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Transgressive Acts: Michel Foucault's Lessons on Resistance for Nurses

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ABSTRACT

In this paper, we bring together Foucault's biography and oeuvre to explore key concepts that support the analysis of nurses' acts of resistance. Foucault reflected on the power relations taking place in health services, making his contribution especially useful for the analysis of resistance in this context. Over three decades, he proposed a nonnormative philosophy while concomitantly engaging in transgressive practices guided by values such as human rights and social justice. Hence, Foucault's philosophy and public activism are an apparent contradiction, but we argue that when analysed together they allow for a different understanding of his work. We describe the evolution of the concept of resistance in Foucault's work, supported by the approaches of Brent Picket (1996) and Miguel Morey (2013). Foucault started his work considering the idea of transgressiveness as it connects to being at the margins of society. He then spent considerable time elaborating the concept of power and identifying resistance strategies as forms of power exercise. In doing so, he considered that people engage with social change from multiple positions, including limited desire for change, fomenting reforms, or engaging in everyday revolutionary acts. As he further elaborated on power relations and defined resistance, Foucault asserted that resistance involves both repressive and productive dimensions of power, governance of biological life, state governance, and deliberate practices of illegalisms. Finally, Foucault shifted his attention to the freedom of ethical subjects, proposing the use of counter-conduct and counter-discourses to speak truth against oppression. Such framework offers a comprehensive lens for analysing nurses' acts of resistance within the complexities of the healthcare system and in society. In summary, Foucault's conceptual framework on resistance expands the role of nurses, to understand them not only as caregivers, but also as political agents capable of confronting and transforming oppressive institutional practices.

1 | Introduction

We believe Michel Foucault's conceptual work on resistance and his political activism can inspire nurses to think about how they exercise power in their everyday clinical practice. In this paper, we bring together Foucault's oeuvre and biography to reveal that over three decades Foucault proposed an anti-humanist, nonnormative philosophy while concomitantly

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engaging in several transgressive acts of resistance guided by values such as human rights, social justice, and equity. Hence, Foucault's philosophy and public activism are an apparent contradiction, but we argue that when analysed together they allow for a different understanding of his work. In particular, we propose that Foucault's concept of resistance captures the potential for a 'partially emancipatory' understanding of power; one that aims to protect healthcare users' access to quality care and health care providers' decent working conditions at the same time that it is aware of the effects of power relations taking place in these settings, such as the production of patients' medicalized selves and professionals' governance of the population through discourses of normal and pathological.

We focus on Foucault's theorisation of resistance because, even though different authors provided frameworks for the analysis of resistance (Tan 2011), he has reflected on the power relations taking place in health services and health sciences, making his contribution especially useful for the analysis of the actions of resistance in this context. Such relevance has been noted by nursing and health science scholars as well as social scientists whose work employ Foucauldian poststructuralism to study multiple topics, such as the social exclusion of vulnerable groups (Carrasco et al. 2017), race and racialization (Clegg, Courpasson, and Philipsrt 2006; Haarmans et al. 2022), health policy and the healthcare system (Armstrong and Murphy 2012; Molina-Mula et al. 2018), discourses and practices related to risk and disease prevention (Freijomil-Vázquez et al. 2019; Petersen and Bunton 1997), health professions and nursing discourses (Berquist, St-Pierre, and Holmes 2018; Gastaldo and Holmes 1999; Holmes & Gagnon, 2018; Miró-Bonet et al. 2014; Praestegaard, Gard, and Glasdam 2015), the medicalization of health and dying (Hancock 2018; Mohammed et al. 2020), and the need to empower healthcare users (Alianmoghaddam, Phibbs, and Benn 2017; Sadler et al. 2018).

In this article, first we present some aspects of Foucault's life that reveal major acts of resistance, and the context where they took place to better understand how they are related to his work (Vásquez 2020). Next, we develop an overview and describe the evolution of the concept of resistance, supported by the approaches proposed by Brent Pickett (1996) and Miguel Morey (2013); they consider that resistance, as well as the concepts of knowledge, power, and the subject, appear transversally and continuously in Foucault's publications. Finally, in the last section, we examine some controversies and implications for the use of Foucault's concept of resistance for the analysis of nurses' professional practice.

2 | Michel Foucault: Philosopher and Resistance Activist

Paul Michel Foucault was born in 1926 in Poitiers, France. His childhood and adolescence were marked by family tensions and war. Foucault revealed a fierce opposition to studying medicine, like his father and grandfather did. His upbringing was also impacted by the World War II and the Holocaust, including the arrest of his philosophy professor (Morey 2013). During his time at the École Normale Supérieure (1946–1952) he suffered from

depression stemming from anguish over his homosexuality, when he attempted suicide (Ferrater Mora 2005). After doing psychotherapy, he became very interested in psychology and ended up studying this degree in parallel to his studies in philosophy and history. In 1946, he joined the French Communist Party, which he left three years later.

In 1954, Foucault published *Mental Illness and Personality*, which was part of his doctoral thesis and at the age of 34, in 1961, he published *History of Madness* (1972), later called *Madness and Civilisation* in English. Subsequently, he published *The Order of Things: An Archaeology of the Human Sciences* (1966) and *The Archaeology of Knowledge* (1969). During that time, Foucault explored the concept of discourse/ episteme and then delved into the concept of archaeology (Table 1). He also dedicated his work to the historical and social analysis of disciplines, such as general medicine and psychiatry, showing that the knowledge produced by these disciplines was transformed in response to dominant social discourses of different periods.

In the protests of May 1968, Foucault returned to political activism and took part in street demonstrations organised by students (Vásquez 2020). It is during this period that Foucault's philosophy shifted towards the political and, from that moment on, the concept of resistance gained strength in his oeuvre (Foucault 1971). During the 1970s, his life was marked by a great deal of public activity as a result of the intellectual influence he exerted as a professor and director of the Collège de France. By 1975, he published *Discipline and Punish* in which he referred to the strategies of institutional domination, especially prisons, and helped found the 'Groupe d'Information sur les Prisons' to denounce detainees' precarious living circumstances. As this group's concern for human rights evolved, they mobilised against police abuses, supported women's right to abortion (decriminalised in 1975), and campaigned against the death penalty (abolished in 1981) and the poor living conditions of immigrants.

