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The ill body. Between power and rebellion

Abstract: This article examines the issue of the ill body from two perspectives which are at the same time two parts of this paper. The first one which follows Michel Foucault, concerns production of the specific type of the subject, namely the patient and includes a scrutiny of the hospital as a disciplinary apparatus. The goal of the second part is to analyse illness as a counter-apparatus which undermines any given order. I argue that power, violence, the process of subjectification and a way of eluding their moulding force are reflected in the issue of the ill body. For the ill body simultaneously is extremely vulnerable (as something that needs to be fixed) and invulnerable (because of the rebellious 'nature' of illness) to the apparatus investments.

Key words: hospital apparatus, discipline, profanation, illness, subjectification, Foucault, counter-apparatus.

Introduction

This article examines the issue of the ill body from two perspectives which are at the same time two parts of this paper. The first, following Michel Foucault, concerns production of a specific type of the subject, namely the patient and includes a scrutiny of the hospital as a disciplinary apparatus. Here I deploy Foucault's history of medicine without questioning his discoveries and his knowledge as a historian of ideas. The goal of the second part is to analyse an illness as a counter-apparatus which undermines any given order. I argue that power, violence, the process of subjectification and a way of eluding their moulding force are strongly reflected in the issue of the ill body since the ill body is simultaneously extremely vulnerable and invulnerable to

the apparatus investments. The movement of evading power has, indeed, its educational potential. However, it would be rooted in the rebellious ‘nature’ of illness itself that works in us, in the name of emancipation, rather than in intentional actions of a consciousness agent. Moreover, the latter, taken the form of health education, appear to be a part of biopower machinery. For one cannot ignore the fact that medicine and in consequence also a definition of what health is, is not “objective, neutral, and without investment in securing its own authority and legitimation” (Hancock, 2018, 455). On the contrary it is always “a product of society and not something that stands independent of it” (*ibidem*, 456). Consequently, we must continuously “confront the ways that medicine always intersects with economics, power, and social life, elements that are always constitutive of one another” (*ibidem*).

Although the phenomenon of health is of vital importance both as a reverse of illness and, remaining in horizon offered by Foucault, as a power construct, an analysis of this issue exceeds the scope of the paper that is focused on the ill body within the hospital walls. Additionally, mental disorders are out of interest, even though they appear to be much more of a Foucauldian theme¹. It is also important to mention at the outset that illness should be distinguished from disease. The second is understood as the physiological process or, to speak more precisely, physiological dysfunction and “falls within the domain of empirical science” (Carel, 2016, 17) whereas illness, as living with a disease, would primarily belong to the humanities.

Before turning to the disciplinary apparatus directly, a brief reminder of Foucault’s approach to power needs to be recalled. “For Foucault, power is not reducible to the State, nor any one authority, set of laws, or centralized institution. Power is not restricted to political institutions nor is it reducible to them, where one class can dominate over another, or where power is simply the reproduction of the relations of production. Therefore, power cannot be understood as a false-consciousness produced by ideology or propaganda; rather, power is constitutive of all social relations, norms, and practices, working on the dominant as well as the dominated” (Hancock, 2018, 449-450). Such a perspective on power redefines the concept of violence, which is not brutal and unpredictable but, conversely, may be subtle, discreet, modest and devious, taking the form of the relentless work on the body as it happens for instance in the case of the hospital machine.

¹ Foucault deals with the issue of mental illness in his book *History of Madness and lectures Psychiatric Power: Lectures at the Collège de France 1973-1974; Abnormal: Lectures at the Collège de France 1974-1975*.

It is hard to disagree with Gilles Deleuze's claim (1992, 3) that after World War II we moved from the disciplinary societies, located by Foucault in the eighteenth and nineteenth centuries, to societies of control or "biopolitical control" (Hardt and Negri, 2000, 344)². Yet, it does not mean that all forms of "these environments of enclosure" (Deleuze, 1992, 3), these "molds" (*ibidem*, 4) have disappeared. On the contrary, disciplinary forms like schools or hospitals remain present in our times though in a transformed shape. Thus, despite changes in the field of medicine and the functioning of hospital institutions, such as the emergence of neighbourhood clinics, hospices and day care, the hospital remains the disciplinary structure. It organises and works through a space of enclosure and produces a certain type of subjectivity "by structuring the parameters and limits of thought and practice" (Hardt and Negri, 2000, 23).

