

Preface

This book presents a study of health and illness derived in large measure from the writings of French philosopher Gilles Deleuze. It provides the first systematic assessment of the significance of Deleuze's thought for contemporary research in the health sciences, including work in public health, quality of life studies and human development. The book will introduce many of Deleuze's key ideas, exploring the application of his method, what he called "transcendental empiricism", to the analysis of select problems in the study of health and society. Of principal interest are the inventive accounts of subjectivity, embodiment and experience that Deleuze proposes, and the varied concepts that these accounts engender. In pursuing these interests, the book will confirm the need for a Deleuzian approach to research in the health and social sciences, along with the innovations in research practice that such an approach should inspire. Each task will entail a critical reading of several of Deleuze's most important concepts, including 'event', 'affect', 'relation', 'life', 'difference', 'immanence', 'becoming' and 'assemblage', in an effort to establish grounds for the more widespread adoption of Deleuze's ideas across the health and social sciences.

The book will focus on the treatment of subjectivity and the body such that the notion of 'human life' may be reframed in the health and social sciences. I argue that such a shift is critical given recent affirmations of the convergence of the human and the nonhuman in social, political and biological life (see Latour 2005). While for some, this convergence signals the need for a *posthuman* account of health and illness more alert to the imbrications of science, technology, politics and biology (Rose 2007: 1–8), I am just as interested in the implications of this 'decentring of the human' for research innovation in the health and social sciences. I aim to extend Deleuze's account of subjectivity and the body in order to sketch the most important implications of 'posthumanism' for thinking about health itself (see Wolfe 2010). The major problem the book seeks to confront, therefore, is the task of rethinking the ontological and epistemological status of health at a time when the 'human subject', to which the attribution of health necessarily refers, seems everywhere in retreat (Fox 2011). The book ventures to explain how health

may be reframed in the absence of conventional ontological distinctions such as human/nonhuman, nature/culture and body/society. It asks what health may look like, and how it ought to be conceptualised, in the context of a posthuman, more-than-human, assemblage of spaces, forces and bodies. In addressing these questions, the book will present a number of case studies indicating how Deleuze's account of (human) life may afford fresh insights into enduring health problems such as addiction and mental illness.

I should note that problems concerning subjectivity and embodiment are central to a number of critical debates in the contemporary health sciences (Turner 2008). Of course, the very notion of a science devoted to health may be regarded as a peculiarly humanist enterprise, charged with the preservation of certain kinds of embodied existence to the neglect of others (Fox 2012: 2–7). The health sciences are certainly preoccupied with the body, with both its limitations and capacities, which combined with the demands of public health and the ministrations of clinical medicine effect a unique “government of the living” (Foucault 1997: 81). In Foucault's seminal reckoning, this ‘governmentality’ works to draw specific forces out of the body, installing a discipline of the flesh in the cultivation of its corporeal agency. Such insights have prompted a good deal of innovation across the health and social sciences (see Fox 2012; Petersen and Bunton 1997), although in analysing health problems scholars have sometimes exaggerated instances of domination and control at the expense of a more balanced assessment of the practices of resistance and self-fashioning central to Foucault's later writing. Recent examples of this tendency include debates regarding the rise of obesity and related health problems; the management of chronic health conditions such as diabetes, depression and HIV/AIDS; and attempts to reduce the use of alcohol and other drugs. Research in each domain typically endorses the ‘governmentalities’ expressed in the attempt to discipline certain kinds of subjects in an effort to preserve or restore particular kinds of embodied experience (Coveney 1998: 461–465). Health may, indeed, be usefully conceived in this fashion; as an exercise in endorsing specific forms of embodied experience in the interest of defending particular kinds of human life (Greco 2009).

Despite the impact of Foucault's work across the health and social sciences, scholars have often struggled with the methodological implications of his ‘genealogy of the subject’ for applied research (Turner 2008; Petersen and Bunton 1997). It may, in fact, be argued that the health and social sciences remain caught in the paradox of subjectivity; on the one hand committed to the study of meaning and individual experience, while increasingly aware of the ‘illusion’ of subjectivity, of its evanescent, mediated character (Law 2004; Mol 2002). The subject, like the body it seems, has lost the reassuring stability it once enjoyed. I argue throughout the book that the examination of human life presents an ontological problem, insofar as the ‘subject’ of the health and social sciences now evinces a bewildering ontological pluralism. This includes theories and perspectives that reject humanism altogether, treating it as a ‘cultural fiction’, to more moderate positions that regard ‘human life’ as a cultural and biological artefact supported within a web of social and ‘natural’ relations, through to traditional models which cling to the ideal of

a sovereign entity endowed with inalienable rights and committed to their assertion and defence (Turner 2008).

