

## What if Foucault had survived AIDS?<sup>1</sup>

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Abstract: This article explores the concept of subjectivity as developed in the work of French thinker Michel Foucault. It connects this concept to discussions about the governance of people living with HIV and the processes of subjectivation. The article highlights the analytical potential of Foucault's framework for studying human conduct in post-disciplinary societies. We use Foucault's late thoughts as a theoretical framework to examine HIV from a biopolitical perspective that considers the processes of subjectivation experienced by HIV-positive individuals. First, we introduce the concept of subjectification from Michel Foucault's perspective. Secondly, we illustrate how these processes are relevant to HIV-positive individuals.

Keywords: subjectivities – aids – Foucault – health - biopolitics

### **1. Introduction**

Michel Foucault's hospitalisation in Paris in early June 1984 and his death on June the 25th from an opportunistic illness linked to AIDS was a matter of shock in France and around the world, in a context of solid stigmatisation of HIV-positive people and the fear associated with AIDS. It should be recalled that Foucault had undertaken to write a 'history of sexuality', whose first volume, *La Volonté du Savoir*, appeared in 1976. The second volume was published in 1984, the same year of his death, in two books: *L'Usage des Plaisirs* and *Le Souci de Soi*. As for the last volume of his history of sexuality, which a then seriously ill Foucault entitled *Les Avenux de la Chair*, in which Foucault indulged in a kind of confession –hence the term ‘confession’ in the title– it was not published until 2018 by the philosopher Frédéric Gros.

The shock caused by Foucault's death was the subject of various speculations. In the novel *Un ami qui n'a pas sauvé sa vie* (1990), Hervé Guibert (1955-1991) recounted intimate and lurid secrets that Foucault had supposedly confessed to him as a friend. This caused a worldwide scandal, and his attitude was questioned by Foucault's close associates –among them his life partner Daniel Defert– who considered that Guibert had gone too far, defrauding Foucault's friendship by

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<sup>1</sup> Paper presented at the DePaul University Philosophy Graduate Student Conference "Foucault and the Frankfurt School," September 20-21, 2024, Chicago, Illinois, USA.

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revealing his confidences, his erotic preferences and, above all, by obscenely describing his last days of life. Several biographies of the philosopher were also published in the United States, including one by James Miller, a former *Newsweek* reporter who became a professor at the New School for Social Research in New York, published under the title *The Passion of Michel Foucault* (1997), in which the French philosopher, whose thought and work were at the same time receiving an extraordinary welcome among thinkers in many American universities, is presented as a 'voluntary carrier of HIV' and as a man who had been a 'sower of death' in gay bathhouses<sup>3</sup>.

It should be noted that at the time of Foucault's death, there were no retroviral therapies that might have allowed him to overcome the disease and live through it as most people living with HIV do today. HIV infection was synonymous of imminent death, coupled with social condemnation of a reckless, dizzying and, for many, immoral lifestyle, a context that promoted the dissemination, throughout medical, political and scientific discourse, of metaphors that referred to the "war" against AIDS, of CD4 lymphocytes as the fragile "battalion" that we must support to avoid any "invasion" (Sontag, 1989), among so many other expressions that ended up, more often than not, being assumed in the collective unconscious, becoming part of the language with which the virus is described and assimilated with the disease, lifestyle and sexuality with immorality and death.

In this scenario, where stereotypes and stigmas were strained by desire, sex and the possibility of a more dignified life, where HIV was experienced as an individual situation of minority projection, with no echo in the majorities and few official solutions, Foucault, who years earlier had proclaimed 'Sex is worth dying for', passed away. That is why today, forty years after his death, it is worth asking the question: What if Foucault had survived AIDS? First, Foucault's preoccupation with sexuality and his refusal to subordinate analysis to the politics of gender, race, or class make his work particularly useful in addressing the irreducibly sexual politics of the AIDS crisis. Second, AIDS has focused on the modalities that Foucault calls 'biopower' in relation to the state's administration of technology to produce and regulate life (Halperin, 1995, pp. 46-47).

