

Biopower and biopolitics in the field of Food and Nutrition

Biopoder e biopolítica no campo da Alimentação e Nutrição

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ABSTRACT

A conceptual discussion on the discourses of the social actors in the field of Food and Nutrition is proposed, presenting the existing conflicts, discursive strategies and struggles for academic legitimacy. The line of argumentation follows the biopower concept developed by Michel Foucault, who presents medicine as a knowledge-power focused at the same time on the body and the population, the human body and the biological processes, producing disciplinary results and widespread regulatory effects on society. Based on this concept it is argued that the discourses produced in the field put hegemonic and counter-hegemonic interests in confrontation, political disputes disguised by "abstract" epistemological discussions, strategies to lure consumers, life standardization and medicalization. Such discourses translate instances of power in dispute, economic interests, structural conflicts, political impasses. New elements are presented for the production of knowledge for professionals of Nutrition and for the perception of the feeding act beyond the nutritional, biological, biomedical and epistemological parameters, which in essence are clearly political once they convey tensions between the conceptual structures that also operate in the interior of the field. It is assumed that there is no such health or nutrition as abstract, neutral fields, detached from reality; such dimensions are part of the material, concrete life and carry symbolic, cultural and subjective values. Considering only the nutritional aspects of nutrition is to impoverish and weaken it, and the discussion that seems to be "merely conceptual" brings to light important issues that the professionals in the field of Food and Nutrition should address.

Keywords: Feeding. Humanities. Nutrition science. Science. Research.

RESUMO

Propõe-se uma discussão conceitual acerca dos discursos dos atores sociais do campo da Alimentação e Nutrição ao apresentar conflitos existentes, estratégias discursivas em jogo e lutas por legitimidade no espaço acadêmico.

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O eixo principal da argumentação se dá a partir do conceito de biopoder, de Michel Foucault, que apresenta a medicina como um saber-poder que incide, ao mesmo tempo, sobre o corpo e a população, sobre o organismo e os processos biológicos, produzindo resultados disciplinares e efeitos regulamentadores disseminados por toda a sociedade. A partir desse conceito, argumenta-se que os discursos produzidos no campo colocam, frente a frente, interesses hegemônicos e contra-hegemônicos, disputas políticas travestidas de discussões epistemológicas “abstratas”, estratégias de sedução, normatização e medicalização da vida. Tais discursos traduzem instâncias de poder em confronto, interesses econômicos, conflitos estruturais, embates políticos. São apresentados novos elementos para pensar a produção de conhecimento para profissionais da Nutrição e da percepção do ato alimentar para além de parâmetros nutricionais, biológicos, biomédicos e epistemológicos que, na sua essência, são nitidamente políticos, pois traduzem tensões entre estruturas conceituais que também operam no interior do campo. Postula-se que não há saúde ou nutrição em abstrato, como campos neutros, desconectados da realidade; essas dimensões fazem parte da vida material, concreta e estão carregadas de valores simbólicos, culturais e subjetivos. Pensar a Nutrição apenas em seus aspectos nutricionais é empobrecê-la e enfraquecê-la, e essa discussão, que parece ser “meramente conceitual”, traz à tona questões importantes que precisam ser discutidas pelos profissionais do campo da Alimentação e Nutrição.

Palavras-chave: Alimentação. Ciências Humanas. Ciências da Nutrição. Pesquisa.

INTRODUCTION

The theoretical-conceptual postulates of contemporary sciences carry important legacy of the scientific revolution in the seventeenth century. The mechanistic and generalizing model of modern science, based on objective and measurable criteria that seek to establish the general laws that govern the phenomena, are present in many sectors of the health sciences. The body-machine metaphor coined by Descartes (1596-1650), who understands it as an aggregate of organs with distinct functions, constituted as an assemblage of muscles, nerves and functions in a mechanical structure comprised of independent parts, finds echo in the hegemonic sectors of the health field.