Still in the 1970s, Foucault focused on power relations and resistance. From 1976 to 1984 in the History of Sexuality (volumes 1–3), he began developing his ideas about biopolitics, the medicalization of health, and its relationship with disciplinary and governmental power. It was between 1969 and 1982 that Foucault adopted 'the very figure of the militant intellectual', of engaged philosopher, publicly denouncing multiple forms of oppression (Eribon 2011: 329). Regularly, he made declarations in favour of freedom, various individual rights, and the abolition of hierarchies and social classes. Thus, he was considered a public enemy by conservatives, even though he mocked them privately. (Eribon 2011; Pickett 1996; Veyne 2008). In the last 2 years of his life, when he fell ill and close to his death in 1984, his work showed a shift towards the concept of the subject, freedom and the techniques of self or subjectivation.

In sum, Foucault's biography reveals multiple acts of resistance and rebellion. Hence, it is not surprising that his interest in social change permeates his publications and evolves over time. Below, we outline this evolution and explore aspects of resistance as a dynamic and polysemic term because we believe it can

TABLE 1 | Foucault's concepts related with resistance.

CONCEPT	Definition according to Foucault's ouvre.
Archaeology	Archaeology refers to the study of historical and social aspects related to a specific theme or discipline, demonstrating how knowledge in these areas is shaped and evolves according to the social discourses of different periods. In its historical analysis, archaeology regards historical documents not merely as signs, but as active practices.
Biopower/Biopolitics	Biopower is the mechanism by which the regulatory authority of the State operates concerning the health of the population. It identifies new forms of governmentality. Foucault asserts that 'permissiveness is indispensable' for the development of biopower. In biopower, control mechanisms function beyond mere prohibition; instead, they regulate and normalise aspects related to populations.
Counter-discourse	A counter-discourse, according to Foucault, is a form of discourse that opposes established power structures and is articulated by marginalised groups. These discourses provide alternative insights into analysing phenomena, contrasting with dominant narratives. Counter-discourses represent acts of resistance and emerge from marginalised positions.
Counter-conducts/Resistance actions	A resistance action or counter-conduct refers to public or covert acts of struggle undertaken by professionals against procedures, rules, or policies they perceive as violating patient rights or hindering the delivery of ethical and quality care. Analysing counter-conducts allows for the examination of factors influencing professional actions within broader political and power contexts. In general, counter-conducts challenge the dictates of pastoral power and seek to redistribute, invert, annul, or partially or entirely disqualify this power. Counter-conducts reuse, reimplant, and transform tactical elements of struggle, including transgressions of laws, rejection of certain education or values, revolts, disobedience, or insubordination. These acts of counter-conduct make clandestine groups visible and reveal new dimensions of political action.
Discipline	Discipline refers to the technologies that produce and regulate habits, customs, and social practices. It involves controlling even the smallest aspects of everyday life, exerting power over individuals. Foucault describes discipline as having a 'centripetal' nature because it functions by isolating a space where its power and mechanisms can operate fully and without limits. It creates a closed space designed to individualise power as much as possible, regulating actions and behaviours while enhancing performance and capacities, exemplifying the productive nature of power.
Discourse	Discourse can be understood as a series of political events through which power is transmitted and directed. It possesses symbolic-linguistic characteristics: the sentences forming it lack a direct correlation between name and meaning, and discourse is closely tied to subjectivity by assigning positions. Discourse exists within a broader network and has historical and contextual attributes. Discourses are subject to control, selection, and redistribution, which can occur from outside the discourse's production, within its production, and through its utilisation.
Freedom	Freedom constitutes the ontological condition of Foucault's ethics, enabling individuals to choose their way of being and practice freedom. It serves as the precondition for the existence of power
Genealogy	Genealogy involves analysing the forms of power's exercise, situating knowledge within the realm of struggles. In the context of Michel Foucault's work, genealogy is a method of historical analysis that he

(Continues)

TABLE 1 | (Continued)

CONCEPT	Definition according to Foucault's ouvre.
	developed to explore the relationship between power, knowledge, and subjectivity
Governmentality	Governmentality encompasses procedures, analyses, and reflections of institutions and the state, facilitating the exercise of power with populations as its focus and security dispositives as technical instruments. It constitutes the creation of nonpunitive power relations by the state through discipline, biopower, and pastoral power.
Illegalism	Illegalism refers to the non-application or nonobservance of rules, prevalent across social classes or groups. Illegalisms are necessary for each social stratum and possess their own coherence and economy. They acquire a tolerated status across all social strata. Some workers in institutions commit illegalities, which are condoned by the state to prevent social upheaval. Management and tolerance of illegalism are integral to the exercise of power
Micropower/Microphysics of power/Power relations	These terms denote power relations articulated through daily strategies and mechanisms, generating associated technologies. Power relations permeate society through subtle rituals and hidden mechanisms, influencing knowledge production and discourse formation. They intersect with knowledge, economic, and sexual realms, playing a productive role. Micropower emanates from various levels within society, including families, groups, and institutions.
Parrhesia	It is understood by the courage of the truth of the one who speaks— also of the one who acts—and runs the risk of telling, despite the danger, all the truth he/she believes. In particular, reference is made to judicial parrhesia, which occurs when 'a man stands before a tyrant and tells him the truth'. Foucault defines it as the discourse through which the weak, despite their weakness, take the risk of reproaching the strong for the injustices they have committed. In the field of nursing, parrhesia has been related to the phenomenon of whistleblowing.
Power	Foucault explains two types of power. First, there is the power that refers to prohibition or the act of 'saying no' in a general, centralised, and static manner, which is usually exercised by institutions and has a predominantly legal component. Secondly, he analyzes the positive mechanisms of power that operate locally, in a heterogeneous, specific, historical, and geographical manner. These powers do not prohibit but rather produce new ways of thinking or acting. These powers are dynamic, continually reinventing and perfecting themselves.
Reformism	Foucault defines reformism as a form of change that perceives the ills of society as circumstantial anomalies that can be remedied through focused and limited reforms, without necessitating profound changes that would alter the socio-political structure. In this context, reformism seeks to alter institutions while preserving the ideological system intact, aiming to stabilise power through selective changes that mitigate negative consequences while emphasising and valorising the system as a whole.
Resistance (actions of)	It refers to the actions and struggles that arise around power relations, especially when they aim to challenge the oppressive discourses of the State or the healthcare system.
Revolution	Foucault characterises revolution as a simultaneous upheaval of conscience and institution. It targets power relations as instruments, frameworks, and armour, aiming to completely transform established power structures from their origins. While classical revolution involves the global and unified struggle of entire nations, peoples, or classes,