I. The hospital apparatus or how to produce the patient?

To examine the issue of producing patients, that is turning a human being into the subject, into the patient, I will use Foucault's term of apparatus (*dispositif*)³ which remains a key term for his thinking on power and subject. As he clarifies in an interview in 1977, an apparatus can be understood as "a thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, and philanthropic propositions – in short, the said as much as the unsaid ... The apparatus itself is the system of relations that can be established between these elements" (Foucault, 1980, 194). Thus, an apparatus remains inscribed into a play of power and as such is linked to certain limits of knowledge which arise from it and, at the same time, condition it. To put in other words, an apparatus always consists in: "strategies of relations of forces supporting, and supported by, types of knowledge" (*ibidem*, 196). However, what is more important for the purpose of this paper is the fact that this nexus of knowledge and power produces subjects. For this reason, thinking of apparatuses implies thinking on a process of subjectification. It can be said that the hospital apparatus or hospital understood as an apparatus captures living beings, turning them

² Hardt and Negri write: "Imperial command is exercised no longer through the disciplinary modalities of the modern state but rather through the modalities of biopolitical control".

³ As Stuart Elden notices: "*Dispositif* is one of the most difficult words in Foucault's work to translate adequately, meaning straightforwardly 'apparatus' but also the arrangement or set-up of a web of practices and their attendant discourses" (2006, 44).

into objects of knowledge and procedures, that is into patients. As a result, one's intimate relation with their illness and even death is, as it were, taken away from them and located into a mediating power apparatus.

Foucault compares the hospital to the prison – at a certain stage of their historical transformations – posing a rhetorical question: “is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?” (1995, 228). The similarity between prisons and hospitals is visible even at first glance when looking at hospital uniforms. Distinctive clothing easily allows one to recognise whether they are dealing with medical personnel or a patient. Moreover, prisons, hospitals, schools or factories remain hierarchical institutions and in the case of hospitals the hierarchy of a clinic is strengthened by the hierarchy of academic degrees. All abovementioned apparatuses work and focus on a single body and they are, indeed, an art of the human body. It is always the body that is at issue, “the body and its forces, their utility and their docility, their distribution and their submission” (*ibidem*, 25).

The process of transformation of the body – regardless of whether it takes place at schools, prisons or hospitals – is aimed at conducting one from point A to point B, leading an individual out of an undesirable state of being a child/criminal/ill. In other words, all three states are guided by the assumption: there is something wrong with you and this needs to be fixed, you need to be fixed by proper conditioning. And throughout this process, a docile body, being an object and a target of these interventions, is “subjected, used, transformed and improved” (Foucault, 1995, 136).

The interest in the body appeared relatively late, because in the eighteenth century and it was linked to the emergence of discipline while up to then the main object of interventions of the state and its institutions had been the soul (*cf.* Foucault, 2004, 7). Correspondingly, a therapeutic function of the hospital was also an invention of the eighteenth century. Up to then the hospital, run by charitable personnel, had been a place where people went to breathe their last (*cf.* Foucault, 2004, 10) and which had been focused not on curing the body of the poor, but a salvation of their soul as well as the souls of the staff members who took care of them. According to Foucault, before that time medicine and hospitals were two separate domains which did not overlap, “which were sometimes paired but differed fundamentally” (Foucault 2007, 143). The heart of medicine was elsewhere. The hospital served as an institution of spiritual and material assistance of the poor⁴. This function

⁴ See also Foucault's *The Birth of Social Medicine* (2002) on socialisation of medicine.