When advocating the body-mind relationship, Descartes¹ uses the metaphor of a machine, of the mechanical structure of a watch, and separates these two instances radically. For him, soul and body (or mind and body) are independent *Substances*, with corporeal sensations (*res extensa*) and thought (*res cogita*) being manifested in specific, particular forms. He therefore seeks to abandon the sensory perception, which can lead into error, and privilege the mind

in the construction of the method that will attain pure reason. In article 6 of “Passions of the Soul” he affirms that the body of a living man:

differs from that of a dead man as much as a watch or other automaton (that is, other self-moving machine) when it is wound and contains the bodily principle of the movements for which it is constructed, along with everything required for its action, differs from the same watch or other machine when it is broken and the principle of its movement ceases to act³⁾ (Author’s translation, p.30)¹.

In this same work, Descartes uses various examples to discuss the functioning body and the body-mind relationship always using metaphors that allude to a gear. In “The treatise of man”, Descartes argues that the rational soul, seated on the pineal gland, works as a “caretaker of the thrust”, who inspects the water flow in artificial systems of ducts and pipes, and can direct the flow of spirits from a member to another. Always seeing the body as a machine, a mechanism, like a work of engineering.

On the other hand, in the same period of emergence of modern thought, with its objective,

³ “difere tanto do corpo de um morto quanto um relógio ou outro autômato (isto é, outra máquina que se mova por si mesma), quando está montado tem em si o princípio corporal dos movimentos para os quais é instituído, com tudo que é necessário para sua ação, difere do mesmo relógio, ou outra máquina, quando está quebrado e o princípio de seu movimento cessa de agir”.

mathematical and mechanistic logic, other authors question this model of reducing the body to its biological and mechanical aspects. For Spinoza (1632-1677), for example, the body is not an aggregate of organs and functions. He regards both modes (body and soul or body and mind) as constitutive parts of the same Being, originated from the same substance (God/Life/Nature). The activity of the Extension attribute (*res extensa*) gives origin to the bodies, while the thought attribute (*res cogita*) gives origin to the ideas, so that the actions of these attributes produce distinct regions of reality, but such regions always express the same being. Therefore, the human body is a structured unit, not an aggregate of parts, but a whole unit and the balance of internal actions connected to the organs.

According to Spinoza², the body is a complex system of internal and external movements; it is relational, forming a system of centripetal and centrifugal actions and reactions. In addition, it is constituted by internal relationships between the organs, by external relationships (affections) with other bodies, i.e., by the ability to affect other bodies and being affected by them without destroying or being destroyed, regenerating them and regenerating with them. Body and mind form a unit and show the correspondence between the corporeal and psychic events, expressing the single causality of the Substance. The author affirms that the essence of man is wish, and that is why we are corporeal appetite and psychic desire; the body's affections are the soul's affections, so body and soul are indissociable³.

Current science, which derived from the modern scientific revolution, reinforces the Cartesian view and its mechanical perception of man and the universe. According to Santos⁴, the main criteria of scientificity are objectivity, measurability, the possibility of quantifying and generalizing, at the same time disregarding subjectivity, the affections and desire pointed by Spinoza. In addition, modern science excludes all processes that are not guided by their own

postulates, i.e., this model of science excludes everything that is associated to interiority, sensitivity, common sense, to the specificities of the local culture that cannot be measurable and quantifiable. Therefore, everything that does not fit into the model neither is considered scientifically true nor objective knowledge. By ignoring the affective memory, sensitivity, imagination, dream, wish, the subject's anguishes, such knowledge moves away from what is too human and transforms us into automatons, in organisms without self and disconnected from culture and context.