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CONCEPT	Definition according to Foucault's ouvre.
	new forms of revolution and change closer to everyday life are also significant and representative of resistance.
Security	Security denotes the regulatory mechanism of the State's power concerning population health, identifying new forms of governmentality. This technology focuses on human life at the species or population level, integrating new elements endlessly to configure larger circuits, encompassing economic, political, and psychological aspects. Its mechanism adopts a laissez-faire approach, permitting power to operate freely, even in cases of injustice and oppression. Foucault emphasises the indispensability of permissiveness for the development of biopower. Security aims to regulate and normalise aspects related to populations.
Self or Subjectivation techniques or Technologies of the self (personal or liberal governmentality)	Subjectivation techniques perceive the subject's process as a transformative practice beyond reflexive-rational processes. These techniques emerge from an attitude of self-design, shaping individuals' ways of being and attitudes toward the world and others. According to Foucault, self-techniques encompass interactions between oneself and others, along with technologies of individual domination, tracing the history of how individuals act upon themselves.
Standardisation/Normalisation	The process of regulating the lives and behaviours of individuals and populations. Normalisation is the result of the functioning of the positive power or microphysics of power, especially pastoral power.
Technologies or Techniques of domination	These techniques establish power relations in governing subjects, including discipline, security, pastoral power, and state governmentality.
Transgression	Transgression involves an excess that surpasses established limits, thereby challenging the very division itself. It compels recognition and acceptance of what is excluded, enabling critique and articulation of the experiences and discourses of marginalised populations. These voices serve as sources of struggle against the societal moral imprisonment.

effectively support the analysis of nurses' political practices in the healthcare system and in society.

3 | The Concept of Resistance in Foucault's Work

Michel Foucault was a prolific author. He published over a dozen books, his lectures at the Collège de France (1977–1984), and he made numerous public appearances in academic discussions and in media interviews. Traditionally, his work has been classified into three stages: archaeological, genealogical, and ethical (Dreyfus and Rabinow 1983). However, Miguel Morey (2013) proposed that such conventional classification prevents the use of all the conceptual possibilities contained in Foucault's work and their utilisation as a mobile and flexible 'toolbox'. Morey argued that it is more appropriate to organise Foucault's work around the concepts of knowledge, power, and subject. Similarly, Brent Pickett (1996) proposed that the concept of resistance is also present throughout Foucault's oeuvre. The deployment of resistance in the 1960s revolved around the concept of transgression; in the 1970s, resistance had a revolutionary emphasis; and in the last stage, the concept of resistance was diluted in aspects related to subjectivation (Pickett 1996). While we explore the concept of resistance following Pickett's three stages, it is worth noting

that Pickett's thesis should be approached with caution, particularly in the analysis of the 1960s. At this stage, Foucault's ideas arguably emerged as a form of proto-resistance, which gradually evolved in alignment with his personal and academic development. In contrast, his characterisation of revolutionary resistance is essential for understanding the forms of resistance aiming at transformation of institutions and society. Finally, we align with Pickett in recognising pressing questions to understand Foucault's notion of resistance: is it possible to engage in acts of resistance without the need for a normative framework to justify them? Or, conversely, can such acts be understood as an intrinsic and continuous participation in power relations? In Table 1, we present concepts proposed by Foucault that are relevant to understanding the evolution of the notion of resistance.

3.1 | Resistance as Contestation and Transgressiveness

During the 1960s, Foucault linked resistance to the concept of limit or margin. In *History of Madness* ([1964] 1972), Foucault addressed some socially constructed, binary categories such as normal/pathological and reason/madness. He argued that these categories were not totalising but rather

created spaces for transgression. Such transgressions crossed the boundaries of what is socially accepted and questioned the very division between normal and abnormal. From the margins of (ab)normality, it was possible to critique, and it was also possible to acknowledge and legitimate the experiences and discourses produced by oppressed groups in society. Foucault ([1963] 1980) proposed that the experience of contestation and transgression (a dialectical one that crosses boundaries) were vital for the exercise of freedom and the struggle against the moral imprisonment to which the mad were subjected.

Using Foucault's early understanding of resistance as transgression allows researchers to better understand the practices of healthcare users (also known as patients) who are stigmatised in society and in the healthcare system, for instance, LGBTQ+ people and those who experience mental illness and addiction (Brown and Knopp 2014; Kako and Dubrosky 2013; Kia, MacKinnon, and Legge 2016; Lancaster et al. 2017; Slemon et al. 2018), those who live with disabilities, chronic illness or the elderly (Carrero-Planells 2023; Garnham 2014; Griscti et al. 2016; Moreau and Rudge 2019), and racialized patients (McGibbon et al. 2014). Nurses and nursing students have utilised resistance against the discrimination of individuals and vulnerable groups by demonstrating greater kindness (Johansson and Holmes 2024; Slemon et al. 2018), exhibiting heightened sensitivity to the intercultural aspects of care, and allowing healthcare users' voices to be heard (Kirkham and Anderson 2002). Nurses have also delivered indigenous cultural care and selectively applied institutional norms for the benefit of patients in cases of racism or ethnocentrism within the healthcare system, which often lacks a postcolonial perspective (McGibbon et al. 2014).

In the context of neoliberal governance, where certain segments of the population are excluded from 'universal' healthcare coverage, nurses transgress institutional norms to care for marginalised groups such as undocumented migrants (Moreno-Mulet 2016). Within institutional settings, some nurses have engaged with acts of resistance establishing alternative healthcare spaces, working pro bono, collaborating with other professionals, and organising free medication dispensaries. Additionally, nurses frequently occupy a marginal location for exercising power within the healthcare system, if compared to hospital administrators and physicians, what may hinder their resistance strategies (Berquist, St-Pierre, and Holmes 2018; Gastaldo and Holmes 1999). Yet, the contestation of the inequities produced by healthcare systems and by the persistent marginalisation of certain groups in society (whether patients or professionals) has been confronted by nurses who dispute healthcare and social norms (Moreno-Mulet 2016).