of the hospital coincided with the ideas of exclusion and separation since a patient, as a carrier of disease and a dangerous element, needed to be kept apart from other members of society. Thus, until the end of the eighteenth century, being a patient of a hospital meant being poor and on the point of death. Not surprisingly, the medics who were summoned to the hospital were not those who enjoyed a lot of prestige. Recognised doctors stayed away from the hospital; their practice was limited to private consultations (*cf. ibidem*, 150). Perhaps unconscious fear of the hospital, as a place where one goes not to receive treatment but rather to die, still resides in some of us as an echo of that past situation. A passage from Aleksandr Solzhenitsyn's *Cancer Ward* might be a case in point: "Pavel Nikolayevich went white around the mouth, stopped dead and whispered to his wife, 'Kapa, I'll die here. I mustn't stay. Let's go back.' Kapitolina Matveyevna took him firmly by the arm and said, 'Pashenka! Where could we go? And what would we do then?'" (1969, 2).

As Foucault points out, although disciplinary mechanisms can be dated from ancient times⁵, they were shaped into their current form throughout the seventeenth and eighteenth centuries. The form of discipline existed in antiquity and in the Middle Ages was isolated and fragmentary and only since the seventeenth century would it spread all over the social body becoming a new technique of the management of men (*cf. Foucault 2007*, 146). Yet, the concept of discipline should be distinguished both from an apparatus and an institution. It is a modality for the exercise of power "comprising a whole set of instruments, techniques, procedures, levels of application, targets" (Foucault, 1995, 215). In comparison with traditional power, based on the Hobbesian model of sovereignty⁶, discipline is discreet. "It is not a triumphant power, which because of its own excess can pride itself on its omnipotence; it is a modest, suspicious power, which functions as a calculated, but permanent economy" (*ibidem*, 170). A beautiful picture, and at the same time an essence of difference between those two models of power, is to be found in Foucault's *Psychiatric Power* when analysing a treatment that King George III was given. The French philosopher notes: "In fact, the king's [George III]

⁵ "Discipline is a technique of exercising power, which was not so much invented but rather elaborated in its fundamental principles during the seventeenth century. It had existed throughout history, for example in the Middle Ages, and even in antiquity. For example, the monasteries constitute an example of a place of power of which a disciplinary system was at the heart. Slavery and the great slave companies existing in the Spanish, English, French, and Dutch colonies were also models of disciplinary mechanisms. We can go back to the Roman legion and in it we would similarly find an example of discipline" (Foucault, 2007, 146).

⁶ See for instance his lectures *The Society Must Be Defended* (2003b).

madness, unlike that of King Lear, condemned to roam the world, fixes him at a precise point and, especially, brings him under, not another sovereign power, but a completely different type of power which differs term by term, I think, from the power of sovereignty. It is an anonymous, nameless and faceless power that is distributed between different persons. Above all, it is a power that is expressed through an implacable regulation that is not even formulated, since, basically, nothing is said, and the text actually says that all the agents of this power remain silent. The silence of regulation takes over, as it were, the empty place left by the king's dethronement" (2006, 21). This description seems to go to the heart of disciplinary power that remaining subtle, "anonymous, multiple, pale, colorless" (*ibidem*, 22) is more dangerous than the former one.

Foucault describes discipline in terms of technology or methods which allow the detailed control over the activities of the body, and which enable "the constant subjection of its forces and imposed upon them a relation of docility-utility" (1995, 137). The aim of disciplinary apparatuses is to form and/or work on a productive and efficient body. The relation of docility-utility resounds especially loudly in the economic domain yet cannot be limited only to this sphere because when Foucault writes about production, he "means not only 'production' in the strict sense, but also the production of knowledge and skills in the school, the production of health in the hospitals, the production of destructive force in the army" (*ibidem*, 219). This requirement of effectiveness inherent in disciplinary power and imposed on the body, cancels a traditional division into a dominator and a dominated since both are those over whom disciplinary power is exercised. Neither students and teachers nor workers and managers or prisoners and prison guards can be caught with idle hands. However, in the case of the hospital, a concept of productivity needs to be supplemented. Although we can easily think of the hospital as a place that, serving recovery, returns to society those who seem to be useless, those deserters "the army of the upright" (Woolf, 2002, 12)⁷, there are some other aspects of productivity of the ill body that cannot be ignored. The ill body may be regarded as useful, as far as, it reveals the secrets of illness, as far as it becomes a place where illness discloses its deepest mysteries at medicine's service. The same way, the dead body might be productive as much as living one, but I will return to this. This task of the hospital machinery overlaps a modern medicine task of maintenance a state of being healthy that is being

