Proceedings of CONF-BPS 2026 Symposium: Sustainability Transitions and Regional Economic Restructuring in New Contexts
DOI: 10.54254/2754-1169/2026.NJ31264

The Reconfiguration of 'Care of the Self' and Public Health under Neoliberal Governmentality: Biopolitical Technologies of Subjectivation

Zhanhuan Su

Department of Anthropology, University College London (UCL), London, United Kingdom
zcsazsu@ucl.ac.uk

Abstract. This paper explores how neoliberal governance techniques reconstruct public health and self-care ethics into a technology for producing self-responsible and governable subjects. Set against the backdrop of contemporary biopolitical power transformation, the study emphasizes how scientific rationalism and liberal discourse work together as key governance mechanisms. The analysis reveals two main findings. First, scientific rationalism, through health standards, evidence-based medicine, and expert authority, transforms biopolitical norms into moral obligations, health into personal responsibility, and redefines structural inequality as personal failure. This creates a neoliberal subject characterized by self- regulation, optimization, and "responsible freedom." Second, in the context of the COVID-19 pandemic, governance expands to a dual mechanism of biopolitics and psychopolitics. Fear, visibility, and datafication, as emotional technologies, induce self-monitoring, emotional resilience, and voluntary obedience. This process shapes "resilient subjects" whose freedom is primarily exercised through continuous adaptation to external directives. These findings suggest that neoliberal public health mechanisms do not merely safeguard life; they restructure life into a governable domain where care becomes a means of control. This article argues that overcoming this paradigm requires reimagining care and resilience that transcends self- responsibility, moving towards creative, relational, and life-affirming forms of subjectivity.

Keywords: Reconfiguration of 'care of the self, public health, neoliberal governmentality.

1. Introduction

Within the framework of contemporary neoliberal governance technologies, the logic of power operation is undergoing profound transformation. Modern state rule no longer relies primarily on external coercion or direct sovereign measures but instead achieves social management by shaping individual subjectivity. Scientific rationalism and the discourse of "freedom" play central roles in this process, jointly constructing the operational mechanisms of knowledge-power and freedom-power, thereby furnishing legitimacy to the neoliberal governance discourse.

Foucault's concept of governmentality marks a shift from coercive rule to the governance of subjectivity through the "care of the self" [1]. Under neoliberalism, this ethical practice becomes a

DOI: 10.54254/2754-1169/2026.NJ31264

disciplinary technology that molds individuals into self-responsible, productive, and optimising subjects [2]. Scientific rationalism legitimises this process by translating social norms of health and efficiency into moral obligations, transforming public health into a dispositif of biopolitical control. Within this framework, the neoliberal subject embodies paradoxical freedom—autonomous yet constrained. As Reid note, the discourse of "resilience" aestheticises survival, turning adaptability into virtue [1].

Scientific rationalism and discourses of freedom both play pivotal roles within the governance structures of neoliberal politics. Scientific rationalism constructs social norms centred on health, efficiency, and risk management under the banner of reason and objectivity, establishing biopolitical governance over individuals and groups through authoritative knowledge systems. This logic manifests particularly prominently within the public health sphere. The discourse of scientific rationalism not only defines the meaning of "health" but also shapes the constituent elements of a "quality life". Similarly, within the discourse of liberty, the state fosters citizens' internalisation of risk by cultivating an "autonomous subject", thereby transforming them into self-responsible individuals and delegating the state's sense of responsibility.

This analysis unfolds within this theoretical framework. It explores how scientific rationalism synergises with neoliberal governance techniques to forge two distinct subjectivities: firstly, the neoliberal subject centred on self- responsibility, free choice, and self-optimisation; secondly, a subject whose life form is reduced to pure biological existence, stripped of political agency. Through an analysis of the public health sphere—particularly health metrics and COVID-19 governance—this paper will reveal how scientific rationalism achieves the redistribution of power and the reproduction of subjects within the dual semantic framework of 'freedom' and 'security,' thereby exposing the complexities of contemporary biopolitics.

2. The mechanism of neoliberal governance [revealing the neoliberalism mechanism and pattern

Within the framework of neoliberal governance techniques, subjects exhibit two starkly contrasting tendencies, corresponding to the two subject types examined in this paper: the self-responsible subject and the subject reduced to a biological entity. Subsequent chapters will examine the mechanisms of production and discipline of the 'ideal healthy individual' within the liberal context through the lens of governance and scientific rationality discourse, particularly as manifested in private healthcare institutions and large-scale epidemic management. However, before delving into specific case analyses, this section first aims to reveal the operational mechanisms of Foucauldian neoliberal governance.