3.2 | Resistance as a Power Exercise

During the 1970s, Foucault built an entire conceptual framework around the power-resistance dyad and elaborated on the concept of resistance in four different phases.

3.2.1 | Power, Reform, and Revolution

In 1971, in *Revolutionary Action: 'Until Now'* (1977d), Foucault conceptualised three classical forms of change of consciousness: humanism, reformism and revolution (Table 1). Foucault explained that 'humanism is everything in Western civilisation that restricts the desire for power: it prohibits the desire for power and excludes the possibility of power being seized' (Foucault 1977d, p. 221–222). Reformism is described as the conception that the problems of a society are circumstantial anomalies that can be fixed. In reformism, profound changes are not necessary because problems can be addressed with focused and limited reforms that do not challenge socio-political structures. For this reason, Foucault explained that 'reformers wish to change the institution without touching the ideological system' (Foucault 1977d, p. 228). Finally, he proposed that '[r]evolutionary action, on the contrary, is defined as the simultaneous agitation of consciousness and institutions, this implies that we attack the relationships of power through the notions and institutions that function as their instruments, armature, and armour' (1977d, p. 228). Foucault disrupted the classical understanding of revolution, proposing an approach situated closer to people's quotidian to explore new ways to analyse power dynamics and historical struggles. He proposed the study of institutional practices within prisons, factories, asylums, and schools and, especially, focusing on the ideological constructions that built and sustained such institutions.

Examples of reformism refer to situations in which nurses, seeking to bring about systemic change, develop multiple strategies to implement new practices. This form of change has been achieved in clinical areas of healthcare organisations with the support of transformative methodologies, such as participatory action research (Zaforteza-Lallemand et al. 2024). However, revolutionary actions are sometimes needed to reshape historical struggles. For instance, Johansson and Holmes (2024) suggested that to support anti-psychiatric activism and advocate for 'mad pride' within the healthcare system, nurses should return to the original conception of care, freeing themselves from the institutional constraints built over the years, to propose innovative care practices for their clients.

In 1976, Foucault introduced and developed the concept of power in *The Will to Knowledge*; it was the first time he used the term *resistance*. He condensed the characteristics of power relations into five propositions. The first stated that 'power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations' (Foucault 2008b). Second, '[r]elations of power are not in a position of exteriority with respect to other types of relationships (economic processes, knowledge relationships, sexual relations)'. Thirdly, 'power comes from below', it is formed from families, groups, institutions and runs through the entire social body, forming in its framework broad effects of division. Fourth, the intention of power relations is implicit in tactics or 'technologies'—procedures that create regimes of truth—and does not depend on specific subjects. Foucault identified three key technologies of power: pastoral power, disciplinary power, and security mechanisms. Pastoral power originates from Christian practices, emphasising the guidance and shaping of individual behaviour for the collective wellbeing, with a focus on care and salvation. Disciplinary

power organises individuals through surveillance, normalisation, and control, targeting bodies to produce docile subjects within institutions such as schools, hospitals, and prisons (Foucault 1977a). Finally, security mechanisms manage populations by regulating risks and optimising conditions for life. They concentrate on the distribution of power across larger social fields, employing statistics and predictions to govern through uncertainty and probabilities (Foucault, 2009a). Finally, '[w]here there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power' (Foucault 1978, p.95). What Foucault meant by this statement is that power relations give rise to a range of domination strategies that are continually readjusted, reinforced, and modified in response to imbalances and resistances. These resistances invariably emerge wherever power is present. Thus, there are no power relations without corresponding resistances; indeed, these relations become more tangible and effective when they are formed within the same context in which power is exercised (Foucault 1978). Thus, one can infer that if there is a microphysics of power, there must also be a microphysics of resistance.

3.2.2 | Micropolitics and the Productive Nature of Power

Foucault affirmed that, if power was only structured through institutional, legal or economic forms, it would be very fragile, since laws do not establish the actions that must be taken and, at the same time, are removed from the everyday actions of people (Foucault, 1977c, 2009a). For these reasons, he asserted that it is necessary to complement the traditional analysis of the state apparatus with another that provides the strong character of power relations (Table 1), that is, micropolitics. This notion of power is articulated through the strategies and mechanisms that regulate everyday life (Foucault 1977b, 1982c, Foucault and Deleuze 1980). Consequently, Foucault focused on defining power relations as those that permeate society through subtle, fine, and almost invisible rituals, constituting a microphysics of power. In Foucault's words, 'power must be understood in the first instance as the multiplicity of power relations immanent in the sphere in which they operate and which constitute their own organisation' (Foucault 1978, p.92). Thus, power encompasses the struggles and confrontations, the transformations that take place, the conditions that support some power relations or that single out some relations from others, and the strategies that give them effect at the institutional level. Moreover, for Foucault, true power should not be sought in the centre of the system, but in the periphery, locally and unstable, in the points and places where it is continually produced (Foucault 2008b). In this sense, Foucault asserts that resistance is not something that precedes the power it opposes, but rather coexists with it. Therefore, resistance must be organised and, like power, should flow from the bottom up, being strategically distributed. Each local form has its own way of functioning, its own procedure and technique (Foucault 1977a). Hence, society is 'an archipelago of different powers' that function like a technology, which are constantly being developed and improved (Foucault 1977b, p. 894).

In terms of the productivity of power, during the 1970s, Foucault referred to power that is not only exercised in a repressive or coercive manner but can also be productive and creative. He argued that power is not only used to control and limit people but can also generate new forms of knowledge, subjectivities, and social relationships. In this sense, power drives transformation in society because it circulates, induces, and produces knowledge and pleasure. Thus, local powers produce new ideas and practices with potential for the activation of change through their circulation in the social fabric. As an example of productive power in nursing, Sonia Udod (2008) highlighted that the panoptic structure in healthcare settings can have both positive and negative effects on nursing practice. On the positive side, being constantly observed encourages nurses to follow safety protocols, such as hand hygiene, which improves patient safety. An awareness of surveillance can also lead to more thoughtful interactions with patients. However, the negative side is that this surveillance may cause nurses to rigidly adhere to institutional policies, even when their personal judgement suggests alternative approaches, potentially compromising patient-centred care.