⁷ Virginia Woolf writes in her essay: "we cease to be soldiers in the army of the upright; we become deserters. They march to battle. We float with the sticks on the stream".

useful. Taking this into account, health education may be perceived as an effective instrument of biopower that asserts control over health. As Denise Gastaldo notices: “Its [health education] involvement with prevention and health promotion, as well as its educational nature, enhance the set of power techniques that come into play in the management of individual and social bodies” (1997, 114).

Furthermore, at present, medicine relates to the economy not only through supplying society with capable of working, “strong individuals” (Foucault, 2004, 16), but also through making health a consumer object that has been put on the market among other goods. Health has become an object that can be produced and consumed and as such “it has acquired economic and market value” (*ibidem*). Medical advertising not only generates consumer demands for certain medications but also, according to Hancock, reorients “the understanding of health and healthcare decisions/treatments in general” (Hancock, 2018, 440). Thus, doctors have become “almost mechanized intermediaries between the pharmaceutical industry and client demand” (Foucault, 2004, 18), “simple distributors of medicine and medication” (*ibidem*). These transformations of the medical realm are parallel to the phenomenon of medicalisation of society which is a situation when medicine exceeds its traditional field “defined by the wishes of the patient, his pain, his symptoms, his malaise” (*ibidem*, 12) and spreads throughout the entire social body. The medical interventions take a different form starting with the purification of water and ending with an occupational medicine examination. And although these undertakings seem to be neutral, one needs to bear in mind that they remain endowed “with an authoritarian power with normalizing functions” (*ibidem*, 13). Much remains to be said in analysing these issues, but such an inquiry lies beyond the scope of this paper since even though the market medicine principally is based on a fear of illness as something that can make one be out of the game, it is essentially connected with health, evoking such questions as ‘what can I do to maintain or improve my health?’, ‘what can I do when my health is failing?’.

Returning to the issue of the dead body it needs to be mentioned that its role is much more important than a role of a giver information about illness. According to Jeffrey Bishop – who draws on Foucault’s discovery that at a certain point of history of medicine death has been conceiving of as able to elucidate life – the dead body has gained a paradigmatic status as an object of medical inquires. The constant flux of life, seen from this perspective, appears to be the worst enemy of a medical insight since it “prevents medicine from having a stable object of knowledge” (Bishop, 2009, 344) whereas death,

in halting this flux, makes a true knowledge possible to acquire. The “body becomes an object that must submit to the measure of the gaze. Making this measuring difficult is that this body, as alive, is in constant flux. But the dead body is more stable, more knowable, and, as a kind of template for knowing, more transferable to other bodies in the space of the polis” (*ibidem*, 343). This special status of the dead body seems to be important regarding discipline. Could one imagine more disciplined, more docile subject than the dead one? What other body would fulfil so eagerly assigned tasks?

I a. The art of distribution of bodies and controlling their activities

To make the body a productive body, in each sense mentioned above, is possible only if it is caught up in a system of subjection (*cf.* Foucault, 1995, 26). The process of subjection may be based on a direct coercion or, on the contrary, it may be “subtle, make use neither of weapons nor of terror” (*ibidem*). Yet, in both cases it involves a certain physical order that captures and moulds the body. The discipline manifests itself in details, in fastidious organising the space and time, in the “meticulousness of the regulations, the fussiness of the inspections, the supervision of the smallest fragment of life and of the body” (*ibidem*, 140). It blossoms in registering, monitoring, constituting files, observing, and controlling changes, arranging facts in columns and tables.