Despite the oppositions to the body-mind duality and the diversity of theoretical positions available, Descartes' logic proved to be more powerful, and the Cartesian thought has influenced more strongly the hegemonic epistemology applied to biomedicine, which reproduces the biomechanical, positivist and representationist paradigm, focused on medical nosography entities, which, without generalization, still view the body and mind as dissociated instances. According to Koyré⁵, the machine metaphor that prevailed in the Western classical view was largely influenced by Descartes, but one cannot undervalue Galileu's role and, especially, Newton's role, because he was the great systematizer of the mechanistic conception when he formulated the three laws of mechanics.

The biomedical model found in health sciences updates, reinforces such mechanistic perspective inherited from the Cartesian and Newtonian thought, and undervalues what is not guided by their own criteria. According to Camargo Jr.⁶,

The theoretical construction of nosological categories plays a key role on medical rationalities. Based on scientific models derived from the development of classical physics, the medical knowledge has been through an uneven aggregate of disciplines where many of the main notions are implicit, leading to the emergence of

insuperable contradictions in itself and in its relation with practice⁽⁴⁾ (Author's translation, p.45).

The biomedical model also forgets that, in the health field, since the International Conferences on Health produced by the World Health Organization (Ottawa in 1986, Adelaide in 1988, Sundsvall in 1991 and Jakarta in 1997) the perception of what is considered health - or healthy life - has expanded and gained new contours⁷. Subjectivity, life stories, interiority, affective bonds, valorization of local culture, political participation, and family relations have become part of what is called quality of life and health conditions. Ever since, neglecting these aspects and considering health only on its biological and biomedical elements have become a contradiction or, yet, a limitation of the professional training, of practice and services and knowledge production.

Additionally, in the health field there are different models to understand the illness process, guided by other parameters that are also efficient and effective. Medical rationalities (derived from the Traditional Chinese Medicine, Auyrveda Medicine, Homeopathy and supplementary therapies) described by Luz⁸ are examples of such hybridization and syncretism between practice and knowledge. Such rationalities operate within distinct conceptual frameworks, use other diagnostic approaches and therapeutic proposals, and produce different notions of the illness process and perceptions of the body organization (either anatomically or physiologically). It is worth noting that such approaches have already been recognized and adopted in Brazil, and the *Sistema Único de Saúde* (Unified Health Care System, SUS) has already incorporated such knowledge to its strategies of action.

An author who questioned and discussed the major issues that underpin the biomedical

model is Michel Foucault (1926-1984). In his work "The birth of the clinic"⁹, Foucault identifies a "transformation of the view" that occurs in the constitution of medical knowledge. According to the author, the view that incorporates the subjectivity of the "art of healing" has been gradually replaced by another view that spots the disease in the body. This phenomenon undervalues sensitive listening, fails in the perception of the subject (the individual's affections, life history) and the illness process with simultaneous overestimation of the nosologic model of disease identification, detection and classification. According to Foucault¹⁰, the medicine that arises at this time in the West is the medicine of disease; the patient, under such perspective, is a mere non-subjected receptacle, a place where eventually diseases are set.

Biopower and biopolitics as a "discursive strategy"

In the works "Society must be defended"¹¹ and "History of sexuality"¹², Foucault introduced the concept of biopower, which for him was a critical element for the development of capitalism, which helped ensure the controlled inclusion of bodies in the productive apparatus and adjust the phenomena of the population to economic processes. According to Foucault, it was in the sixteenth and seventeenth centuries that such techniques of power primarily focused on the individual body were developed. They are techniques of rationalization and strict economy of a power that must be exercised in a whole system of surveillance, hierarchies, inspections, procedures, reports and technologies aimed to discipline the workplace¹¹.