Ultimately, local powers can instigate reform and revolution, and the creation of new modes of existence as acts of resistance and, as Foucault would later defend, of freedom (Foucault and Deleuze 1980, 2013b; Foucault and Sennett 1981). From this perspective, nurses' actions of resistance should be conceived and analysed by observing their daily practices, and not limiting our understanding to institutional norms and policies (Holmes & Gagnon, 2017). Examples of acts of resistance informed by mobilisation of local power include the promotion of alternative forms of knowledge in institutions and consulting with hospital committees or professional associations to support proposals for change (Slemon et al. 2018; Varcoe et al. 2012). Berlinger and Raghavan (2013) suggest that hospital ethics committees should analyse the care offered to undocumented patients or those from different cultural or racial backgrounds to defend patients against systemic injustices, particularly those lacking access due to treatment costs (Berlinger and Raghavan 2013; Moreno-Mulet 2016). At the micro level, some nurses employ covert strategies, such as intentionally delaying tasks, teaching vulnerable patients how to navigate the healthcare system, or providing information about resources available in other institutions, to subtly challenge institutional constraints. These actions, while sometimes met with resistance from colleagues or institutional punishment, illustrate how nurses denounce and challenge oppressive structures (Hutchinson 1990; Peter, Lunardi, and Macfarlane 2004; Varcoe et al. 2012).

3.2.3 | Technologies of State Power: Biopower and Governmentality

In the 1977–1978 academic year, Foucault presented the lectures on *Security, territory and population*, and introduced the concept of governmentality to define the set of techniques used by states to govern their citizens (2009a) (Table 1). According to Foucault, our existence requires mechanisms of governance that discipline us towards some ways of living but also offers rewards to make certain behaviours desirable. These modes of

governance are constituted by two major technologies of power over life (biopower): anatomo-politics, which are techniques used in the governance of individuals, expecting self-governance, and biopolitics, which are mechanisms that target the management of the population as a whole; together, they are the two poles of biopower—Foucault's proposition that biological existence has an intrinsic political dimension (Gastaldo 1997; Perron, Fluet, and Holmes 2005).

For those who work or study the healthcare sector, these mechanisms involve the regulatory power of the state concerning the population's health, producing new 'mentalities for governing' (govern-mentality) social groups and individual bodies (Foucault 2009a; Holmes and Gastaldo 2002). These are sometimes repressive but many times productive mechanisms regulating the smallest elements of everyday life. For instance, the way we eat, care for our bodies, and relate to others is, in many countries, regulated by nutritional guides, exercise programmes, and vaccination regimes (Alianmoghaddam, Phibbs, and Benn 2017; Gastaldo 1997; Griscti et al. 2016). In this way, 'the social atoms themselves, that is, the individuals', are governed (Foucault 1982c, 2009a, 2013b).

Within healthcare institutions, health professionals govern themselves and are governed administratively, frequently offering 'professional-centred care' (Zaforteza et al. 2015) and silencing themselves when observing injustices (Moreno-Mulet 2016). In this regard, nurses are not exempt from exercising power as a mechanism of repression of patients' and their families. For instance, when given large numbers of patients to care for, nurses may adopt repressive managerial strategies to avoid being challenged or being asked to provide information. Molina-Mula and Gallo-Estrada (2020) proposed that nurses frequently assume an expert role characterised by a maternalistic attitude that leads to patients being mainly passive recipients of care. This dynamic, among others, significantly reduces patients' ability in decision-making.

Additionally, biopower has been applied to analyse health education and health promotion, global policies on infectious diseases, and Covid-19 management (Gastaldo 1997; Jappah and Smith 2015; Keshet and Popper-Giveon 2022; Perron, Fluet, and Holmes 2005). As an example, Perron, Fluet and Holmes (2005) point out that breastfeeding is regarded as a form of bio-political intervention, as new mothers experience significant pressure from health professionals to exclusively breastfeed. In this way, mothers who choose formula often encounter societal judgement, which contrasts with the ideal of 'unconditional maternal generosity'. In the same way, other studies exemplify how biopolitics influences individuals as moral beings, aligning personal behaviours with broader health ideals (Alianmoghaddam, Phibbs, and Benn 2017).

3.2.4 | Illegalisms and Struggles

Despite the effectiveness of technologies of governance, they are not all-encompassing and cracks in the system or illegalisms are regularly produced—spaces where people do not fully comply with norms or where they engage in disobedience (Table 1).

Illegalisms are part of the political and economic functioning of society, and a resource more frequently adopted by highly privileged and disadvantaged classes and groups, such as the ruling classes, the working class, and economically marginalised groups. Often, the state and institutions tolerate them to avoid uprisings or political retaliation (Foucault 1977a, 1977b). Thus, managing illegalisms is part of governing because 'subjugated illegalism' don not pose political or economic threats (Foucault 2008c, p. 74). The real danger lies in occasional and secret illegalisms, which can spread and recruit new individuals with potential for resistance and rebellion (Foucault 2008b).

To think about resistance utilising illegalisms, Foucault proposed that every struggle develops around a particular centre of power (Foucault 1977a). Denunciation is a primary form of struggle, occurring in families, workplaces, and in the public sphere. Denouncing unfair conditions publicly and breaking normalised/institutionalised practices is a common way to engage with struggle (Foucault and Bernauer 1981; Foucault and Deleuze 1980). However, there are other forms of illegalisms; they involve refusing to take specific actions, rejecting to follow laws or regulations, and engaging in political confrontation aimed at changing power structures (Foucault 2009a).

Despite being a highly disciplined and regulated space, the healthcare system also offers opportunities for concealed decision-making outside established protocols and procedures. This potential for noncompliance can lead to both oppressive behaviours toward patients, as well as acts of resistance aiming at defending patients' rights. As Foucault warned his readers, these forms of struggle do not always lead to opposition against exploitation or inequity, nor do they necessarily improve the situation of those who engage in acts of resistance. We are providing examples below that connect struggles against inequities to nursing ethical practice, but conversely, racist nurses can resist the implementation of programmes that affirm the rights of racialized patients.