The aspect of discipline that codes a space, is clearly visible especially in the case of the prison and the hospital. In the last one, each body and each thing must be on their places and watched over. Patients are “individualized and distributed in a space where one could oversee them and record the events that took place” (Foucault, 2007, 148). Each body on their bed, each bed in a right room, each room in a right ward, each ward in a right building. In analysing a historical transformation of the hospital as the disciplinary institution, Foucault points out that the methods of fiscal and economic supervision preceded the techniques of medical observation. Originally, the main concern had been to keep under control precious, for many reasons, things rather than men. And the medical supervision over patients, in terms of discipline, has appeared later. This fact seems to be important since the management of things prepared the ground for the government of people. The machine was already obtained, with its tools and procedures, and human objects easily were merely added to non-human objects, becoming a component of the set of manageable elements. In today’s hospital, administrative, fiscal, and economic dimensions remain crossed with medical one. They can be found in the system of verification of identity and health insurance

of patients, regulating their comings and goings, storing their belongings, keeping medicines under lock and key as well as recording their use.

A crucial component of functioning of each disciplinary apparatus is to create around the body environment that would be amenable to control. Thus, at a certain point in history, an architecture starts to serve an idea of transformation of individuals. It has been no longer built to arouse admiration (as with palaces) or to enable vigilance of an external space (as with fortresses), but to allow “an internal, articulated and detailed control – to render visible those who are inside it” (Foucault, 1995, 172). Consequently, hospitals discontinued being merely shelters. With the emergence of discipline, the hospital, including all power of its materiality, has become a therapeutic agent. And as such, that is as a place of a simultaneous cure and surveillance, it could not be any longer dark and obscure. The “hospital building was gradually organized as an instrument of medical action: it was to allow a better observation of patients, and therefore a better calibration of their treatment; the form of the buildings, by the careful separation of the patients, was to prevent contagions; lastly, the ventilation and the air that circulated around each bed was to prevent the deleterious vapours from stagnating around the patient, breaking down his humours and spreading the disease by their immediate effects” (Foucault, 1995, 172).

As I have already mentioned, discipline works not only on space but also time. It is exercised through location of bodies as well through controlling their activity: a useful, disciplined body is produced by deploying a meticulously planned schedules of its activities. The implementation of the idea of timetable, derived from the monastic communities and based on three pillars, namely to “establish rhythms, impose particular occupations, regulate the cycles of repetition” (*ibidem*, 149), can be easily found in each hospital machine. There is an allotted time for tests, taking medications, meals, visiting from family, sleeping, and resting.

Here the question arises, namely to what extent the coronavirus pandemic has changed (strengthened or maybe paradoxically weakened) the mechanism of medical discipline? Although the answer to the question goes beyond the scope of this paper it needs to be posed since we might deal with interesting situation when fully shaped system comes across its origin. Since according to Foucault (1995), the plague that broke out in Europe at the end of seventeenth century, gave rise to disciplinary projects and the

plague-stricken town as well as a later mechanism of Bentham's Panoptic⁸ remain a schema of discipline.

I b. The examination

Foucault, making a differentiation between traditional and disciplinary power, unveils the role of an order of visibility embroiled in and used by power. In the first case the one who stays visible is the sovereign; he may be observed and admire in his glory by the invisible subjects. The disciplinary power, as a technique "which contains a constant and perpetual surveillance of individuals" (Foucault, 2007, 147), reverses this order. The power operates through its invisibility and the subjects – on virtue of "a principle of compulsory visibility" (Foucault, 1995, 187) – are those who are supposed to be seen. As Foucault puts it: "Their visibility assures the hold of the power that is exercised over them. It is the fact of being constantly seen, of being able always to be seen, that maintains the disciplined individual in his subjection" (*ibidem*). At this point, a concept of the examination, as a mechanism of objectification and as a ceremony in which power rejuvenates its vigour, needs to be introduced. Disciplinary power, through the procedure of examination, creates what, following Foucault, might be called "the space of domination" (*cf. ibidem*, 187). In this space, disciplinary power emits its potency by arranging objects: the subjects are presented as objects under the vigilant eye of power which manifests itself merely by a gaze that carries out an assessment. In that way, the examination constitutes the individual as an effect and object of power, as an effect and object of knowledge. This mechanism of power can be found not only at schools or hospitals, but also at prisons or workplaces where it takes the form of evaluation or appraisal which in an objective, neutral manner verifies whether the system deals with the good subject or, on the contrary, using Louis Althusser's expression, with the bad one (*cf. Althusser*, 2014, 269).