In what follows, I draw a third possibility from this imaginary exercise, which is to imagine what ramifications his research might have had if Foucault had been able to overcome AIDS. Therefore, we take up only some categories that concerned the French philosopher in his later years, such as governmentality and subjectivity. In doing so, we intend to put forward the proposal

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<sup>3</sup> These kinds of accusations, which circulated in the United States after Foucault's death and were discussed by James Miller, motivated Daniel Defert, Michel Foucault's life partner, to become an activist and create AIDES, which was the first French association to fight AIDS.

of this paper, which is to adopt the thought of the late Foucault as a theoretical lens through which it is possible to approach HIV from a biopolitical perspective that contemplates the processes of subjectivation that underlie HIV-positive subjects. Given the short length and modest mission of this article, which is ultimately another reason to affirm the relevance of Michel Foucault's thought, we will simply raise the question about the subject and point out a possible link between the research of the late Foucault and AIDS<sup>4</sup>Therefore, we begin by briefly introducing the concept of subjectification from Michel Foucault's perspective and then present a scenario in which these processes of subjectification are present: HIV-positive subjects.

## 2. The processes of subjectivation, according to Michel Foucault

The notion of subjectivation appears in the last stage of Foucault's thought, which presents advances concerning his early works, as the author states in his text *The Subject and Power* (1982). However, although the concept was coined in his more mature work, the processes of subjectivation, by which subjects are constituted, have been at the heart of all his work. This is affirmed by the author, who states that the general theme of his work has not been power but the constitution of subjects (Foucault, 1982). In the final stage of his life, Foucault became interested in the practices of the self and argued that in addition to the tendency towards individuality and the valuation of intimate spaces, the subject assumes a form of life according to his reflection of himself and his environment. Under these conditions, subjectivation emerges where the moral subject relates to a law or a set of laws. The dialectical operation between the norm and the cultivation of the self, between subjection and liberation, is what Foucault calls the 'process of subjectification'.

The processes of subjectivation give rise to technologies of the self: 1) technologies of production, which allow us to produce, transform or manipulate things; 2) technologies of sign systems, which allow us to use signs, senses, symbols or significations; 3) technologies of power, which determine the conduct of individuals, subject them to certain kinds of ends or domination, and consist in objectification of the subject; 4) technologies of the self, which allow individuals to perform, on their own or with the help of others, a certain number of operations on their body and soul, thoughts, behaviour, or any form of being, thus obtaining a transformation of themselves in order to reach a particular state of happiness, purity, wisdom or immortality.

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<sup>4</sup> What we will develop below is part of the work I am doing for a PhD research on the current relevance of the 'late' Foucault, particularly the modes and practices of subjectivation.

The concept of subjectivation, as discussed in Foucault's work, refers to the process through which individuals construct themselves in response to the power dynamics around them. It involves the conscious or unconscious development of one's identity in the face of external influences. Subjectivation encompasses the cultivation of the self and the practices individuals engage in as they interact within society. Deleuze further elaborates on this by explaining that modern subjectivity involves resisting two forms of subjection: one that shapes individuals according to the demands of power, and the other that binds individuals to a predetermined identity. The struggle for subjectivity is thus framed as the pursuit of individuality and the freedom to vary from established norms (Deleuze, 2015, p. 186).

The concept of subjectification implies, using Deleuze's words, creating a dialogue with oneself. It refers to the process of subjective construction tied to the devices of power, which sometimes fiercely resists and generates rebellions. The process of subjectivation implies the objectification of subjectivity in relation to the mechanisms of control. Certainly, Foucault's contributions to ethics provide fundamental tools for interrogating how individuals become subjects today. In the next section, we justify the relevance of Michel Foucault's perspective by posing the question about HIV-positive subjectivity.

### **3. The HIV-positive subject**

In a famous lecture by Michel Foucault in 1969, collected in the monumental compendium *Dits et écrits*, the philosopher from Poitiers argued: 'It is not enough to repeat as an empty affirmation that the author has disappeared (...) What should be done is to locate the space left empty by the disappearance of the author, to follow with the eye the distribution of gaps and failures, and to stalk the sites, the free functions that this disappearance makes appear' (2001, p. 824). Accepting in some way this challenge, I propose the imaginary exercise of thinking about Foucault's survival of AIDS and tracing possible trajectories between his thought and the illness which, far from silencing his ideas, led him to his death.

