Denying human biology as destiny

Dominique Memmi

Centre National de la Recherche Scientifique (CNRS), France

dominique.memmi@csu.cnrs.fr

www.csu.cnrs.fr/spip.php?rubrique302

Abstract

The inclination to deny the "human body as destiny", beyond the limits of healthism, seems to have increased over the last fifty years. Regaining one's own *physicality*, which certainly represents a recurring trend in history, has become, since the middle of the 20th century, an ardent obligation. To facilitate a better understanding of this phenomenon, however, we must distance ourselves from "health issues" as social constructs. Our growing concern with our own *physical re-appropriation of the self* has become apparent, for instance, in the way we handle birth and death today: many examples attest to this. It is as though we were witnessing an acceleration, somewhat singular, of the process of individuation: an acceleration that relies on the human body as a prime location for its own realization. To make sense of this phenomenon, we suggest to read again Norbert Elias with Michel Foucault.

Keywords

Body, destiny, life itself, bare life, euthanasia, abortion, governance, social behaviours, biopolitics.

Le refus du corps comme destin

Résumé

Au delà du "santéisme", ce qui paraît s'être accentué durant les cinquante dernières années, c'est le refus croissant du "corps comme destin" : se réapproprier individuellement sa propre *dimension physique*, tendance certes pluriséculaire, a fortement renforcé, depuis le milieu du siècle dernier, son caractère d'ardente obligation. Pour en prendre l'exacte mesure, il faut se décentrer de ce qui est socialement construit comme des questions de "santé". Le souci de réappropriation *physique de soi* éclate aujourd'hui, par exemple, dans l'administration contemporaine de la naissance et de la mort : de nombreux exemples en témoignent. Tout se passe ici donc comme si on

assistait à une accélération du processus d'individuation, mais avec une singularité : elle prend le destin physique comme un des lieux privilégiés de son développement. Pour l'interpreter, il faut relire Norbert Elias à l'aide de Michel Foucault.

Mots-clés

Corps, destin, vie en soi, vie nue, euthanasie, avortement, gouvernance, comportements sociaux, biopolitique.

La negación de la biología humana como destino

Resumen

La inclinación a negar el "cuerpo humano como destino", más allá de los límites del salutismo, parece haber aumentado en los últimos cincuenta años. La recuperación de la propia corporalidad, lo que sin duda representa una tendencia que se repite en la historia, se ha convertido, desde mediados del siglo XX, en una obligación ferviente. Sin embargo, para facilitar una mejor comprensión de este fenómeno, debemos distanciarnos de los "problemas de salud" como construcciones sociales. Nuestra creciente preocupación por nuestra *reapropiación física del yo* se ha puesto de manifiesto, por ejemplo, en la manera en que manejamos el nacimiento y la muerte hoy en día: muchos ejemplos dan fe de ello. Es como si estuviéramos asistiendo a una aceleración, un tanto particular, del proceso de individuación: una aceleración que descansa en el cuerpo humano como un lugar privilegiado para su propia realización. Para dar sentido a este fenómeno, sugerimos leer nuevamente Norbert Elias con Michel Foucault.

Palabras clave

Cuerpo, destino, vida misma, nuda vida, eutanasia, aborto, gobernanza, comportamientos sociales, biopolítica.

1. Introduction[1]

Regaining one's own control over one's *physicality* has become, since the middle of the 20th century, an increasing ardent obligation. To facilitate a better understanding of this phenomenon, however, we must distance ourselves from "health issues" as social constructs. Our growing concern with our own physical re-appropriation of the self has become notably apparent in the way we handle birth and death today. It is as though we were witnessing an acceleration, somewhat singular, of the process of individuation: an acceleration that relies on the human body as a prime location for its own realization. To make sense of this phenomenon, we suggest to read again Norbert Elias with Michel Foucault.

