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Themes of Biopower in *The Spirit Catches You and You Fall Down*

Introduction

From the Balkan Wars to the current displacement of Syrians, the United States has taken part in the resettlement of hundreds of thousands of refugees. Because of this, the U.S. is often coined as “the melting pot.” However, miscommunication is inevitable when attempting to weave so many cultures together. This cross-cultural miscommunication is a complicating factor when engaging with American institutions. These complications are especially severe when dealing with life-saving institutions such as the hospital. When the dominant culture has control over these life-saving institutions, they can often exert power over those who are outsiders. Michel Foucault famously coined the term “biopower,” the power over life and death, and also discussed the idea of “necropolitics,” the institutionalized ability to control the functions of death. He discusses both issues in his book *The History of Sexuality: An Introduction* in his last chapter “Right of Death and Power Over Life.” Issues of power over life are very prevalent in the book *The Spirit Catches You and You Fall Down* and can be analyzed through Foucault’s understanding of power over life. Power over Lia’s life is institutionally held by doctors and social workers because they have been given institutional biopower over Lia’s parents due to the fact that American doctors have supposedly “superior” knowledge that is informed by the Western period of Enlightenment. This ideology is dogmatic rather than an embodiment of progress.

First of all, it is important to understand the medical situation of Lia and the ideology of the adults around her. Lia Lee was a Hmong-American child from Merced, California who began having epileptic seizures at three months old. Lia’s Hmong parents believed that her epilepsy

was due to her spirit being scared away when her sister slammed a door.¹ Additionally, Lia's seizures were considered to be symptomatic of a spiritual gift in Hmong culture rather than the result of a neurological disorder. Lia's doctors on the other hand did not believe in seizures as a spiritual gift and rather saw it as a dangerous neurological disease. Lia continued to have severe seizures (grand mal seizures) through her early childhood. Due to cross-cultural differences and language barriers, Lia's parents were unable to provide the consistent pharmaceutical care that she needed. Due to this difference, Lia's physician reported Lia's parents as negligent and had Lia placed under the care of the state.² Her foster parents provided medical care as prescribed by the doctors but Lia actually seized more. Eventually, Lia was returned to her parents but continued to have large seizures despite regular use of her medications. Eventually Lia contracted several infections, went into septic shock, and had a devastating grand mal seizure. The culmination of these complicating factors left her in a permanently damaged neurological state for the remainder of her life.

In order to understand the conflict between Lia's Hmong family and the American medical system, it is important to understand the conflicting worldviews. Lia's parents were informed by their distinctly Hmong worldview and Lia's medical team was informed by Western Enlightenment ideology. Lia's parents had been placed in Merced, California in 1980, after living in a Thai refugee camp after the Vietnam War and the clandestine war in Laos and Vietnam. Until moving to the United States, neither of Lia's parents had been outside of Southeast Asia. Furthermore, neither of them were "cosmopolitan" or wealthy people and were illiterate farmers from the highlands of Laos. This means that neither of them knew how to read

¹ Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (New York: Farrar, Straus, and Giroux, 1997), 22-24.

² Anne, Fadiman pp. 80-81

or write in their own language, let alone in English. They retained traditional knowledge of the body and medicine and were thus informed by that knowledge when Lia began having epileptic seizures. Lia's parents' cultural understanding of medicine emphasized the curative power of shaman healers, herbs, and animal sacrifices.³ Furthermore, the Lees were part of a long history of fighting assimilation. Fadiman mentions that the Hmong people were often nomadic or lived in mountain communities because they were constantly on the run from genocide or assimilation into majority cultures. Lia's parents were from the mountains of Laos where the Hmong secluded themselves in self-sustaining villages so that they would not interact with the lowland Lao.⁴ Ultimately, this deep cultural history of resisting assimilation contributes to a deep cultural conflict when it comes to power and cultural hierarchies.