In a medical examination, a patient's body is exposed to the watchful gaze of doctors, "the gaze of a permanent corpus of knowledge" (Foucault,

⁸ "Bentham's Panopticon is not a model of a prison, or it is not only a model of a prison; it is a model, and Bentham is quite clear about this, for a prison, but also for a hospital, for a school, workshop, orphanage, and so on [...] it is a mechanism, a schema which gives strength to any institution, a sort of mechanism by which the power which functions, or which should function in an institution will be able to gain maximum force. The Panopticon is a multiplier; it is an intensifier of power within a series of institutions. It involves giving the greatest intensity, the best distribution, and the most accurate focus to the force of power" (Foucault, 2006, 73-74).

1995, 190), becoming an object of observation. The body becomes unveiled to make it betray its secrets that on a regular basis are hidden under clothing. Moreover, specialised technique displays its bones, organs, tissues, veins, and arteries giving an internal image of the body. Also, its fluids, like blood or urines, or temperature may be forced to testify, to speak and tell the inner story of illness. There is no way for a body to become more naked, in its physicality, than during a medical examination.

What also does the examination with the body is to introduce individuality into the field of documentation, into the domain of archives in which “the modern play of coercion over bodies, gestures and behaviour” (*ibidem*, 191) has its origins. The art of registration and collecting data of individuals, so familiar to us, has the medical genesis. It falls at the beginnings of a plague epidemic that Foucault conceives of as a turning point in the history of disciplines, when monitoring becomes one of critical needs: „It was the problem of the hospitals, where it was necessary to recognize the patients, expel shamblers, follow the evolution of diseases, study the effectiveness of treatments, map similar cases” (*ibidem*, 189). Thus, being an object of an account stops being a privilege reserved for only few since a description becomes a means of control and a method of domination. In other words, a procedure of writing, in the context of individual’s life, is no longer a policy of heroisation, but a procedure of simultaneous objectification and subjection. Although, the power of writing, as an integral part of the mechanism of discipline, closely intertwined with the examination, has followed the pattern set by a traditional method of administrative documentation aimed mainly at reporting⁹, it has introduced into the procedure its specific elements since what was at stake was an efficient control of the body.

The strict connection between the examination and writing allows two important things. Firstly, it offers the possibility of the formation of the individual as a describable and analysable object of knowledge. Secondly, it enables the formation of a comparative system that makes “possible the measurement of overall phenomena, the description of groups, the characterization of collective facts, the calculation of the gaps between individuals, their distribution in a given ‘population’” (*ibidem*, 190). In consequence, the medicine which emerges in the eighteenth century is simultaneously a medicine of the individual and the population. The examination with its techniques of documentation pins down everyone in their own particularity.

⁹ See for instance Henri de Boulainvilliers’ report in *The Society Must be Defended* (Foucault, 2003b).

As a result, the individual becomes tied, by received status, to the features, the measurements, the marks which define and transform them into a 'case'. The individual as a 'case' not only may be identified, described, measured, judged, and compared with others 'cases'¹⁰ but also trained, corrected, classified, or normalised.

I c. The paternal power

Yet, there is another modality of power exercise that cannot be omitted when thinking of the hospital apparatus, namely a paternal power. Analysing a history of medicine Foucault shows that this form of power appears at the beginning of the nineteenth century, and one would venture to say that it is still present in the relations between a doctor and a patient. According to this, a good doctor should make himself a master of his "patients and their affections" (Foucault, 2003a, 88). He ought to "assuage their pains; calm their anxieties; anticipate their needs; bear with their whims; make the most of their characters and command their will, not as a cruel tyrant reigns over his slaves, but as a kind father who watches over the destiny of his children" (*ibidem*). What is crucial is that, in this relation, a patient is assigned the role of a child. It means that, right from the start, an encounter between a patient and a doctor is asymmetric and a patient is the one who is weaker and dependant. It is also a relation between someone who knows and someone who does not know or to be more precisely a someone whose knowledge is not a right knowledge and as such is excluded from the discourse. A patient's knowledge can be included into a type of knowledge that Foucault calls "subjugated knowledges" (Foucault 2003b, 7). By this term he understands "a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges: naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity" (*ibidem*).