2. An ardent obligation to control one's "nature"

An important evolution has taken place in the last third of the 20th century in the administration of life and death that is to be interpreted through the prism of Norbert Elias's theory of "civilization of manners", provided that it is duly adapted to our recent history. This evolution is characterized by two major trends: the acceleration of the multi-secular process of individuation and, most importantly, the focus of this process on the body and physical life.

As is known, Norbert Elias described the process of civilization and individuation as dealing with innate physicality and impulses. His reading of civility books from the 16th century allowed him to define a "primary nature" of man, which involved the eagerness of man to surrender to his immediate impulses (i.e., seizing at once the object of his desire, responding uncontrollably to an aggressive behaviour or a sexual impulse) and to his affects (fear, aggressiveness, joy). Then, Elias went on to define a "secondary nature" of man where his body, impulses and affects became objects of self-control, thus progressively leading man towards "civilization".

Elias's studies of ancient table manners, human actions and behaviours led him to extend his civilization process theory to many contemporary objects. So there can be no *a priori* objection to attempt to apply his theoretical framework to birth and death. This is

[1] This article has been translated from French by Philippe Bardy (CETCOPRA, University of Paris 1 Panthéon Sorbonne). It draws from the latest book of the author, *La Revanche de la chair*. *Essai sur les nouveaux supports de l'identité*, Paris, Seuil, 2014.

exactly what Elias himself achieved for death, at least, followed with one of his close collaborators, Cas Wouters (Wouters, 1990; Elias, 2012). In *The Solitude of the Dying,* Elias did not simply acknowledge man's relationship with his own impulses (sexuality, hunger or aggressiveness) or with "animalism", as he wrote, but he also took into account man's relationship with *death*, that is to say, and as Nikolas Rose would say, with "life itself" (Rose 2001; 2006; see also Memmi, 2003a). Elias's biography - he was already an old man when he wrote *The Solitude of the Dying* - is not sufficient to explain this. The historical context had its importance too: in that very period, as we shall see, in the late 20th century it is life itself – the ability of giving life, or not, or of taking one's life away – that began to trigger vehement claims. "Choosing one's life" came to being gradually understood as "choosing one's physical life". The state, perpetuation or reproduction of life itself became the focus of an individual and collective process of physical reappropriation. The relationship with living human matter changed, involving an increasing obligation to control it (*civilization*) or, more precisely, to have the individuals themselves control it (*individuation*).

Up until the mid-1960s, life was fundamentally untouchable, both at the beginning (no "unnatural" contraceptive method was allowed) and at the end of it (euthanasia was prohibited and suicide was stigmatized). The State and the Church refused abortion and euthanasia and prohibited debates on those issues. Healthcare professionals too would insist on the prevailing value of life over any other concern: this was a clear priority protected by a transparent authority, and the freedom to control the body as self and the quality of life as value could harldy be expressed. In that matter the individual was firmly contained. In the decade 1965-1975, however, this system was brought down.

The reality of individual reappropriation of bare life had only been manifest, until then, in the collapse in the birth rate, which began in the late 18th century. Couples decided that the avoidance of consecutive births, after the birth of a number of children, was a good and legitimate thing to do. This decision, cobbled together behind closed doors in the privacy of married life and implemented through traditional contraceptive methods (withdrawal, abstinence, homemade condoms, arbotifacient herbs, "household remedies") implied a secret change that worked against all odds: against the Church and its faith in divine commandment, and against the State which, except for the period 1830-1870, was consistently pro-natalist, criminalizing both abortionists and women resorting to abortions.

In the late 1960s, however, this plurisecular silence became a plea for a true rebellion. The discrete take-over of birth control was formalized and legalized and the first voices in favour of euthanasia were being heard. Some people talked about "family planning" while others began to claim the right to "plan" their own death through voluntary euthanasia. In this regard, the Declaration on "humanitarian euthanasia", which was signed by 40 personalities in

1974, served a similar purpose as the 1973 "Manifesto of the 343" in support of abortion rights.