Foucault's later research marked a shift from his early focus on micro-disciplinary mechanisms (such as panoptic surveillance and bodily norms) towards macro-level analysis of the modern state and its governance structures. In his 1977–1978 lecture series Security, Territory, Population, Foucault identified the fundamental transformation of modern power logic as its decentralisation and diffusion. He proposed that the shift from 'police-like' control to 'pastoral' governance signified power no longer relying on the sovereign coercion of the early modern state, but instead achieving governance through guiding, caring for, and regulating individual [2]. This pastoral power, while superficially relaxing direct state intervention, does not represent a decline of power but rather a deeper practice of re-disciplining.

As Nicholas Rose observes in The Power of Freedom, under neoliberal rationality, individuals are 'compelled to acquire freedom' [3]. Freedom serves both as the precondition for the exercise of power and as its medium. Government no longer dictates lifestyles through command but instead

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employs a series of ethical- political mechanisms to induce individuals to self-regulate and self-govern under the banner of 'free choice.' This logic has triggered a new process of 'rescientification' within the modern state.

This governance mechanism establishes the neoliberal value order through scientific rational discourse, indirectly shaping the formation of the civic subject. With the decentralisation of sovereign power, responsibility and self- discipline become internalised as personal virtues, cultivating an entrepreneurial subject within the liberal governance framework. Resilience has become a variant of the logic of governmentality on a global scale [4]. This subject is characterised by proactive self-investment, self-management, and performance orientation. This gave rise to the concept of the 'resilient subject'. Reid observes that within the neoliberal context, citizens are moulded into individuals possessing self-regulatory capacity, personal accountability, and adaptability. As the state progressively withdraws from direct intervention in public welfare, health, and education, these responsibilities are transferred to the individual [5].

Thus, despite the apparent diminishment of overt state coercion, a more covert form of governance emerges—one mediated by scientific rationality and discourses of freedom. As ethnography demonstrates, physicians participate in governance, and strategies and techniques are integrated with formal authority into the political strategies of strong government actors [6]. The narratives of 'empowerment,' 'choice,' and 'self-optimisation,' it enables individuals to voluntarily internalise social norms within a framework of 'guided freedom.' This invisible power structure elevates scientific rationality to the language of governance, moulding expert discourse into the sole source of truth. It thereby compels individuals to engage in self-discipline and self-optimisation within the rationalised mechanisms established by the state.

Against this backdrop, scientific rationalism not only intensifies state control over individuals but also constructs a heterogeneous network of governance woven from discourse, institutions, technology, knowledge, and subject practices. Its influence manifests both in micro-level behavioural discipline and extends to macro-level political operations. The research of Agamben and Fassin further expands this analytical dimension of biopolitics, noting that the focus of state governance has shifted from the individual to the management of the entire population. In this process, individual subjectivity is progressively depoliticised into a purely biological existence—a life form to be measured, categorised, and optimised.

This 'biologised governance' draws its power-knowledge foundation from scientific rationality, defining life's value and governability through the monopoly of expert systems and technical discourse. In other words, it determines not only 'who is allowed to survive' but also 'who can be discarded'. Neoliberal governance thus achieves the reproduction and re-disciplining of subjects under the banner of liberty, health, and science. The following section will further examine how governments and states, within the neoliberal context of the twentieth century, employ scientific rationality to shape citizens within the public health sphere as individuals who are 'self- responsible yet stripped of agency'.

3. Public health as a dispositif and the neoliberal subjectivation process

In the preceding argument, this paper primarily draws upon Foucault's framework of 'biopower/biopolitics' from Security, Territory, Population to reveal how scientific rationalism aligns with governmental governance to form a 'power–knowledge' system of governance [6]. This system implements discipline and management at both the individual and collective levels.

The subsequent sections shall focus on two aspects within the public health domain: How the discourse of health standards established by scientific rationalism constructs a neoliberal subject

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centred on self-responsibility. Against the backdrop of an epidemic (taking COVID-19 as an example), how science and liberty intertwine with state power to enact biopolitical governance over the “population”.