Given that nurses are centrally positioned within the healthcare system, they have the capacity to facilitate forms of care or advocacy that are not explicitly prohibited. These may include allowing families into hospital wards at special times (Zaforteza et al. 2015), creating underground services for vulnerable groups without health insurance (Moreno-Mulet 2016), expediting the delivery of care for the most vulnerable clients, adjusting care protocols to specific patient's needs, or refusing to physically retrain patients (Carrero-Planells 2023). In this context, when the hegemonic discourse in nursing homes and hospitals emphasises patients' physical safety and fall prevention (Moreau and Rudge 2019), the approach of providing care without restraints—where the dignity of individuals and ethical respect for their personal histories are prioritised—becomes a resistance's action. This shift leads to alternative types of care and the practice of non-restraining individuals as an illegalism (Carrero-Planells 2023).

Resistance is also an attempt to achieve 'a violent reversal of power' (Foucault 2009a). We believe this understanding provides conceptual underpinnings to establish a connection between resistance and moral courage in the nursing literature (Moreno-Mulet 2016; Peter et al. 2004; Saario 2012). In our

view, a Foucauldian understanding of resistance is a form of contestation of the power structures that shape individual behaviour in society. The acts of moral courage described by nursing associations, for instance, involve decision-making and the implementation of specific actions that question institutional or societal status quo (Numminen, Repo, and Leino-Kilpi 2017). Furthermore, both Foucault's notion of resistance and the concept of moral courage entail the willingness to question and defy established institutional norms and practices. Courage is an element in the process of confronting and counteracting power, and it creates experiences that may facilitate personal transformation, another dimension of Foucault's theorisation of resistance as a technology of the self.

3.3 | The Microphysics of Freedom and the Ethics of the Subject

In the final stage of his career, in the 1980s, Foucault's shift towards ethics expanded the concept of resistance. By focusing on the concern for oneself, he prepares for the emergence of subjects and their freedom, especially through the concepts of counter-conduct and techniques of the self (Table 1) (Foucault [1983] 2010).

3.3.1 | Counter-Conduct: Articulating the Analytics of Power and the Ethics of the Subject

Counter-conducts are deliberate acts of resistance by a specific individual that challenges expectations; an individual rebellion in conduct (Foucault 2009a). The emergence of individual rebellions in a group or institution relates to individual insubordination or the establishment of subversive groups within totalitarian institutions (Foucault and Deleuze 1980, 2008c, p. 196). According to Foucault, counter-conduct is the 'struggle (in an active sense) against the procedures implemented to lead others' (Foucault 2009a). He described various actions or types of counter-conduct, including asceticism, writing, and the formation of communities or counter-societies. Asceticism or writing are exercises of self-transformation, creating the conditions of possibility to publicly declare oneself as dissenter of certain practices and promote uprisings against laws perceived as unjust (Foucault 1982a). For Foucault, incitement of disobedience or sedition are a normal and inherent phenomenon in public affairs, occurring either from below or above. For instance, lower-level sedition could create obstacles to the circulation or perceived obligatory nature of orders, while upper-level sedition could involve middle management disobeying orders based on self-interest or personal values. Counter-conducts are supported by counter-discourses articulated by oppressed groups, often in secrecy with a combative intent. Generally, counter-discourses emerge to oppose dominant discourses, which are described as strategic devices for social, economic, and political governance (Foucault 2008c). Thus, we can understand counter-discourse as a form of resistance that questions or subverts well-established, pervasive narratives.

Counter-discourses emerge from sectors or groups that propose alternatives to official narratives, highlighting the exclusions, injustices, or inequities that the dominant discourse conceals or justifies. In this manner, creating counter-discourse is an attempt to produce spaces for new ways of thinking and acting. In the context of the healthcare system, McGibbon et al. (2014) suggest that nurses should explore the factors that generate inequities among healthcare users and community members, developing alternative narratives that advocate for the right to health. In nursing practice, nurses cannot only act but also create and share counter-discourses that justify their resistance. For instance, midwives offer an example of counter-discourse and counter-conduct, as they have been challenging the medicalization of childbirth in hospitals and creating alternative discourses to advocate for the preservation of natural birthing processes, resisting interventionist medical practices, and promoting a more holistic approach to maternal-child care (Schreck and Silva 2023).

Analysing counter-conducts in their various forms—individual, collective, through desertion, insubordination, or sedition—reveals the resistance actions undertaken by nurses and other health care and administrative staff, including frontline nurses and managerial nurses who bridge clinical practice with institutional directives. An example of counter-discourse is the work undertaken by some nurses and other healthcare professionals to facilitate access to provincial health cards for the children of undocumented workers in Canada and the provision of healthcare for undocumented migrants in both Spain and Canada, challenging the discourse of 'birth tourism' in the case of Canada and the discourse of 'illegal' migrants in the case both countries (Gagnon 2024; Moreno-Mulet 2016). In summary, the emergence of the concept of counter-conduct in Foucault's oeuvre acknowledges the political and ethical axes of resistance and articulates them. From the 1980s onwards, Foucault developed the idea of techniques of subjectification, leading to a transition from the analytics of power to the ethics of the subject.

3.3.2 | Technologies of the Self: Knowledge and Care of the Self and Parrhesia

Around 1980, Foucault started to explore the technologies of the self, focusing on the care of the self and the freedom with which subjects act and modify social rules. At this point in his work, Foucault questioned the possibilities of ethical autonomy and identified core values by which subjects constitute themself, despite the power relations that shape their contexts (Foucault 1982a, 2005). The technologies of the self, according to Foucault, referred to the practices and techniques through which individuals constitute themselves as subjects of ethical and political knowledge (Foucault 1994, 2010). These technologies enable people to act as agents regulating their own behaviour, shaping their thoughts and desires in accordance with social norms. Throughout history, these practices have evolved from rituals of self-care in antiquity to dynamics of social control in modernity. While the construction of subjectivity through these technologies can promote the emergence of political positions, it can also foster a passive acceptance of the

social norms. This tendency can depoliticize social struggles, individualising oppression.