Often this pluralism is treated as a convenient resource for the health and social sciences, affording diverse analytical strategies to suit diverse empirical challenges. Yet the antinomies that fracture human life cannot be dismissed so readily. The 'subject' of health cannot be both natural and artificial, body and society, without conceding an ontology of confusion that is forever revising the point at which nature and culture meet. Redrawing the boundaries between self and world may momentarily clarify the 'being' of human life, including those aspects which pertain to health and illness, but it usually serves to reintroduce a traditional subject, albeit within ever more onerous restrictions. Such moves retain the 'subject' and 'culture' as distinctive, reified things that shift and morph in their relations, retreating and advancing according to the predilections of observation and theoretical inclination. The health and social sciences have, in this way, settled for a fraught compromise, accepting both a 'natural' and a 'cultural' subject, a 'natural' and a 'cultural' body, forever arguing over the precise balance of this commingling, while ignoring the ontological tumult such a compromise entails (see Turner 2008: 1–5). The book rejects this fix, noting that the traditional subject cannot hold in the face of evidence confirming its historical and political contingency, just as the 'cultural' subject cannot account for the body without reducing it to artifice (Foucault 1983: 208). The subject, like the body, cannot be both nature and culture without confounding the very status of each. Human life must be explained, along with the full measure of its health.

I would add that the whole idea of health becomes hopelessly confused in this mix of bodies and worlds, subjects and cultures. Indeed, the 'cultural' subject that now rivals the 'traditional' subject in health and social science research opens up at least as many problems as it solves. For it asserts at the same time that health is a 'normal' property of a 'naturally' healthy body, just as it reflects the outcome of discrete structural interactions in the world. Yet how can health be both 'natural' and 'cultural'? Which aspects pertain to the 'nature' of health and which aspects concern its 'culture'? And how might the natural aspects of health be discerned among its cultural ramifications? Surely health must be denaturalised as soon as it is conceded that health is as much a function of historical, political and technological processes, as it is the expression of a hypostasised biology (Mol 2002: 56–60). The body, like the subject, becomes slippery and elusive in this commingling of forces, clinging to the assurances of the flesh as surely as it is distributed among the structures of a ubiquitous culture. So what does the health of a 'natural/cultural' body refer to; and what can it mean to describe such a body as healthy? Do such questions concern individual bodies; a particular set of salubrious practices; an especially conducive environment; an enviable genetic endowment; or do they concern all these things at once? The latter position merely confounds the ontological status of the embodied subject of health and illness, and the interactions which mediate it. It inevitably confounds causality and correlation in neglecting to consider whether the subject is a *party* to social and structural interactions, or *formed and modified* in them. Medical science usually endorses the first position

along with the idea of a natural, healthy body, while the study of the ‘social determinants of health’ opts for the second, even as it retains a vestigial commitment to the ‘natural’ body of biomedicine (Fox 2012).

Foucault (1978) observed that the problem of determining the proper ontological status of the embodied subject haunts the human sciences because it renders uncertain the very object of their analysis. While each such science usually manages this matter internally, retreating to the certainties of long established disciplinary maxims, the epistemological challenges occasioned by the problem of ‘human life’ remain a source of enduring unease throughout the health and social sciences (Greco 2009; Rose 2007). This suggests that the time is ripe for a thoroughgoing reappraisal of the ‘subject’ of the health and social sciences in the interests of overturning the nature/culture, human/nonhuman dyads that bedevil so much contemporary work in these fields. The book proceeds from the conviction that Deleuze’s philosophy provides the most coherent intellectual resources for this task.