Resuming the history of the concept, the author stated that in the eighteenth century the "biopolitics" of the human species (of the social

⁴ "a construção teórica de categorias nosológicas desempenha um papel fundamental para as racionalidades médicas. Estruturado a partir de modelos de cientificidade oriundos do desenvolvimento da física clássica, o saber médico apresenta-se, contudo, como um agregado irregular de disciplinas onde muitas das noções principais são implícitas, levando ao surgimento de contradições insuperáveis no seu interior e na sua relação com a prática".

body) emerged. It consists of a set of procedures aimed to systematize and understand processes such as the rate of births and deaths, reproduction and fecundity rates of a given population, causes of morbidity i.e., endemics, and the form, nature, extension, duration, and the intensity of diseases prevailing in the population. The power, organized in terms of sovereignty, becoming aware that it was unable to cope with the economic and political body of a society that was about to face a population explosion and, at the same time, industrialization, decides to invest in the creation of institutions such as school, hospital, factory, prison and military headquarters. A new adaptation of power became necessary to face the global phenomena of population and the biological and sociological processes of human masses. Such biopower starts then to cope with endemic illnesses, the nature, extension, duration and intensity of the diseases prevailing in the population; with public sanitation; old age; diseases that put individuals off from work; collective insurances, retirement; the relationship with environment, climate, urbanism and ecology¹¹.

The first social practice that regards the human body as an object, the medicine of the state, arises in Germany. The science of the state, or the *Staatswissenschaft*, embodies the knowledge of natural resources, living conditions and public services operations, and at the same time enables the acquisition and preservation of such knowledge. On the other hand, the French urban medicine consists of some kind of public, political and sanitary power, making a survey of the sites where urban wastes are disposed and accumulated, from garbage to corpses; controlling and improving water, sewage and air circuits; organizing the entry and exit points of such flows, the points of sewage discharge and ducts and sources of clean water.

In the early nineteenth century (in the summit of industrialization), the concern with old age, with the body that falls ill and loses productive capacity emerges. They consist of

much more subtle mechanisms, more rational economically, of insurance, social welfare, personal savings and social well-being, always aiming to maintain the productive force and "rationalizing" the role of the state. They comprise various disciplinary and regulatory mechanisms: health insurance or retirement income systems; hygiene rules to ensure longevity; pressures that the city organization puts on sexuality, procreation and family hygiene; childcare; schooling, etc.¹¹.

The creation of the Poor Law (1834) and the Health Service in the United Kingdom aim to ensure the political health safety of the bourgeoisie. Medical intervention provides collective immunization programs, compulsory diseases recording, detection, and destruction of sources of insalubrity. Such medical control over the needy classes aims to make them less dangerous for the rich and less able to work. It is a new body, a "multiple body" with many heads; it is the emergence of the notion of population, and biopolitics deals with the population as a political issue, as a scientific issue, as a biological issue and it is a matter of public power.

Such knowledge is constituted via the establishment of norms and standards that are articulated around a set of anonymous, historical rules, always determined in time and place, which define the conditions for the exercise of the enunciation function in a given time. Foucault¹⁰ calls such rules as "discursive formation", considering how the rhetoric game is constituted and turns into strategies of power, articulating statements, phrases, propositions and arguments made in the past but which give consistency to the present hegemonic discourse. If in the period prior to the modern scientific revolution the norm was established by religion, and with the emergence of the scientific thought the norm passed to be defined by science, by the principles of reason and the scientific method, today one could venture to say that the governing norms and discursive formations (including the scientific field) are set down by the market with its productivity

and profitability logic. If liberalism influenced the formation of the nation states and the production relations in the modern era, today the neoliberal "principles" are still a reference for the production of goods and knowledge. Neoliberalism is what organizes the discourses, and now, the one responsible for the consequences of life events is the individual himself.

The market pragmatism also influences the academic production and the health field. Valorization of individualism, the excessive medicalization of everyday life, the attempt to increase the productive capacity at a maximum and reduce to a minimum the costs resulting from the population ageing (via medicaments, treatments, services and self-care) are new faces of the former biopower, in a "do-it-yourself" version. The rhetorical game and discursive formations are re-articulated on behalf of the processes rationality and freedom of individual choices.