On the other hand, the doctors were informed by the Enlightenment. The Enlightenment was an eighteenth century intellectual movement that privileged scientific methods of reason over religious ones. It was thought to be an age of "reason" with a popularized call to "Dare to Know" by Immanuel Kant. Significant advances in "Western" medicine and technology developed out of this movement and religion or spirituality was heavily deemphasized. The United States also experienced this movement and is therefore a product of the Enlightenment.⁵ Michel Foucault posits that people in Western modernity are beings who are "historically determined, to a certain extent, by the Enlightenment."⁶ In other words, the American doctors

³ Anne Fadiman. pp. 122-125

⁴ Anne Fadiman. pp. 12-13

⁵ "The Enlightenment." In *Arts and Humanities Through the Eras*, edited by Edward I. Bleiberg, James Allan Evans, Kristen Mossler Figg, Philip M. Soergel, and John Block Friedman, 304-306. Vol. 5, The Age of the Baroque and Enlightenment 1600-1800. Detroit: Gale, 2005. *Gale Virtual Reference Library* (accessed December 3, 2016). <http://go.galegroup.com/ps/i.do?p=GVRL&sw=w&u=taco25438&v=2.1&it=r&id=GALE%7CCX3427400900&asid=5d8002d8bf84accaba1e7148b55527a9>.

⁶ Michel Foucault, "What is the Enlightenment" in Paul Rabinow, editor, *The Foucault Reader*. (New York: Pantheon Books, 1984). Pp. 43

and their style of medicine are products of Enlightenment reasoning. Michel Foucault theorizes about Enlightenment ideology and offers a helpful framework for systems of power and knowledge.

It is important to understand Michel Foucault's background and understanding of power and knowledge. Foucault wrote extensively on power, knowledge, and structures. Michel Foucault's understanding of power and knowledge was rooted in his curiosity over the regulation of sexuality which related to his own sexuality as a gay man. Foucault wrote on discipline, power, and knowledge in his chapter "The body of the condemned." Foucault states that "power produces knowledge" and that they "directly imply each other."⁷ In other words, Foucault is saying that the ability to hold power lays amongst those who have knowledge. At the same time, the knowledge that is valued is assessed by those in power. This understanding of power and knowledge feeds into his other theory of biopower.

Foucault wrote on the regulation of life and death. This regulation is divided into biopower, biopolitics, necropower, and necropolitics. Biopower is essentially the power over life and its processes (e.g. birth, illness, reproduction, etc) and biopolitics is the institutionalization of that power. On the other hand, necropower is the power over death and its processes (death, killing, burial, etc.) with necropolitics being the institutionalization of it⁸ Foucault applies this to the way that the nation state uses its institutions to supervise, regulate, and discipline its population.⁹ Ultimately, the state's ability to rule over death constitutes "necropolitics." Foucault suggests that there was originally "sovereign power."¹⁰ This was often a single ruler who would pass down decisions of life or death. Foucault posits that most societies have moved beyond "sovereign" power and now exist in bureaucratic models numerous sectors that affect people's lives in more covert ways. For example, the state runs essential social welfare programs such as healthcare or food assistance. These programs can constitute if someone is able to sustain a healthy life or if they are subject to death by lack of health care or food. Many politicians are proponents for stricter regulation and qualifications for state-run social programs, such as drug testing to receive welfare.

⁷ Michel Foucault. "The body of the condemned," in *Discipline and Punish: The Birth of the Prison*. (New York: Vintage Books, 1995), pp. 27

⁸ "Key Concepts." Michel-foucault.com/ Concepts. Accessed December 02, 2016. <http://www.michel-foucault.com/concepts/>.