¹⁰ This medical approach, in an interesting way, echoes in Louis-Ferdinand Céline's *Death on the Installment plan* in a passage where he sums up a doctor's life: "The hangovers of the 14,000 alcoholics of the district, the gastric catarrhs, the excruciating stoppages of the 6,422 cases of clap that he wasn't able to cure, the ovarian pangs of the 4,376 menopause cases, the querulous anxiety of 2,266 sufferers from high blood pressure, the irreconcilable contempt of 722 bilious headaches, the persecution mania of 47 tapeworm owners, plus the 352 mothers of children with worms, and the nondescript mob, the vast horde of masochists with manias of every kind, the eczema patients, the albuminous, the diabetic, the fetid, the palsied, the vaginous, the useless, the 'too muches', the 'not enoughs', the constipated, the repentant queers..." (1971, 32-33).

The privileged knowledge, a medic's knowledge, becomes a source from which a "power of expertise" (Bishop, 2009, 339) draws its strength and where it finds a validation in becoming 'the truth'. Such truth, indisputably, chains the patient to his diagnosis "as if there is something essential, some ontological characteristic that defines that person, qua diagnostic category" (*ibidem*, 345). However, even though a doctor is privileged as a possessor of a medical knowledge at the same time they are subjected to this knowledge or in other words they are privileged until they are a medium for it.

The asymmetry which pervades a relationship of a patient, and a doctor is strengthened by a figure of bed that is central both for a baby and a patient. A horizontal position, which is forced when lying in bed, is what distinguished the ill body from "the army of the upright" (Woolf, 2002, 12). The bed appears to be the celebration of weakness, dependence, impotence, and uselessness. It is a place dedicated to the undressed body and being unclothed makes it vulnerable and more available to be touched. There is no stronger illustration of this disproportion of forces than a situation when someone who stays with their clothes looks at someone who must get undressed. Naturally, getting undressed and being naked function also in different contexts and may, to an equal degree, be a tool of domination.

The similarity between a child and an ill is also reflected in a differentiation of social expectations that become less severe towards those who lies in bed. As Woolf notices: "There is, let us confess it (and illness is the great confessional) a childish outspokenness in illness; things are said, truths blurted out, which the cautious respectability of health conceals ... But in health the genial pretence must be kept up and the effort renewed—to communicate, to civilise, to share, to cultivate the desert, educate the native, to work by day together and by night to sport. In illness this make-believe ceases" (*ibidem*, 11-12). Yet, there might be another conclusion of the above passage, namely, that illness, despite being liable to be captured into disciplinary system, also has a liberating potential. And this led us to the second part of this paper.

II. The Body Eluding Discipline or Illness as a Counter-Apparatus

The aim of the hospital disciplinary apparatus, as it was said, is to produce a docile body that will be in thrall to all medical procedures. Yet, the ill body, because of its illness, so in a way *ex definitione*, is undisciplined. One may say that at the very basis there is irreducible clash between the hospital as a medical disciplinary apparatus and illness. And not because hospitals are supposed to reduce illness but because of their, so to say, 'nature'. The emergence of the hospital in the form we know today, that as a medical,