Suicide and abortion had existed before, naturally, but the trend was now to move away from stealthy "self-tinkering". Contraceptive methods and VTP (Voluntary Termination of Pregnancy) could be viewed as the medicalization and standardization of ancestral practices: "Your miseries have come to an end; you will never again wait anxiously for your menstrual period, neither pretend to have headaches nor count days",[2] claimed the *Mouvement français pour le planning familial* (MPF, or, in English, *French Movement for Family Planning*). A controversial book entitled *Suicide, Mode d'Emploi* (Guillon & le Bonniec, 1982), published in 1982, but subsequently banned, as well as a guide intended for the signatories of the Declaration on euthanasia entitled *Le Guide de l'autodélivrance* also aimed to provide advice on the different available means for committing suicide in an efficient and painless manner. Thus began the era of rationalized physical self-intervention.

A similar evolution was also reflected in the management of the body *after death*. In the past, the "last will" that the (typical) dying individual would share with his relatives, on his deathbed, concerned his wealth and the future of his descendants. As for the future disposal of his body, there would be only one option available in a Catholic country such as France. Conversely, cremation, which was authorized by the Catholic church in 1963, led to a possible *choice*. The development of cremation affected then the whole of Europe – even in protestant contries - but increased at an exponential rate in catholic ones, especially in France from the middle of the 1970s. Cremation was almost non-existent in that country in the previous century (incineration was legalized in 1889). The number of cremations rose from 3,000 in 1976 to 16,000 in 1986, then to more than 68,000 in 1996 (a five-fold, then four-fold, increase) (Urbain, 1998). Aside from the concern of sparing relatives from *post mortem* social duties, somewhat binding (i.e., visits to the cemetery), it was the willingness to *control* the process of biological decay, thus preventing the ensuing slow degradation of living matter, that was the alleged motivation for cremation. This meant that "any reflective individual who was fully aware of his final destiny and sufficiently lucid to reflect upon the future of his own living matter" had to refuse "not so much death itself as physical decay, decrepitude and the journey towards entropy" (Barrau, 1993).

The increasing number of funeral contracts, too, detailing the arrangements to be made about the deceased body and the progress of thanatopraxy care, which was authorized in France in 1963 before being institutionnalized a decade or so later (1976), was in keeping

[2] Mouvement français pour le planning familial (1982). *D'une révolte à une lutte. 25 ans d'histoire du Planning familial*. Paris, Tierce, p. 110-111.

with this: 30% of the deceased benefited from thanatopraxy care in the 1990s compared to 10% in the 1970s (Barrau, 1993). And eventualliy, another activist movement was launched in the late 1960s: it was in favor of *post-mortem* donation. In their support of every possible donation (blood, body, sperm, milk as well as other more "sensitive" body parts such as hands and eyes), these activists claimed for offensives against "the confused sense of idolatry towards mortal remains" and "ages old taboos anchored to the physical intangibility of the body" (Plumart, 2012). All that meant an extinction to the end of life of the possibility of handling, with full consciousness, one's physical future. In short, the "*pro-choice*" stance was slowly outweighing the "*pro-life*" approach, as regards the end of life too.

In less than a decade, a lot of things have thus changed regarding the control of one's physicality. Not surprisingly, the mid-20th century brought the unprecedented development of biology as a science allowing for the "biotechnological" expansion of the self. Yet this was only the most spectacular and technologically advanced feature of an otherwise less visible form of social emancipation from nature. The activists from the *Mouvement pour le Planning familial* encouraged women to put their finger for the first time on what they still called their intimate "nature" (their vaginas). It is a good image of what was at stake here: beyond health issues, a growing intolerance for human biology as *destiny*.