We have remarked that, according to the late Foucault, the term "subjectivity" refers to an object historically constituted, which obliges us to take into consideration the constitution of a specific knowledge about the subject, the genealogical description of certain practices of domination and strategies of government to which the individual is subjected, and the analysis of the techniques through which the subject, by produce and transform themselves (Revel, 2008, p. 130). Concisely, the subject is constituted in relation to subjectivising practices historically delimited and regulated by a particular dispositive. According to this perspective, as well as

Foucault did with other fields like illness, madness, death and crime, we suggest here that the HIV-positive subject can be seen as an ethical subject insofar as he or she constitutes his or her way of being (*ethos*) as a reflection of a discourse that claims to be true (see Foucault, 2017, p. 12). Whereas Foucault studied madness, illness, death and crime by posing the question about how these subjectivities as experiences of self and others are constituted through obligations of truth, we suggest applying his choices of method and point of view to the domain of HIV-seropositivity, and to analyse the genealogy of HIV-positive subject as a product of the discourse of "safer sex".

This leads us to the methodological choice of discourse analysis and the question of why analyse 'safer sex' as a discourse. Foucault's discourse analysis is an appropriate methodological option since it allows us to explore groups of statements and fundamentally the different regimes of truth on which our subjectivity is constituted. Therefore, by posing the question about the relationship between HIV-positive subjects and the regime of truth that circulates them, we could shed light on the question of knowledge of HIV-seropositivity. As Foucault did, we propose to look at discourses –“safer sex”– at the level of the enounced (*énoncé*) or, as his translators put it, the 'statement', proposing a critique of power effects and discourses of truth, taking as critique "the movement by which the subject gives himself the right to question truth on its effects of power and question power on its discourses of truth" (Foucault, 1997b, p. 32). Therefore, I aim to offer a way of resisting science by questioning discourses of truth and their power effects.

These assumptions establish an even greater link between Foucault's philosophy and HIV, which we cannot fully address here. However, the characterisation of the HIV-positive subject as a historically constituted object and of 'safer sex' as a discourse raises different questions that the present work needs to address: a) One might object that science discovers things about the world. That, in the case of AIDS, has served to control the spread of the virus. So, why should science be resisted? b) "Safer sex" commonly refers to a set of recommendations and practices in sexual relations intended to prevent the transmission of sexually transmitted infections, such as HIV, but also to facilitate birth control. If we analyse "safer sex" as a discourse, what statements are we thinking of? c) If, according to Foucault, scientific knowledge has all sorts of effects on us, and if we hold that we are produced as effects of discursive and power relations, what kinds of practices involve the existence and development of 'true discourses' about HIV and how is the relationship HIV-positive subjects have with themselves affected, modified, transformed, traversed by the existence of that 'true discourse' and the effects it induces, by the obligations it imposes and the promises it suggests or makes? Although it will only be possible to give sufficiently precise answers to these questions in a broader article, we would outline some preliminary hypotheses.

a) Frequently, we see claims from newly emerging fields, such as biotechnology, data science or neuroscience, which are supposed to transform the natural and social world through their revolutionary discoveries and technological spin-offs. However, the potential threats posed by science are not seen as requiring further attention simply because –and this is implied–, the solution to the potential problems only requires a more scientifically rational society, guided by more comprehensive or rigorous science. Conversely, this paper's first and foremost point of departure is rejecting any simplistic or ingenious conception of science as a pure, neutral and self-correcting project oriented only towards truth as the ultimate value. While we do not deny the achievements of science - most notably the recent emergence of "Prep" treatments - I reject the oversimplistic idea of scientific progress based on the reassuring dream of an inexorably evolving rational whole. The mere assumption that scientific procedures ensure the rational progress of society is unjustified and constitutes one of the important disguises of our time.