According to Foucault¹³, our society is governed by the norm and mechanisms, in part medical, which distinguish normal from abnormal. Medicine "begins not to master what is external". Current medicine is everywhere and always has a word to say. Defining health standards and healthful behaviors and requiring individuals to act in compliance with such standards becomes, beyond the sheer therapeutic function, one of the main duties of the medical power. Society begins to regulate, organize, and condition itself according to the physical and mental standards that are determined by the medical processes.

Biomedicine begins then to tell you what you should eat, how you should exercise, how to regulate pleasure, how to control weight, blood pressure, the intake of calories, sodium and sugar, controlling what to drink, how to drink, what to smoke, where to smoke, regularity of clinical examinations, the use of drugs and treatments... And, if the symptoms persist - "Call the doctor!" - or, better still, for the symptoms not to appear - "Call the doctor!". Balance, prevention and moderation are watchwords. Do as you wish, as long as it conforms to the law and does not

compromise your productivity or increase the system costs.

The human body is present in the marketplace as a workforce suitable to the productive apparatus; this same body also enters the market as health consumers. The market includes the body as a workforce that is for sale and as health consumers who purchases drugs, services and procedures that require equipment ever more sophisticated. The biggest beneficiary of the profitability of the system is the pharmaceutical industry, to which the doctors themselves are also subjected, but the food industry also plays an active role in this process, once foods are transformed into drugs, marketed and consumed as "ingredients for a healthy life!" Physicians follow the prescriptions, studies, and technologies developed by the pharmaceutical industry, and ultimately become the advisors, representatives, and distributors of their products. They become dependent on exams made by sophisticated and expensive technologies.

According to Foucault, the birth of biopolitics cannot be dissociated from the political rationality within which it was gestated, i.e., from the political and economic liberalism. Thus, to think biopower today means also to think its relation with neoliberalism, with individualism, narcissism, hedonism and consumption. All this publicized by the media, enhanced by the commodification of medicine, by the growing hospital industry and facilitated by the pharmaceutical industry. If in the past the state was responsible for health, today individuals hold such responsibility, and the market will be the "provider" of the services.

The hegemonic discourse and its power strategies

Modern societies have a new power organization, which was once viewed as repressive and negative. Foucault realizes that in capitalism the repressive model is not effective. If the mechanisms of domination and its discursive

strategies were performed only in a violent way they would not be effective. The mechanisms of power become more subtle, naturalized, "pleasant and desirable." According to Foucault¹⁴, it is necessary to stop describing the power effects in negative terms: it "excludes," "represses," "subdues," "censors," "discriminates," "masks," "conceals." Actually, power produces reality; it produces the domains of objects and the rituals of truth. And publicity and the mass communication media are experts in masquerading reality, concealing conflicts and divergences, selling its products and services and strengthening the dominant ideology. They are discursive strategies that use lure, enticement and persuasion to produce "individual choices" according to the market's interests.

The hegemonic power that produces official, institutional, specialized discourse, therefore legitimated by society, establishes a close relationship with knowledge, becomes a producer of expertise and knowledge and, as a result, creates effects of power. Therefore, it becomes productive, positive, scientifically proven; it reproduces to generate a reality that suits its purposes; produces the means to dominate ideas, objects, senses, concepts and desires. By using the discursive strategies of scientific rationality through the "specialists' discourse", it captures desires, naturalizes itself while it is disseminated in different spaces of everyday life. For the knowledgeable, specialized public or the laypeople, such discourses either seem obvious, the most rational choice, a scientifically proven procedure, and therefore true.

Nevertheless, such discourses are not uniform, do not act together nor articulate from a central direction. According to Foucault¹⁴, the possibility of an existing power should not be looked for in the very first existence of a central point, in a single spot of sovereignty. Instead, power is everywhere, not because it embodies everything but because it may come from everywhere. It is not an institution nor a structure,

but a complex strategy. It does not reproduce itself from a center (of state, ruling class or a group of people). It reproduces from micro powers that extend over the social sphere without a center. The domination mechanisms are more subtle and make themselves acceptable to the dominated population. They incorporate an expressive number of tactics, effective norms, and disciplinary mechanisms of control and strategies that guarantee domination by the dominated themselves. Therefore, one should analyze power as something that circulates, or better still, as something that operates in a supply chain, because power works and operates through networks¹⁵.