3. Forbidden impulses and emotions

Such self-control, which is typical of the secondary nature of man, according to Elias, went together with the two usual adverse affects that he usually identifies as emerging in these moments of change: disgust and shame. "Are not you ashamed of yourself?", asked a nurse to a woman who aborted several times while showing her a poster presenting all modern contraceptive methods. "I feel a bit ashamed", declared another woman who had become pregnant a second time, but without "wanting it" (see Memmi, 2003a). The new element here was that the feeling of shame resulting from a contraceptive incident had little to do with the sexual dimension of conception, or, to put it differently, to a sexual impulse. The shame was not felt because of sexual "misconduct", but because of the inability to control the consequences of the sexual intercourse. The "fault" did not lie in the fact that the pregnant woman took the pill (to allow herself to have a sexual intercourse), but rather that she failed to do so… thereby letting her body assume her *normal* procreative role.

This shame associated with lack of control was also felt when discussing end-of-life issues with advocates of euthanasia. Analyzing the 3,000 replies to a survey conducted among 25,000 members of the non-profit *Association pour le droit à mourir dans la dignité* (ADMD, or, in English, *The Association for the right to die with dignity*), advocating euthanasia, it appeared that it was less the suffering than the physical decay of the patient that was put forward as a key argument for decriminalizing euthanasia: "Alzheimer's disease, mental decay, loss of physical autonomy and lack of control are the prevailing representations of a horrifying biological fate which could be avoided with death" (Hocquard, 2000). Physical decay was perceived as moral decay. Individuals were ashamed of themselves, even more so as they felt other people's looks. Respondents cited the need to "retain a sense of self-worth" and the hope to leave their family with "a decent image of themselves" as the main reasons for advocating euthanasia. Here the fear had less to do with the pain than with the physical decay leading to a loss of awareness and control. In sum, as an ADMD member said, "it is about being totally responsible for ourselves". It was thus better to die than "die of shame" (Hocquard, 1999).

The renewed intensity of the control exerted by individuals over the beginning and the end of life in the 1960s and the 1970s thus deeply promoted the "secondary nature" of man: it became very demanding - and apparently somewhat paradoxical - in the age of international "liberation of morals". Indeed, this endeavour went together with promoting the notion of an ideal subject capable of controlling his emotions too, as in Elias's theory. The historian Kniebiehler described the denial of "maternal instinct", and more generally, of "feminine nature" that occurred in the late 1960s among some advocates of femininism (Knibiehler, 1997, 2000; 2001). Fundamentally, the concern was to appear as a "reasonable" person having the ability to projectherself into the future. The desire for a child, the urge to conceive, and, above all, the sexual impulse had to yield to the "child project" (Boltanski, 2004), channelling emotions, or even *feelings*, back to the family's privacy and to the relatives' inner selves (Bernard, 2009; Clavandier, 2009). The inner obligation to dispose of the dying or deceased body went together with a representation of mourning which had become very assertive and alien to the Freudian doxa: every human being had to "work" on their mourning so that it could end faster (Memmi, 2011).

This promoted the higher functions of the mind: willingness and consciousness producing reasonable choices for abortion or euthanasia. An activist for euthanasia once declared that she advocated for a VTA: *Voluntary* Termination of Aging .

4. A triple target

This reappropriation of life itself met three "enemies": Nature itself, as we have just seen, but also the State and, ultimately, Society. Yet, if the notion that individuals could, or should, control the course of their biological existence againt nature was making headway, such personal reappropriation was also achieved against the State which exerted control on both men and women. The decline of State control over women's lives and bodies in Western societies was illustrated, as we saw, in the decreasing influence of pro-natalist and nationalist policies and the disqualification of State eugenics. But State control over men's lives and bodies declined too with the abolition of conscription and the progressive lifting of the obligation to "die for the homeland" in developed countries (Kantorowicz, 1984, [1957]), reduced world conflicts and a greater sensitivity to human losses during armed engagements, at least on the side of Western troops. With the decriminalization of suicide[3] - followed by its progressive de-stigmatization by the Church (Minois, 1995) - and the retrogression of the death penalty (erased from public view before being abolished in almost all European countries), the legitimacy of the power of the State to "impose death" gave way to the individual right to "choose one's death" (Memmi & Taïeb, 2009). Lastly, the individual reappropriation of life against society led the *dominated* too to refuse to be assigned a social status or identity *on the grounds of biological givens*. This movement, started in the 1950s (see De Beauvoir, 1949; Memmi, 1962; Sartre, 1946) and was pursued throughout the next decade, and illustrated chiefly by the feminist and homosexual activism.