3.1. Individual health standard management

In the context of public health crises, neoliberal governance models emphasize individual health responsibility while downplaying structural factors, thereby reshaping the relationship between health subjects and governance technologies [7]. Within the context of neoliberal governance, health is understood not merely as a physiological state, but increasingly as a benchmark for individual self-management and societal value assessment. Under the neoliberal framework, health is no longer just a physiological state but has become a standard expected to be managed by the individual. Health thus transforms into a moral and political obligation—individuals achieve recognised “health subjectivity” through continuous self-regulation, and it is precisely this subjectivity that constitutes the very foundation upon which governance can be exercised.

Oda Woll Naug examines how neoliberal governance logic manifests within Norwegian local government mental health services—particularly for individuals with dual diagnoses, i.e., concurrent mental illness and substance misuse—shaping service provision and inequality through the discourse of individualization [7].

Specifically, the core neoliberal governance concept of the “logic of self-responsibility” has become institutionalized within Norway's mental health system through the discourses of recovery and evidence-based practice. This process reflects a power shift from the “welfare state” to the “self-governing state”: patients are no longer viewed as passive recipients requiring long-term care, but are instead reshaped into “active subjects” who should proactively self-manage, self-motivate, and take responsibility for their own recovery. This ostensible 'empowerment’ resonates with Foucault's discourse on liberty—where power and freedom intersect, with liberty enabling the exercise of power. Empowerment manifests as a form of liberty, manipulated through liberal discourses into a mechanism of responsibilities—where patients are required to adapt to the healthcare system through self-regulation and self-optimization.

Within this governance framework, the patient's subjectivity manifests a dual structural paradox: they are simultaneously regarded as capable agents and incapacitated objects.

As indicated above, patients are shaped into individuals responsible for their own health. Yet conversely, the very diagnoses of mental illness and addiction define them as a group lacking rational judgement and self-management capabilities, requiring education, supervision, and regulation. When a healthcare system demands patients to be 'self-responsible,’ 'actively cooperative,’ and 'independently rehabilitated,’ it implicitly assumes that everyone possesses sufficient health capital to achieve these outcomes. This approach overlooks structural societal issues, rendering social inequalities (in education, class, and resource disparities) to appear as 'personal failings.’ Consequently, marginalised groups often receive unequal treatment within healthcare systems, where an implicit 'moral boundary’ exists determining who is a 'worthy’ patient constitutes symbolic violence that legitimises group exclusion, this thereby creates a moral deficit. This social exclusion is similarly reflected in the research conducted in North America examining the biomedical dominance system's lack of sensitivity towards diversity and anti-oppressive approaches.

The authors note that the current biomedical dominance, underpinned by neoliberal governance logic, exhibits a lack of sensitivity towards diversity and anti-oppressive issues. Its internal policy and practice frameworks frequently substitute an understanding of social differences and historical

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contexts with a universalised model of individual pathology. Research indicates that Indigenous peoples, African Canadians, transgender individuals and other groups face systemic exclusion and discrimination within mental health services. This reflects the biomedical paradigm's inability to address 'difference' and 'social injustice', systematically excluding factors such as social violence and institutional discrimination from explanatory frameworks. Consequently, the biomedical model under neoliberalism struggles to engage with issues like historical trauma, cultural differences and structural violence [8].

Overall, from Norway to North America, mental health systems under neoliberal governance demonstrate how health is established as a yardstick for social participation and moral worth, with 'self-responsibility' emerging as a new civic duty. Through this mechanism, structural inequalities are reframed as individual failings, and social exclusion is re-legitimised under the guise of "rationalisation" and 'scientification'.

3.2. COVID-19 management

Some scholars contend that Michel Foucault's analytical framework concerning sovereignty, discipline, biopolitics, and governmentality can be applied to understand pandemic governance within the context of contemporary COVID-19 responses [9].

Within this framework, state power manifests multiple operational logics: on the one hand, the state integrates sovereign means with political discourses concerning "freedom", thereby intensifying surveillance over citizens' bodies and regulating their conduct. Jayasinghe points out that in the governance of COVID-19, "life" is transformed into a measurable, traceable, and calculable governance object, thereby reinforcing the biopolitical logic in government [10]. Under these conditions, the political nature of citizens gradually recedes, reducing them to biological entities amenable to collective management.