The normative order does not intend to repress, punish, ban. Instead, it wants to produce docile bodies. It wants to be accepted and disseminated, wants to convince. Its tactics, therefore, is to persuade rationally, present itself as a more lucid, rational choice made by the individuals themselves and not imposed on them. Their major ingredients are "pleasure," "freedom of choice," and "rational conduct". The "healthy food" marketed by large chains that monopolize the distribution of foods and produced by transnational companies that standardize tastes, flavors and desires are examples of such chain of senses produced from foods.

Foods become medicaments, and the responsibility for the effectiveness of the "treatment" is of the individual himself. It is an "individual choice" - motivated by pleasure and by rational principles - which, apparently, are translated into interests, freedom, and autonomy of individuals. However, if one looks carefully at this social phenomenon one can see the marks of the biopower described by Foucault no longer on the hands of the state but provided by the market to individuals who have total "freedom to choose" what they want.

If power was once repressive, prohibitive, punitive, coercive and imperative, imposing rules of hygiene, behavior standards and public health

care, today power is normative, disciplinary, subtle, natural, and rational. Discipline and adherence to a diet, to regular physical exercises and to rational, balanced, and sparing options appear as an individual's free choice. Therefore, such control that once belonged to the state is now responsibility of the subject himself. The individual is then responsible for his choices and everything that happens to him is a consequence thereof. In this scenario, food occupies a prominent position because of the individual's responsibility and guilt in consuming inadequate foods and the risks that such "individual eating habits" may cause to the social safety and the health care system.

People are responsible for what they consume and more and more will be held accountable for the costs of their choices. Rather than control industrial food production, restrain large fast food chains, regulate advertisement of such products, especially to children, warn of the risks of the excessive consumption of soft drinks, and make efforts to improve work conditions so that people can eat better and with more time, the strategy used by the state is to individualize the blame and the costs for the citizens, overshadowing its responsibility in this process. The state's discourse continues to value the hegemonic medical rationality, market expansion, and the growth of the processed food industry. Its strategy to control obesity supports the perspective of putting the blame on individuals for their food choices and sedentary lifestyle. In other words, the hegemonic discourse omits the causes and puts the blame on the consequences.

It is worth remembering that all epistemological and conceptual positions present in such discourses express political issues and positions. Such positions, far from relating to merely abstract, theoretical, conceptual or "philosophic" issues, convey concrete relations of power and conflicts that will determine the theoretical and conceptual postulates on illness and human health. It is a struggle to determine

which model is more effective and true and, therefore, more able to manage public health policies. Thus, the discourse is not just a means to express a given position. On the contrary, it is the goal to be achieved. It is not simply what expresses the struggles or the domination systems, but what one fights for, the power one attempts to take over¹⁶. And in the field of health, the "true" discourse of the hegemonic sectors stands out, becoming an instrument of power. It expresses a "true willingness," it creates an institutional educational support to reinforce and conduct the practices, actions, the cognitive processes. It produces professional training centers that will reproduce its viewpoints in social struggles. Therefore, *"any system of education is a political way of maintaining or modifying the appropriation of discourses, along with the knowledge and powers that they carry"*¹⁶. One can also consider knowledge production centers as parts of this strategy, because *"what, after all, is an education system, other than the qualification and a fixing of the roles for speaking subjects, the constitution of a doctrinal group?"*¹⁶.