The 1960s and 1970s, which were another turnpoint in the history of world "de-fatalization", had the distinctive feature of contesting chiefly biological givens. This fact, which had gone relatively unnoticed by Elias, was a focal theme for Michel Foucault, most probably because he produced this analysis in the 1970s when this movement had already begun. In this respect, Foucault was a man of "his time": from that period, his object became, at least in part, to analyze "life itself" (see Foucault, 2004; Rose, 2001; 2006). Drawing his inspiration from Foucault, Giorgio Agamben would soon be able to distinguish "bare life" (*zoe*) from living conditions (*bios*) (Agamben, 1998).

The obligation of control over "physical life" had become so powerful that discarding the "advances" that had been made during that period (VTP, organ donation, cremation, assisted reproduction, etc.) seemed almost impossible even to those who expressed concern about

[3] The fact that suicide had long been regarded as a crime (until 1961 in England) was, in itself, indicative of the progress that was accomplished.

them. Critics had to adjust to this new state of things and the social agents everywhere in society that felt concerned about tigthening collective constraints surrounding the bodies and their social use had to find new devices to do it (Memmi, 2011; 2014).

5. A multi-vocal governance at the centre of biopolitics

This historical transformation was not trivial, and brought with it a radical change in life management as a whole. The entire biopolitical system changed. Two models of behaviour governance, surrounding birth and death, followed one another over a relatively short period of time.

In the first model, all forms of dialogue or consultation with procreating or dying subjects on the issue of biological destiny were excluded. Contraception was prohibited, transplantation was inexistent, cremation was a very rare event and abortion, like euthanasia, was severely punished. The hospital would simply deliver babies, save or let people die. State and society control over human bodies was massive, and exerted in public institutions, This was the age of "disciplines", too, imposed to the body himself such as raps on the knuckles at school, corporal punishment and dress codes (see Memmi, 2008).

But the 1960s and the 1970s gave rise to a "multi-vocal governance": a verbally mediated renegociation of power and authority. Institutions had indeed to adapt in the wake of the mid-1970s protest movements and this evolution had repercussions on organizations. In primary and secondary schools, universities, hospitals, but also in the family at the dinner table[4], dialogue became a must. This period was marked by an increasing willingness to refuse any kind of direct and *verbally unmediated control* over the human body. This was particularly apparent in the healthcare activity where it was imperative to provide information to patients (Fainzang, 2006) and obtain their informed consent for complex or intimate medical interventions (operations or pelvic exam, for example).[5] This trend was equally strong in the realm of end-of-life management: providing information to end-of-life patients about their own death became an ardent obligation (although its application in practice has often proved difficult today), reflected in professional guidelines (Wouters, 1990; Armstrong, 1987 and in the palliative care services from the mid-1980s.

[4] As Antoine Prost (1981, p.122).

[5] As shown by the new precautions introduced in this respect in the successive revisions of the Code of Medical Ethics; see Memmi (2003b).

This evolution towards a multi-vocal governance was particularly notable in the handling of birth-related issues. It became possible for women to be made sterile, temporarily or lastingly, conceive a child through artificial means, abort for various reasons, control sexual risk behaviour by taking the morning-after pill, and, perhaps in a near future, request euthanasia on one condition: that they *discussed* it with a caregiver, that is to say that they made and motivated their request (Fassin & Memmi, 2004). This model of governance of social behaviours was therefore about outlining jointly the reasons for a medical intervention on the basis of a minimal autobiographical narrative. This model of governance echoed the massive "Speak Out" event which "May 1968" (De Certeau, 1994) turned out to be, and it became the precondition for these women's demands to be met: parliamentary debates leading to the introduction of VTP in France, in 1975, indicated that the required "prior interview" with women who requested an abortion was a major condition for its acceptance. As a result of the step back of the "authoritarian" government, however, caregivers were thrust into the forefront of practice regulation, *in lieu* of the repressive State. Whether it was for governance from the top, which was referred to as "bioethics" (Memmi, 1996) or governance from the bottom, through the daily conversations between patients and hospital doctors (Memmi, 2003a), bioethicians from the national ethics committee as well as hospital service staff came to occupy a position of guarantor of good practices, increasingly appealing to the "ethical" conscience of caregivers and to the "informed" awareness of patients.