The book will argue that Deleuze’s transcendental empiricism furnishes a compelling basis for reorienting the study of ‘human life’, and the more specific investigation of the experience of healthy and ill subjects. Furthermore, Deleuze’s empiricism offers a means of exploring the *territorialisation* of human life in ways that may revitalise accounts of the social dimensions of health. Abandoning the ontology of nature and culture, of nature *or* culture, Deleuze (1988: 104–122) prefers a “vital topology” of the “inside” and the “outside” in which the inside is always yet another fold of the outside, just as the outside is always a folding of the inside. Human life (the embodied subject) is involuted, “implicated” in this process of folding by which an “inside” (or interiority) like mind, consciousness or subjectivity is produced in a “differential synthesis” of an always present, always folded “outside” that includes the folds of habit, practice, sense data, food and water, other bodies, ideas and technologies (Deleuze 1994: 70–74). It follows that “the whole of the inside finds itself actively present on the outside” (Deleuze 1988: 119) such that subjectivity and embodiment ought to be regarded as *assemblages of the inside and the outside*, of forces and processes distributed in multiple, dynamic and recursive relations. Nature and culture, body and world, inside and outside can no longer be regarded as ontologically distinct and separable entities. As Alfred North Whitehead (1968: 21) observed in a sympathetic context, “we cannot define where a body begins and where external nature ends. . . exactness is out of the question. It can only be obtained by some trivial convention”. Eschewing such conventions, Deleuze instead posits a pre-subjective, pre-individual field of forces, affects and percepts, of intensive and extensive singularities, out of which the assemblages which support or express human life are formed. Subjectivity is expressed in an assemblage, but cannot be reduced to any particular element, or set of elements, within it. The body is equally “multiple” assembled in the congeries of objects, actors and worlds (Mol 2002: 172).

The book contends that such logic presents a breakthrough in recent attempts to resolve the status of ‘human life’ in the health and social sciences (see Grosz 2011; Fox 2011). In developing this argument, the book will move from Deleuze’s

biophilosophy to consider those processes, events and relations that support the *vital expression of health in life*. This will involve an attempt to derive a ‘developmental ethology’ from Deleuze’s writings, specifically his commentaries on Spinoza and Bergson. On the basis of these commentaries, I will emphasise the ethological composition of human life in order to identify the specific relations, affects and events that enable joyous, or healthy, encounters between bodies, and those that precipitate sad, or unhealthy, relations. The book will define health as a particular state of embodied subjectivity that is formed or produced in an assemblage of relations, affects and events. I will go on to argue that Deleuze’s work provides a means of tracing the characteristic features of this assemblage, suggesting a basis for eliciting positive accounts of health by clarifying those relations, affects and events wherein a body’s health is sustained or promoted. Having established a means of defining health in a more substantive way, the book will turn to consider the impact of various social and structural processes in mediating health outcomes in specific settings and populations. The purpose of this analysis is to advance a Deleuzian account of the social determinants of health, along with a novel causal analytics for studying them. Starting with those relations, affects and events that compose individual bodies, Deleuze’s empiricism affords a method for discerning how broader social processes shape the everyday experience of health and illness. Transcendental empiricism should facilitate the identification of the specific individual processes that materially impact the health status of individuals and groups, including that bundle of relations, affects and events that constitute ‘the social’, as well as the more immediate relations typical of ‘local’ interactions (Fox 2011). The development of this argument will include the presentation of case studies designed to illustrate the innovations associated with the application of Deleuze’s methods, as well as the most significant health policy implications that follow from their use.

Assemblages of Health is thus concerned to generate an account of health, subjectivity, embodiment and experience alert to the teeming heterogeneity of ‘human life’. Taken from a Deleuzian perspective, health may be characterised as a discontinuous process of affective and relational becoming in which the *quality of life* is advanced in the provision of new affective sensitivities and new relational capacities. As Foucault (2001: 108) so cogently observed, this perspective remains in essence an ethical one. It supports a creative ethics of experience – of affects, relations and events, their encounters and resonances – equal to the vital expression of health. Yet this is not primarily an ‘ethics of the self’ akin to the one Foucault himself proposed. As I have noted, the traditional self all but disappears in Deleuze’s mature philosophy, replaced by a ‘swarm’ of intensive singularities that coalesce in the assemblages that sustain (human) life. This is not to suggest an irredeemable antagonism between Foucault’s and Deleuze’s rival ethical postulates, only that the work of thinking through these postulates, and their various coherences and antinomies, has barely begun. *Assemblages of Health* contributes to this reckoning, finding in the quotidian logistics of Foucault’s ethics a suggestive praxis for determining how Deleuze’s ethological account of life and its becomings may be realised in an everyday pragmatics of health. The book is devoted to this life, to an ethics of the

assemblage and the peculiar normativity proffered in it, along with the empiricism necessary for the practice of such an ethics. In this ethics lies the promise of an entirely new mode of health research, and a very different kind of life.

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