b) Secondly, we distinguish between "safe" and "safer" sex. The former refers to a group of recommendations and practices in sexual relations whose mission is to prevent the transmission of sexually transmitted infections and to facilitate birth control. Not only the use of condoms and the use of birth control pills but also the advent of "Prep" treatments are good examples of this kind of recommendation and practice. Instead, when we refer to "safer" sex, we are referring to a set of statements according to which there exist sexual practices that are less advisable than others. Underlying this argument is the idea that "the safer" sex does not exist outside of or prior to language and representation but is brought into play through discourse and representational practices, which at the same time are acts of power that produce knowledge and identity.

c) Since the human body is both the target and effect of medical practice., the individual living with HIV, therefore, becomes not the point of departure for a science of health and illness but the very locus of insertion of this knowledge. Consistently, we should propose our third hypothesis: the individual living with HIV does not provide us with knowledge that is then translated into the neutral language of science, but rather, this language and medical discourse make that subject an object of knowledge, implicated in a political field in which he or she is immediately "subject" by relations of power.

In short, according to Michel Foucault's perspective, we could affirm that HIV-positive subjects have taken shape thanks not only to a whole set of medical and biological terminologies (the division between HIV-positive and HIV-negative is the most obvious one) but also because political rationalities began to usufruct medical rationalities in order to forge a specific moral order. In attempting to construct a history of HIV-positive subjectivity, or a genealogy of the HIV-

positive subject, we would privilege social practices related to the exercise of power and the strategies of discipline and normalisation directed at the physical body by the political, social and institutional body in a given period.

As we know, the genealogy of the constitution of subjectivity was the reason that encouraged Foucault to study the Greek and Greco-Roman periods, seeking to understand the reasons why sexual behaviour had become an object of moral concern. In the ancient culture, the problematisation of sexuality was framed in the art of existence, in a technique of the self that was linked to a series of reflexive and voluntary practices through which individuals sought to be a “performance” that upheld specific aesthetic values, a 'work of art' (Foucault, 2001, pp. 1488-1550). This conception of a subjectivity that takes care of itself, that critically examines the limits within which it has been constituted, and that is committed to a constant creation and transformation of itself that makes it admired and worthy of imitation can also be found in the different norms that surround people living with HIV.

From the beginning of the epidemic, AIDS became an instrument to discipline LGBT sexuality. First, science, medicine and politics installed the idea that it was a homosexual disease. LGBT people, who were gaining public space and who had begun to challenge common sense about sexuality, pleasures and sex beyond reproduction, became instruments of moral pedagogy. Secondly, since, for a long time, the diagnosis of HIV meant a death sentence, encouraging the blaming and stigmatisation of the infected, monogamy and the so-called traditional family became the norm and the way to avoid contagion, a norm that confronted LGBT subjectivities that had been conquering rights, disputing the limits of what was possible in terms of identity and sexuality, and which were covered by this veil of guilt, illness and abnormality.

#### **4. Conclusion**

To conclude, it would be convenient to remember that AIDS is today not only an incurable infectious disease with an often-fatal outcome but also the beginning of a discourse. A discourse that, in addition to justifying scientific knowledge about pathogens, transmission routes, infection risks, and diagnostic or therapeutic procedures, establishes at the same time the connection with a different way of life, characterised by danger, guilt and death, sexuality, and threat. In addressing such a scenario and through an archaeogenealogical analysis, we posed a question about the HIV-positive subject, proposing to explore how and to what extent HIV infection and AIDS are significant facts in the subjectivity constitution for those people who are infected. In other words,

subjectivity is constituted under the condition of a terminal disease discredited and stigmatised within the social environment.

Ultimately, posing the question about the subject obliged us to trace a possible connection between Michel Foucault's perspective and the experience of HIV, thinking about how types or practices were formed involving the existence and development of 'true discourses' about seropositivity and safer sex and how the relationship HIV-positive people have to their selves is structured by these 'true discourses' and the effects they produce or the obligations they impose. Indeed, as might be expected, we suggested that Michel Foucault's latest research is relevant because with it we can think about how HIV subjectivities, as experiences of self and other, are constituted through obligations of truth, through the bonds of what Foucault called *veridiction*.

Forty years after his death, the ultimate aim of this paper has been to show a possible line of escape in the late Foucault with which it would be plausible today to make a theoretical-political use of his research and ideas on the subject, the modes and practices of subjectivation, concerning precisely the illness that led him to death.

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