Key players as well as systems relying on them evolved simultaneously. Obviously, the State occupied a central place in the first system. It was then a traditional "State biopolitics". Than came "delegated biopolitics", which went largely unnoticed by Foucault (see Memmi, 2004): individuals officiallly became the first repositories of bare life as well as the most suitable people to make decisions on their own biological destiny. Eventually, delegated biopolitics was supplemented by "professional biopolitics" (or institutional biopolitics): former representatives of the State and mere prohibition enforcement officers, healthcare and funeral professional from now on tended to "advise" individual choices and "prescribe" practices. The previous trend of course did not wane, and it even continued to grow. The evolution is clear, but there has been, as often, a sedimentation of old and more recent modes of governance.

Applying Elias's analysis schemes to "life" - an object of increasing importance in the last two centuries as well as a matter of governance, and of collective concern - or, more precisely, applying these schemes to what some of Foucault's disciples called "life itself" (Nikolas Rose) or "bare life" (Giorgio Agamben), clearly had the effect of drawing attention to the *very curious centrality of the body as a mean and a location* for the reappropriation of individual destiny. The 1960s marked the revival of this phenomenon, but its perpetuation up to the present day still requires, in our view, the exegetic output of social sciences.

References

Agamben, G. (1998). *Homo Sacer: Sovereign power and bare life*. Stanford: Stanford University Press.

Armstrong, D. (1987). Silence and truth in death and dying. *Social Science and Medicine*, vol. 24(8), 651-657.

Barrau, A. (1993). De la *bonne mort* à la *belle mort*. Évolution d'un rituel et d'une socialisation. In Montandon-Binet, A. (dir.), *Savoir mourir* (pp. 195-210). Paris: L'Harmattan.

Bernard, J. (2009). *Croque-mort. Une anthropologie des émotions*. Paris: Métailié.

Clavandier, G. (2009). *Sociologie de la mort*. Paris: Colin.

De Beauvoir, S. (1949). *Le Deuxième Sexe*. Paris: Gallimard.

De Certeau, M. (1994). *La Prise de parole et autres écrits politiques*. Paris: Seuil.

Elias, N. (2012). *La Solitude des mourants*. Paris: Christian Bourgois.

Fainzang, S. (2006). *La Relation médecins-malades. Information et mensonge*. Paris: PUF.

Fassin, D. & Memmi, D. (2004). *Le gouvernement des corps*. Paris: Éditions de l'EHESS.

Foucault, M. (2004). *Naissance de la biopolitique*. Paris: Gallimard/Seuil.

Guillon, C. & le Bonniec, Y. (1982). *Suicide, mode d'emploi. Histoire, technique, actualité*. Paris: Alain Moreau.

Hocquard, A. (1999). *L´Euthanasie volontaire*. Paris: PUF.

Hocquard, A. (2000). Euthanasie. Une question sociale. *La Lettre de la SFAP*, 12, pp. 4-5.

Kantorowicz, E.H. (1984). *Mourir pour la patrie.* Paris: PUF.

Knibiehler, Y. (1997). *La Révolution maternelle depuis 1945: Femmes, maternité, citoyenneté*. Paris: Perrin.

Knibiehler, Y. (2000). *Histoire des mères et de la maternité en Occident*. Paris: PUF.