To achieve knowledge and care of the self, Foucault revived Greek and medieval techniques (Foucault, 2009a), including epistolary activity (Foucault 1994), self-examination, and the task of remembrance. For instance, Foucault suggested that diaries would allow for some exercises to be performed frequently: reading, rereading, meditating, conversing with oneself and others, which could be used to support action. From this perspective, introducing reflexive spaces for nurses and systematically writing about daily practices, among other initiatives, could facilitate acts of resistance (Carrero-Planells 2023; Moreno-Mulet 2016). However, Nelson (2012) challenged the potential of nursing reflexive practices, given the difficulty of thinking outside regulatory and disciplinary norms. She emphasised the need to re-examine the political foundations of the profession and questioned whether it contributes or hinders the engagement with critical practice.

Finally, in his late work, Foucault explained the importance of parrhesia as a fundamental form of resistance. Parrhesia is a practice within the techniques of the self that synthesises Foucault's concern for the moral constitution of the subject. Parrhesia, understood as telling the truth, even when unwelcomed, can only be exercised by free individuals who can express a truth framed by their practices and institutional locations (Foucault 1982a). For this reason, Foucault considers revealing secrets and speaking out against oppression as resistance practices in themselves (Foucault 2008c, p. 86).

Parrhesia unfolds from the relationship between power, truth, and the subject, particularly the relationship between subjectivity and truth (Foucault 1983, 2005) and revolves around three axes: 'saying everything', where the individual has the legal or political right to speak up; 'truth-telling' (Foucault 2010, pp. 173ss), which is 'the discourse through which the weak assumes the risk of reproaching the strong for the injustice committed' (Foucault 2008c, p. 54); and 'frankness', or confessing something morally burdensome to the subject. However, truth-telling entails risks that vary depending on the institutional and social locations of each individual; it can 'generate a fracture' and 'open a field of dangers or, in any case, an indeterminate eventuality' (Foucault 2010, pp. 173ss), which could threaten parrhesiasts own life (Foucault 2010).

For Foucault, professionals and workers who are bound by institutions can practice parrhesia only if they overcome their fears and denounce systemic problems (Foucault 2008c, p. 86). He argued that for doctors (and we include nurses), this task is almost an obligation: 'The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will be totally and definitively cured only if he is first liberated' (Foucault 2003, 33).

Presenting parrhesia as an act of resistance provides a theoretical framework for analysing whistleblowing in healthcare (Gagnon and Perron 2020; Perron, Rudge, and Gagnon 2020). Despite whistleblowing or parrhesia being acts undertaken by few, they should be analysed because they reveal lack of institutional spaces for dialogue in healthcare settings (Gagnon and

Perron 2020; Jackson et al. 2010; Moreno-Mulet 2016; Perron, Rudge, and Gagnon 2020). Professionals who blow the whistle usually do so from a position of loyalty to healthcare users rather than implementers of institutional directives. Thus, the practice of whistleblowing and parrhesia becomes a strategy of resistance and simultaneously a sign of the moral courage of professionals (Devos Barlem et al. 2013; Falcone 2014). The ability of professionals to speak out and tell the truth, according to Foucault's ethics, highlights the courage of these individuals who have developed techniques of the self to avoid being hierarchically governed.

4 | Thinking About Resistance With Foucault and Some (In)Conclusions

In this paper, we have explained the evolution of Foucault's concept of resistance. He started his work considering the idea of transgressiveness as it connects to contestation and being at the margins of society. He then spent considerable time elaborating the concept of power and identifying resistance strategies as forms of power exercise. In doing so, he considered that people engage with social change from multiple positions, including limited desire for change, fomenting reforms, or engaging in everyday revolutionary acts. As he further elaborated on power relations and defined resistance, Foucault asserted that resistance entails repressive and productive dimensions of power, governance of biological life and state governance, and deliberate practices of illegalisms. Finally, Foucault shifted his attention to the freedom of ethical subjects to engage in counter-conduct and counter-discourses to speak truth against oppression. In doing so, we illustrated the analytical potential of a Foucauldian perspective to understand nurses' acts of resistance.

We have also illustrated Foucault's theory of resistance as power through the description of nursing and health sciences applications of his work. Such examples are useful to understand the practices of resistance undertaken by nurses in their everyday contexts. For instance, resistance for nurses who are situated at the margins of the healthcare system requires strategies that make visible the discrimination they suffer, including classism, sexism, ageism, and/or racism. Foucault's theorisation of resistance also reveals how the productive aspects of power create subjectivities for nurses (i.e., limited in knowledge and submissive or competent and advocate), making certain forms of resistant more viable than others, depending on professionals' subjectivities and institutional locations.

We propose that using a Foucauldian analysis, nurses can advance knowledge, develop political agency, and improve their capacity for truth telling (parrhesia). We developed the questions below to support individual and collective reflection that could happen if nurses engage in documenting their everyday professional lives, identifying moments of moral courage, apathy, and compassion fatigue in the face of adversity (Lunardi, Peter, and Gastaldo 2002; Mohammed et al. 2021; Moreno-Mulet 2016; Peter, Lunardi, and Macfarlane 2004; Peter, Simmonds, and Liaschenko 2018). In Table 2—Reflecting on Resistance with Foucault, we propose questions based on

TABLE 2 | Reflecting on resistance with Foucault.

Resistance as contestation and transgressiveness	Which groups cannot access or are marginalised in this institution?
	What are nurses' locations for the exercise of power in this institution/system? How to resist from the periphery of power?
Resistance as a power exercise -Power, Reform and Revolution	What aspects of this institution need to be reformed through changes in programme and/or policy?
	What aspects of this institution require a revolutionary approach (structural change) to improve radically?
	How do nurses exercise power in this institution/system?
Resistance as a power exercise - Micropolitics and the Productive Nature of Power	How do day-to-day micropolitics regulate nursing practices in this institution/system?
	What are the effects of nurses' daily actions? What kinds of subjectivities are being constructed?
	What nursing practices of resistance challenge the microphysics of power in this institution/system?
Resistance as a power exercise - Technologies of State Power: Biopower	How do nurses participate in the governance of individuals, groups and populations through biopower?
	How do mechanisms of biopower (anatomo-politics and biopolitics) shape nurses' practices and interactions with healthcare users and community members?
	How can nurses confront technologies of power and develop resistance practices in defence of healthcare users?
Resistance as a power exercise - Illegalisms and Struggles	Are there practices of illegalism in this institution? What are they?
	How do nurses engage in illegallism for the benefit of healthcare users and community members?
	How does illegalism impact nursing practice and challenge existing power structures within this institution?
The microphysics of freedom and the ethics of the subject	Do nurses engage in acts of counter-conduct within this institution to resist oppressive practices, both individually and collectively?
Counter-Conduct: A Pivotal Concept Articulating the Analytics of Power and the Ethics of the Subject	How does the institution respond to acts of disobedience in defence of healthcare users or health providers?
	What are the relationships established among professionals who engage in resistance practices as a collective?
The microphysics of freedom and the ethics of the subject.	Does this institution provide spaces for individual and collective reflection on the political and ethical dimensions of care?
Technologies of the Self: Knowledge and Care of the Self and Parrhesia	Are there reports of negligent practices in this institution? What are the consequences of such reports for those involved and the institution?
	What struggles do nurses encounter when attempting to engage in practices of parrhesia within this institution?