⁹ Michel Foucault. *The History of Sexuality*. New York: Pantheon Books, 1978. pp. 136-138

¹⁰ Michel, Foucault. pp. 136

These regulations and restrictions on who can receive social welfare are a type of necropolitics. In this case, the state is exerting power over its population to regulate life-sustaining resources. In other words, the state can essentially choose who lives and who dies.¹¹

Furthermore, Foucault reflects that the Enlightenment, and other seemingly liberatory movements, are actually just a perpetuation of regulatory processes and dominant ideology power struggles. Foucault expresses his skepticism towards the idea of progress in both *The History of Sexuality* and in *What is the Enlightenment?* For example, in *the History of Sexuality* Foucault discusses the sexual liberation movement and compares the radical liberationists to Franciscan friars. He posits that by creating their own ideology and rhetoric through which they believe sex ought to be discussed, they are recreating their own theology and hegemony. Additionally, in his reflection *What is the Enlightenment?*, Foucault critiques the ultimate authority of the Enlightenment. He does not deny the significance or the merits of the Enlightenment but rather feels that he should question anything that presents itself as the “authoritarian truth.”¹² Essentially, Foucault was skeptical of the fact that the ideology that emerged from the Enlightenment then positions reason and science as the ultimate truth. This ties back to Foucault’s comparison of sexual liberationists to Franciscan friars. In both cases, Foucault posits that new ideologies seem to simply replace the old dogma while still upholding superiority. Foucault might say that certain aspects of the Enlightenment ended up transferring the dominant “truth” from the church to “secular” institutions of scientific reason. Many conflicts and interactions between the Lees and the doctors arise that tie directly to Foucauldian understandings of power, knowledge, and progress.

¹¹ Jae Bates, *Foucault & Mbembe: Necropolitics & Biopower* for Prof. Heather White’s class “GQS 360.” November 02, 2016. pp. 1-2

¹² Michel Foucault, “*What is the Enlightenment?*” pp. 43

Power & Knowledge

The first time that the American medical system is able to exert its biopower over Lia is during the diagnostic process. Lia's family sought out the help of the hospital, however, their knowledge of Lia's situation was not asked nor was the hospital linguistically accessible for Hmong patients. In other words, even if the doctors wanted the Lee's opinion of Lia's situation they would not have been able to get it because they lacked interpreters despite their large population of Hmong patients. When Lia is brought to the hospital, the resident does a series of X-rays and Lia is misdiagnosed with "early bronchiopneumonia." Although the doctor does not have direct access to a Hmong interpreter, he also does not attempt to locate any Hmong staff.¹³ Ultimately, Lia goes several more months with unchecked seizures because the resident and radiologist believe that their knowledge and deductive reasoning is correct. This ties back to the idea that doctors' dominant medical ideology is privileged and therefore they can exert biopower over Lia. Their ability to simply misdiagnose Lia and then treat her without allowing her parents to have agency shows a sense of medical superiority. In other words, the doctors believe that they are able to come to the most correct conclusion because they have the power of medical knowledge and reasoning on their side.

The final diagnosis itself also contains issues of power imbalances which are exacerbated by the inability for full communication. The Lees did in fact know what was going on, however, they knew what was going on within their own worldview. Fadiman mentions that no one, aside from the Lee's social worker, made an attempt at asking the Lees why they thought Lia was having seizures. Medical staff had no idea that the Lees believed Lia's seizures were caused by

¹³ Anne Fadiman, pp. 24-26

her lost spirit and that it meant she was divine; similarly, the Lees had no idea that the doctors believed that it was caused by an “electrochemical storm” inside of Lia’s head.¹⁴ However, despite both parties having their own clear idea of what was happening to Lia, the doctor’s diagnosis is what is ultimately treated as the truth by the government and courts during the later conflicts over the Lee’s parenting. Although probably not intentional, this lack of patient input shows that the doctors see their knowledge as inherently correct. In fact, the lack of intentionality is actually symptomatic of the doctors believing that their worldview is the truth. This is to say that the doctors did not think to have anyone ask the Lees what their view of Lia’s condition was because they did not think it would add anything worthwhile.

Additionally, the only way they can be disproven is through another diagnosis by a qualified Western medical doctor. For example, the parents are not asked to provide their expert opinion on Lia when she is initially misdiagnosed. To reiterate, the staff at the medical center continue to think it is just a case of pneumonia until another doctor treats her seizures and realizes the pneumonia was a symptom of her seizures.¹⁵ This illustrates how Lia’s parents were continually ignored and how only those within the same genealogy of the Enlightenment can disprove each other. While it is true that the doctors’ ability to involve the Lees in Lia’s care was compromised by language barriers, communication was not impossible. Again, there were several Hmong staff and nurses at the medical center that spoke both English and Hmoob. Moreover, epilepsy (*quag dabpeg*) is an important enough illness in Hmong culture that the Lee’s views could have been communicated.