Knibiehler, Y. (2001). *Maternité, affaire privée, affaire publique*. Paris: Bayard.

Memmi, A. (1962). *Portrait d'un juif*. Paris: Gallimard.

Memmi, D. (1996). *Les Gardiens du corps*. Paris: Éditions de l'EHESS.

Memmi, D. (2003a). *Faire vivre et laisser mourir.* Paris: La Découverte.

Memmi, D. (2003b). Faire consentir. La parole comme mode de gouvernement, in Lagroye, J. (dir.), *La Politisation* (pp. 445-460). Paris: Belin.

Memmi, D. (2004). Administrer une question sensible. In Fassin, D. & Memmi, D. (2004). *Le Gouvernement des corps* (pp. 135-154) Paris: Éditions de l'EHESS.

Memmi, D. (2008). Mai 68 ou la crise de la domination rapprochée. In Damamme, D., Gobille, B., Matonti , F. & Pudal, B. (dir). *Mai-juin 68* (pp. 35-46). Paris: Éditions de l'Atelier.

Memmi, D. (2009). *La tentation du corps*. Paris: Éditions de l'EHESS.

Memmi, D. (2011). *La seconde vie des bébés morts*. Paris: Éditions de l'EHESS.

Memmi, D. (2014). *La revanche de la chair. Essai sur les nouveaux supports de l'identité*, Paris: Seuil.

Memmi, D. & Taïeb, E. (2009). Introduction à *L'État et la mort*. *Sociétés contemporaines*, 75.

Minois, G. (1995). *Histoire du suicide. La société occidentale face à la mort volontaire*. Paris: Fayard.

Mouvement français pour le planning familial (1982). *D'une révolte à une lutte*. *25 ans d'histoire du Planning familial*. Paris: Tierce.

Plumart, V. (2012). *Le Consentement au prélèvement. Entre régulation étatique et initiative associative. La Fédération des associations pour le don d'organes et de tissus humains (France ADOT). Mobilisation, débat public, représentations, 1974-2011*. Thèse de sociologie, Université de Limoges.

Prost, A. (1981). *Histoire générale de l'enseignement et de l'éducation en France*. Vol. 4, Paris: Labat.

Rose, N. (2001). The politics of life itself. *Theory, Culture and Society*, vol. 18 (5), 1-30.

Rose, N. (2006). *The Politics of Life Itself: Biomedicine, Power and Subjectivity in the Twenty-First Century*. Princeton: Princeton University Press.

Sartre, J.P. (1946). *Réflexions sur la question juive*. Paris: Gallimard.

Urbain, J.D. (1998). *L'Archipel des morts. Le sentiment de la mort et les dérives de la mémoire dans les cimetières de l'Occident*. Paris: Payot.

Wouters, C. (1990). Changing regime of power and emotions at the end of life: The Netherlands 1930-1990. *The Netherlands' Journal of Social Science*, vol. 26(2), 151-161.

Acknowledgements and disclosures

The author thanks CETCOPRA for the invitation to contribute to this special issue and the participants of the *Healthism & Self-Care: Reconfiguring Body & Life through Science & Technology Conference* for their insightful questions and comments. The author thanks Philippe Bardy (CETCOPRA, University of Paris 1 Panthéon Sorbonne) for the translation of this article in English. The author declares no conflicts of interest.

This article is an invited contribution from the organisers of *Healthism & Self-Care: Reconfiguring Body & Life through Science & Technology Conference*, where the paper, "Denying human biology as destiny", was presented at the Sorbonne, Paris on December 12th, 2014.

Related publications:

Memmi, D. (2014). *La Revanche de la chair*. Paris: Seuil.

Memmi, D. (2011). *La Seconde Vie des bébés morts*. Paris: Éditions de l'EHESS.

Memmi, D. (2009). *La tentation du corps*. Paris: Éditions de l'EHESS.

Memmi, D. (2003). *Faire vivre et laisser mourir*. Paris: La Découverte.