The holder of the hegemonic discourse, based on the principles of reason, science and market, defines ways of application of knowledge, mechanisms of distribution of symbolic power in the field, creating exclusion, classification and ordering systems. The fields of knowledge take over language and set truths, structuring forms, knowledge systems. They create symbolic values and exclude all those that do not follow their principles, just as modern science does. Such discourses consist of reformulations, exclusions, changes, or proscriptions, because like words, discourses cannot circulate freely, without commitments. Still according to Foucault¹⁶,

In a society like ours, procedures of 'exclusion' are well known. The most obvious and most familiar is 'prohibition'. We know quite well that we do not have the right to say everything in any circumstance whatever and that not

everyone has the right to speak of anything whatever⁽⁵⁾ (Author's translation and emphasis added, p.9).

From the discourses of the social actors in the health field, one can see the field conflicts, identify who can speak, who is allowed to speak or who determines what can be said and how it can be said. The speech is intrinsically linked to the person who utters it. What is said is not only the individual's responsibility, but it also gains importance, respectability, depending on the one who speaks, the position of the one who speaks, or the institution that speaks through the subjects who represent it. *"The order of discourse"*⁽¹⁶⁾ requires that anything that can be said should be thought out, scrutinized, modified and constructed in such a way that when one attempts to say the right word, the right argument, the most appropriate word, the discourse works and does not cause problems. Accordingly, the strategies (re)articulate, (re)use concepts, ideas or senses that were uttered in the past but can be "updated" in the present discourse.

The scientific discourse of a participant in a certain place of the field results not only from the wish of producing, disclosing or "updating" knowledge. Such discourse, necessarily, is articulated around conflicts, tensions and the dynamics existing in the core of the scientific medium where it is included. The question of authority is expressed as a form of disguising what is said personally, invoking the absent that is present and shows its strength⁽¹⁶⁾. The value of authority is to hide behind someone to suggest what he thinks without the need to be accountable for that. In the health field, through the biomedicine discourse, this is not different. It also reproduces the discourse of science, bringing implicit the weight of tradition built from the modern Western

science and its aura of reliability and commitment with truth. A proposition that is not shared by the participants in the field is not accepted or respected. It must be in agreement with the current model. It is not just saying the truth, it is necessary to say it according to the discourse that is considered true.

Food, Nutrition and Public Health

The constitution, institutionalization and strengthening of the Food and Nutrition field occur in a dialogue with the public health field⁽¹⁷⁾. Such dialogue introduces new elements for the production of knowledge for nutrition professionals, without being dissolved or de-characterized by the incorporation of public health issues. On the contrary, such approach allowed widening the perception of the feeding act far beyond its nutritional, biological, biomedical or, why not say, epistemological parameters. According to the authors, such

Epistemological clashes present themselves as intrinsically political, as shown in the conflicts and disputes in the praxis and conceptual levels. Thus, examining the movement of knowledge in the constitution of the fields involves dealing with "paradigmatic" issues, that is, tensions between the conceptual structures that also operate in the interior of the field, related either to the conceptions or the practices that result from or are related to them⁽⁶⁾ (Author's translation, p.8)⁽¹⁷⁾.

Such confrontations are part of the conflicts mentioned earlier and constitute the essence of the disputes in the health field and now, more specifically, in the field of Food and

⁵ "Em uma sociedade como a nossa, conhecemos, é certo, procedimentos de 'exclusão'. O mais evidente, o mais familiar também, é a 'interdição'. Sabe-se que não se tem o direito de dizer tudo em qualquer circunstância, que **qualquer um, enfim, não pode falar de qualquer coisa**".

⁶ "Embates epistemológicos revelam-se como intrinsecamente políticos, tal como se evidencia nos conflitos e disputas que se processam nos planos conceitual e da práxis. Assim, examinar o movimento dos saberes na constituição de campos implica tratar com tensões "paradigmáticas", ou seja, tensões entre estruturas conceituais que também operam no interior do campo, no que concerne tanto às concepções quanto às práticas delas decorrentes ou a elas relacionadas".