Foucault's decades-long development of the concept of resistance to guide a reflection about nurses acts of resistance in everyday professional practice. This includes denouncing and resisting unethical practices, identifying cracks in the institutional fabric to engage in illegalisms, acts of rebellion and counter-conduct as patient's advocates. If practiced consistently, nurses making use of their freedom, moral reflection, and professional values would confront the healthcare system, assuming they are aware of the risk of telling the truth, defending their rights, the rights of healthcare users, and confronting a system marked by structural inequities; many do not have job stability and could be lose their jobs for doing so.

While we acknowledge the importance of the concept of resistance as a multifaceted, dynamic contribution that is related to the concepts of knowledge, power, and subject, we also are aware of the challenges of and criticisms to Foucault's work. Our effort to systematise Foucault's work on resistance so that it is more accessible to clinicians reveals the difficulty of developing a comprehensive understanding of this prolific

author who proposed multiple, interrelated concepts that evolved over decades. In addition, Foucault's work is considered controversial; it is descriptive, sceptical, pessimistic, and lacking a normative horizon (Álvarez and Varela 2013, p. 351). For instance, Nancy Fraser (1989, p. 33) stated that '[c]learly, what Foucault needs, and needs desperately, are normative criteria for distinguishing acceptable from unacceptable forms of power. As it stands now, the unquestionably original and valuable dimensions of his work stand in danger of being misunderstood for lack of an adequate normative perspective'. However, other authors argued that Foucault's critical and normative capacity lies in his interest in problematizing and questioning the knowledge and practices that constitutes institutions (Butler 2001; Moreno-Mulet 2016; Sierra and Meyer 2020). Butler (2001) supported this point when stating that Foucault temporarily suspended judgement to propose new practices. But such nonnormative approach, also created uncertainty and questioned traditional ways to exercise power, potentially leading to improved capacity for resistance, if the individual can deal with the inevitable challenges inherent to such acts.

Foucault is also criticised for bringing ambiguity and contradictions to the understanding of normativity, affecting the notion of resistance (Pickett 1996: 461). Foucault explicitly refused to identify his approach with any kind of morality or ideology and operated as a Nietzschean hammer against the philosophy of humanism. This tension between his political activism and theoretical standings survives in nursing studies that have used of his work. An example of such tension is reflected in a recent publication, where Petrovskaya (2023) claimed that Foucault's ideas, as part of poststructuralist and postmodern thought, have been subsumed in American nursing literature as an 'oversimplified or caricatured representation' of an emancipatory nursing agenda (Petrovskaya 2023: 123). For the author, the 'well-informed readings of Foucault' (that she identified with the non-American but still Anglophone literature inspired by 'continental theory') are antihumanist or posthumanist, that is, they decentre the subject and are therefore sceptical of emancipatory agendas. But we argue that Foucault's biography does open an opportunity for utilising his ideas within a moral horizon. Despite Petrovskaya's acknowledgement that even the more orthodox understanding of Foucault in nursing studies are value-laden (2024: 29), she did not make these antihumanist values explicit and only defined this continental approach by stating what they are not (*via negativa*).

From our perspective, the normative horizon is present in Foucault's latest wok on ethics, where he presented ideas to help understand counter-conducts and counter-discourses that require a moral positioning of subjects (Moreno-Mulet 2016). However, Foucault's turn to the care of the self reflected a shift in the zeitgeist of political contestation. Boltanski and Chiapello (1999) pioneeringly explained it as a dissociation between social critique, directed against social inequity, and the post-68 artistic critique, directed towards individual self-revelation. In the same vein, Fraser (2013) denounced that this aestheticization of critique hand in hand with the shift towards identity politics—and its values of diversity, difference, creativity and authenticity—is ultimately useful for neoliberal capitalism. Foucault's ethical turn and the depoliticized way in which he interpreted classical parrhesia as individual disclosure of the self accompanies this displacement. But it also serves to denounce it, as Dardot and Laval (2010) have shown by recalling that for Foucault the techniques of the self are a form of governmentality, an exercise of power and thus a site for resistance. This ambivalence, thus, allows us to explore an emancipatory reading of resistance.

From a Foucauldian point of view, we propose nursing ethics should be understood as a praxis that allows nurses to question the organisation of the healthcare system and the relationships between users and professionals. In this way, its normative horizon is contextual, current and practical. That is what resistance means, the possibility of making freedom a way of being as people and as nurses at a specific place and time. Counter-conducts are creative, and resistance is a productive practice that rejects normalised ways of life. Resistance is a revolutionary power exercise that reflects our freedom, a possibility for nurses to constantly (re)create themselves and to fight against the injustices of the healthcare system. Foucault invitation is for nurses to become ethical and free individuals who create moral rules they share in everyday life.

In sum, Foucault's theoretical framework provides nurses with an inspiring standpoint from which to understand how nurses exercise power relations among themselves, towards others, and within the healthcare system. We believe that considering resistance as power advances nurses' ability to problematise the relationships established within the healthcare system and in the search of fairer organisations, where they make themselves and healthcare users' visible, active subjects. From an inter- or intra-disciplinary perspective, nurse researchers should continue studying resistance as power in the healthcare system and how to reform or revolutionise institutions from within.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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