-supposes and, at times, seems to *hallucinate,* as if it were its area of intervention, with a view to a de-subjectifying boost in performance. This offers, in two lines, the coordinates of one of the main dilemmas currently raised by the epidemiological approach to psychopathological phenomena: is there or is there not all this depression in the world?

Translated from the Italian by Alvise Sforza Tarabochia