Nutrition, in its process of formation. By incorporating the symbolic, theoretical and conceptual universe of the humanities, the field of food and nutrition makes a qualitative leap towards a better understanding of the processes, producing studies more suitable to the reality, realizing the subtleties and different nuances of nutrition practices of each individual or social group. Understanding the illness processes, what is considered healthful or the complexity of phenomena reflexively akin to dietary patterns necessarily goes through the incorporation of the knowledge of the Social Sciences, which has different symbolic structures to influence the ways of thinking, feeling, acting, and eating. Thus, it is a matter of understanding, in the Weberian meaning of the term, what supports the social actions, which expectations are present in a plain feeding act, reminding that nothing is just natural and biological in man; man's actions are permeated by symbolic issues, social codes, moral values, religious beliefs, cultural patterns and economic interests. Reminding, still, that the discourses produced in these two fields reflect the tensions to which each one is exposed in its relation with biomedicine.

Food and health are goods available in the symbolic and economic markets. In a globalized economy, transnational companies monopolize food production and distribution, thus "guiding" the consumption of the products, whether foods or drugs, through advertising strategies that provide specific symbolic values, which, in turn, reinforce the popularization of certain products, the standardization of tastes and habits, mass consumption, and uniformed production processes. In this logic, health, education and food become commodities, products offered on a global scale, reproducing consumerism, individualism and hedonism worldwide. Both health and food are "contaminated" by this logic of reification, concretism, where life and human relationships are converted into goods, objects of consumption. As mentioned earlier, biopower strategies are today "cross-dressed" into "natural and healthful

choices", but one cannot forget that such choices are mostly determined by the market.

One cannot think of such life dimensions (food, nutrition, health, and consumption) without taking into consideration the internal disputes of each field, the relationships with social actors, agents, and institutions of other fields. Likewise, restricting such different fields to the disciplinary specialties of the traditional academic world would not be effective because they are essentially transdisciplinary matters. Such relations are complex, such knowledge involve different disciplines, expertise and practices, share theoretical references, is subjected to the same ideological influences and is part of the globalized market, ruled by the neoliberal "ethics". It is worth noting that the production of scientific knowledge is not free from such influences and tensions either, it is under pressure for productivity increase, pragmatism, and applicability of researches, and is led to a market that is even operated by development agencies and corporate and institutional interests.

The production of scientific knowledge in the field of food and nutrition therefore is not neutral. It conveys the conflicts of the health field, the discursive strategies at stake, the institutional demands, the departmental disputes, the struggle for academic legitimacy, and the relations that are established with the consumption universe, reproducing the issues related to the discourse cited by Foucault. The discourses produced in the field put in direct confrontation the hegemonic and counter-hegemonic interests, political strategies that are camouflaged with "abstract" epistemological discussions, strategies to lure customers, life standardization and medicalization.

In this sense, the contemporary theoretical-conceptual postulates on illness, health, or nutrition reflect the dynamics of the academic debate and political disputes and at the same time convey the interests of a biopolitics that represents the market interests. Far from being neutral, abstract, or merely conceptual postulates, detached from real life and social dynamics, they are

instances of power in conflict, and these disputes reveal structural conflicts, political disagreements and discursive formations.

According to Foucault, in the past the relations between the State, Politics and Medicine produced a kind of health statetization, in which the medical authority established power relations that traversed the entire social tissue. However, today one can see two simultaneous movements. On the one hand, one sees the privatization of medicine, which is controlled by market parameters via neoliberal policies, and on the other hand, the appreciation of individualism, placing the responsibility for the medical care under the responsibility (and costs) of the subject himself. Thus, it is necessary to resume such Foucaultian concepts to better understand this process and create other strategies to support those that are in a counter-hegemonic position.

CONTRIBUTIONS

FR FERREIRA worked in all stages of production of the manuscript, from conception and design to the final version. SD PRADO, MCVS CARVALHO and FB KRAEMER contributed to the construction of the paper and final version.

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