¹⁴ Anne Fadiman pp. 22

¹⁵ Anne Fadiman, pp. 24-26

After the diagnosis the treatment plan that is made makes the physician's biopower more apparent. To reiterate, treatment of illness is considered a regulation of life by Foucault's theory of biopower. The government holds biopower because they control Lia, because even if the Lees refused consent, the doctors would have power to render the parents powerless—for example, when the doctors have Lia put in foster care. This is because their knowledge system is viewed as containing the most effective power, and therefore her parent's power over Lia's life does not matter. Fadiman writes about all of the medications and treatments that Lia receives following her diagnosis. The primary issues of power and knowledge lay within the use of written consent and the identification of the Lees as noncompliant. Fadiman mentions that Hmong patients often decline consent for treatment when asked for it verbally or when consent forms could be properly translated.

However, written consent was usually an issue because the Lees were not literate in Hmoob, their own language, let alone English. One Hmong person who was interviewed said, "Hmong should never sign anything at MCMC. The student doctors just want to experiment on the poor people and they kill the poor people." Since the purpose for the written consent form is misunderstood, there is a clear power imbalance regarding this written form. If written consent forms for medical procedures cannot be adequately translated for a Hmong patient (or any English-Second Language patient), then the patient cannot be fully consenting. Foucauldian understanding of power and knowledge argues that the knowledge of the English language produces the power over the situation. The power to choose is inherently tied to the knowledge of English language systems. The western medical system unintentionally sends the message that only those who have the knowledge of English literacy can have the power of agency over their

own lives. The doctor's knowledge of western medical procedures and their language gives them dominance over the Lees.

Furthermore, even when the Lees attempted to comply with the pharmaceutical regimen that the doctors prescribed, the patient and her family were completely illiterate and did not understand Western constructions of time, numbers, or how medications worked. This resulted in the Lees being labeled as noncompliant.¹⁶ In other words, because the Lees did not have Western knowledge, then they were viewed as a threat to the hegemonic culture of Western medicine. This results in the parents being labeled as noncompliant because they do not have the standard knowledge that would give them access to power. The idea of "noncompliance" indicates that there is some ultimate rule that should be "complied" to and indicates a hierarchy of knowledge. Foucault's theory of biopower says that ruling group has the ability to "qualify, measure, appraise, and hierarchize"¹⁷ in order to control life. In the case of the Merced Community Medical Center, the dominant ideology is the medical opinions of the doctors and nurses and Lia's parents are assessed as having no knowledge, despite their possession of Hmong knowledge, and therefore low on the hierarchy in the hospital.

Foucauldian understandings of power and knowledge posit that the medical system that was born from the Enlightenment is actually not progressive, but is rather a recreation of dogmatic theology in the form of "medicine." Foucault mentioned the idea of "blackmail" in his reflection on the period of Enlightenment. He discussed how whether someone is "for" or "against" the Enlightenment, we are all structured by it. In the case of the medical system, patients are free to withhold their consent or disagree with doctors but are ultimately

¹⁶ Anne Fadiman. pp. 55-57

¹⁷ Michel Foucault. "Right of Death and Power over Life" pp. 144

deprivileged in the system because they are then viewed as irrational and often are coerced or forced into complying anyways because the medical knowledge is positioned as correct. This feeds into doctors' biopower because their knowledge is privileged and therefore they can make ultimate decisions about people's treatments.