Integrating the above scholarly perspectives reveals that the core of COVID-19 governance lies not merely in the biological imperative of "preserving life", but rather in transforming "life" itself into a datafied, emotionalised and governable object. Fear, information and visibility emerge as new mediators of governance, rendering "governed life" simultaneously a "subject of self-governance". As Um emphasises, this governance structure exhibits marked differential characteristics: while reproducing inequalities of racialised, gendered, and geographically stratified hierarchies, it also exposes the fundamental contradiction of neoliberal biopolitics— namely, the implementation of control, exclusion, and differentiation under the banner of 'caring for life.' This body is not only an object of governance but is also shaped into a participant in governance. Through the ethics of 'self-responsibility', neoliberal governance techniques guide individuals to regard health and safety as personal obligations rather than collective responsibilities of society or the state [11]. In the pandemic context, this ethic manifests as an emphasis on 'self-protection,' 'psychological resilience,' and 'positive adaptation': citizens are required to diligently adhere to epidemic prevention measures, monitor their own health, and maintain psychological optimism and self-regulation. Superficially, this governance logic grants individuals autonomy and agency; in reality, however, it internalises structural risks and societal ills as personal failures, transforming 'survival' into an ongoing exercise in self-restraint.

The resulting "resilient subject" constitutes a key product of neoliberal biopolitics. Such subjects are summoned in crises to be 'flexible,' 'adaptive,' and 'reconstructive,' their freedom manifested not in genuine autonomy but in perpetual self-adjustment to conform to external governance objectives. Pandemic governance thus reveals a paradox: while the state implements comprehensive discipline in the name of biopolitics, it simultaneously encourages individual self-management and emotional

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self-regulation through psych political means. This dual discourse of “care” and 'control’ reshapes modern subjectivity.

4. Conclusion

This paper employs public health mechanisms as its core analytical focus to demonstrate how neoliberal governance techniques fundamentally reconfigure the civic subject through the framework of knowledge/power and liberty/power, transforming it into compliant yet self-accountable individuals. Through the institutionalisation of scientific rationalism, health has shifted from a collective right to an individual moral obligation, while liberty itself has become the primary instrument of control. Under neoliberalism, the rhetoric of empowerment, self- optimisation, and resilience masks the redistribution of social risks from the state to the individual. Public health mechanisms—operating through health metrics, evidence-based medicine, and affective governance—no longer merely protect life but normalise a biocommunal citizenship wherein individuals internalise state objectives as personal ethics of self-care. The COVID-19 pandemic has laid bare the culmination of this shift: the fusion of psychopolitics and biopolitics, where fear, data, and visibility mediate the management of life. Ultimately, neoliberal governance has not abolished Foucault's pastoral power but expanded it—transforming care into control, liberty into obligation, and health into a mechanism for moral and political differentiation. This has engendered a paradoxical subjectivity: citizens are simultaneously autonomous and constrained, empowered and disenfranchised, resilient and expendable.

From a philosophical perspective, this transformation reveals the deeper logic of neoliberal governance techniques: the fusion of ethics and power through the instrumentalisation of life itself. The neoliberal subject no longer governs itself in pursuit of moral freedom, as in traditional notions of self-care, but instead serves market rationality and risk management. Foucault's so-called 'techniques of the self’ have been subsumed under governance technologies, where self-knowledge is no longer a pathway to liberation but a site of regulation. In this sense, neoliberalism achieves biopolitical construction by internalizing power within practices of self-care, rendering freedom a condition of compliance.

Looking ahead, transcending neoliberal rationality to rethink “care” and “health” requires not only critically exposing the self-discipline and illusions of freedom imposed upon individuals by modern governance, but also reconceptualising the ethical and affective dimensions of the subject. To break the shackles of the 'self- responsible’ subject and the loss of individual political agency, scholars advocate resisting this nihilistic logic of governance through an aesthetic perspective of creativity. Particularly, Deleuze and Spinoza's framework of 'creative life’ calls for the potency of life to be understood not as an adaptive capacity, but as the capacity to affect and be affected. Thus, genuine 'resilience’ lies not in resisting risk, but in generating new forms and relationships within risk itself. Consequently, this paper contends that the neoliberal passive individual is not beyond redemption. Crucially, citizens can engage in creative reconstruction within their circumstances, restoring life as a practice capable of feeling, symbiosis, and creation.

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