Fadiman spoke to several Hmong people who had anecdotal accounts of doctors expressing their ideological dominance, and therefore their biopower, over Hmong patients. One Hmong patient said, "This lady she had some blisters inside the mouth and the doctor he say, you need surgical treatment. She say, no, I just need medication for pain only. And he say, I know more than you do. He completely ignore what she ask."¹⁸ This situation shows that even after the patient was made aware of the situation, she expressed how she would like to be treated based on her knowledge and understanding and the doctor employed his dominant hierarchical position and decided he could ignore what the patient wanted because he did not believe it was a rational choice. When the Lia's parents are unable to and refuse to fully comply, Lia is then removed from their care in order to receive the treatment with people who will comply with the medical ideology.

The medical system is part of a grander system of bureaucracy that functions as part of the American system of biopolitics. Social workers are often connected to the field of medicine, especially in the cases of neglected or abused children who end up in the hospital. The bureaucracy is intertwined and social workers cooperate with doctors to ensure the safety of children. This ties back to Foucault's theory that Western societies are products of the Enlightenment to some extent. Because the doctor's knowledge is privileged, the social workers also privilege the doctor's knowledge and understanding. Lia's parents' noncompliance

¹⁸ Anne Fadiman. pp. 62

contradicted and complicated the doctor's understanding of Lia's seizures. The medical system essentially relegates Lia's parents to a lower status because of their ideology and makes them obsolete in Lia's life in the view of the medical staff. This is a clear example of how biopower is integrated into the institution of medicine and law in the United States. The doctors can exert power over Lia's treatment and her living environment through the institutionalized power that doctors have as an agent of the dominant culture.

Lastly, the doctors at the Merced Community Medical Center are able to exert necropower in deciding when and how Lia should die after her last grand mal seizure. Before Lia's last grand mal seizure, she contracted an infection that sent her health spiraling downwards. Lia's parents wanted to take her home to allow her to die peacefully and around her family, if she were truly going to die. However, her parents also wanted to take her home to prevent the doctors from killing her. The doctors agreed to their request to take Lia home but wanted it to be in a "medically acceptable manner."¹⁹ The language of "medically acceptable" reiterates the dominance of the American medical ideology. The doctors were completely fine letting Lia die, however, they still had the hierarchical position to decide exactly how Lia would die. This power over death was still not entrusted to the family members even though Lia's survival was no longer an issue.

Furthermore, the doctors decide that Lia is dead before her parents do and far before she actually dies. Fadiman notes that various doctors who treated Lia discussed Lia in the past tense and referred to her "demise" despite the fact that she was living at home with her parents.²⁰ Because Lia's brain was not active and she was not responding to stimuli, the doctors considered

¹⁹ Anne Fadiman, pp. 179

²⁰ Anne Fadiman, pp. 256

her dead. They had no more ability to exert power over Lia's state, no more use for life-saving treatments, and therefore Lia was dead to them. The doctors' dominant worldview of medicine gives them necropower over Lia's state which allowed them to confer upon Lia the status of "dead" despite her family keeping her alive and taking care of her until 2012 when she passed away from pneumonia. The doctor's extremely premature label of Lia as "dead" also relates to what the Enlightenment ideology thinks of as a meaningful "life." Because Lia's brain was essentially dead, she could not think or reason. In Enlightenment terms, this is not a life worth living. On the other hand, to her Hmong parents Lia's soul was still alive and therefore there was a life worth living. She was responding to Lia's mother's presence which signaled life to them.

Questions over life and death are already emotional and intimate issues. Cross-cultural communication and conflicting ideologies often breed extensive conflict in these situations. However, when hierarchy is present the dominant ideology often retains its ability to employ life and death based on its own system of knowledge. This power to confer life can be framed as biopower and the power to confer death would be necropower. These two forms of power are institutionalized in bureaucratic governments and are formed into biopolitics and necropolitics. Issues of power and knowledge directly affected the life and death process of Lia Lee during her struggle against aggressive epilepsy. Ultimately, Lia's doctors were able to exert their power over Lia's family due to their privileged ideology of Western medicine. Being able to analyze the case of Lia Lee from Foucault's theory of biopower is important in order to better understand how cross-cultural communication and conflict can be affected by cultural hegemony.

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