and at the same time, disciplinary institution was dictated, among other things, by an urgent need for controlling the economic and social disorder that illness might cause (*cf.* Foucault, 2007, 145). Thus, the main impulse to transform hospitals did not come up for therapeutic reasons but arose from fear of chaos. Furthermore, if one considers illness as a distortion and interruption¹¹, must also acknowledge its constant potential for deformation of any given order. As Deleuze says: “Illness is not a process but a stopping of the process” (Deleuze, 1997, 3). Bearing in mind that an apparatus cannot be identified with discipline being a broader concept and the ill body may be captured also into other power form than disciplinary one, what Foucault proves in history of medicine (2003a), one might say that illness is a kind of Agamben’s profanation which “deactivates the apparatuses of power” (2007, 77) and liberates what has been “captured and separated by means of apparatuses” (2009, 17). In other words, illness can be thought of as such, that is as a counter-apparatus due to its potential to undermine the imposed order and transgress its limits, also limits of language, but I will return to this. The ill body, as something that needs to be fixed, evokes the hospital discipline (or in a broader perspective a medical apparatus) at the same time endlessly undermining it. Illness, in one move, maintains and transgresses discipline. The ill body, seized by a medical apparatus becomes the subject, the patient. However, illness, in its ceaseless work, pushes at the medical structure and opens it to something that does not belong to the established order. Yet, one might notice that illness separate and close in its own structure the same way an apparatus does. It is true, but only partially. Indeed, illness and pain isolate and detach from the world of healthy people, they draw the line between those two worlds, but at the same time they release a new, unknown, and never explored by the end, space. A strong illustration of this feature of illness can be found in one scene of Bergman’s *Cries and Whispers* where dying Agnes confesses: “I died, do you understand? But I can’t asleep”. This sentence is one of the most enigmatic and puzzle in the whole Bergman’s movie because it mixes the order of death and life. It leaves a plenty room for interpretations and one of them may be: “I do and at the same time I do not share the world with you, I do, and I do not belong to the order that you do, but when I do not it does not mean that I stop my journey”.

¹¹ Also from the perspective of the individual experience, illness appears to be a kind of rupture: “Illness is a breakdown of meaning in the ill person’s life. Because of the disruption of habits, expectations, and abilities, meaning structures are destabilized and in extreme cases the overall coherence of one’s life is destroyed” (Carel, 2016, 14-15).

This rebellious element of illness could have two overlapped reasons. First one is its bodily character. Even though the body can be easily trained, moulded and trapped in a 'soul' (in Foucauldian terms), as a social-cultural construct, there always remains a biological, not trainable aspect of it. As Virginia Woolf notices, a body never allows forgetting about itself: "All day, all night the body intervenes; blunts or sharpens, colours or discolours, turns to wax in the warmth of June, hardens to tallow in the murk of February" (Woolf, 2002, 4). And the ill body seems to be much more disobedient than the healthy one. It is easy to imagine a situation when one minute a patient obediently pop a pill that is a part of the treatment and the next their undisciplined body vomits, getting rid of it. In a way, one might say that there is an underground fight going on between the ill body and a medical discipline. It is like everything in a hospital regime would insist on being the exact opposite of illness. Even a white colour that dominates in hospitals seems to challenge what belongs to illness through exposing blood, urine, or excrement. The hospital sterility and cleanliness, with an air of superiority, oppose the body that swells, bleeds, smells, and excretes, that is captured in a spider's web of tubes, and unable to keep the order. The second reason why illness can be regarded as a counter-apparatus lies in a presence of pain associated with illness. Pain can have many different facets; it can be severe or mild, constant, or coming in waves. Yet, regardless of the form, it is always there, settled in the ill body, always in readiness to hit. The interventions of our bodies, mentioned by Woolf, if strengthened by pain, become a force that cannot be ignored and even if they do not destroy the order of health, the order of *logos* (in all meanings of this word *i.e.*, as reason, sense, order and speech), they cause an erosion of it. To make this clearer, let us imagine a face distorted by pain that almost makes this face unrecognisable, a body bowed in convulsions, unable to speak, think and listen, thrown onto, what Susan Sontag calls, "the night-side of life" (1978, 3)¹². Such a body, as deaf on an interpellation's call (*cf.* Althusser, 2014, 264), slips away any apparatus investments. And what is left, at some point, is the body without the subject.

As abovementioned, illness interferes the process of rational thinking as well as a verbal communication with others. The first example of this situation that can be given seems to be obvious: it is when disturbances of the mind

¹² She writes: "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place".

make a message impossible to understand as it happens, for instance, when one is delirious. The second barrier holding a process of communication can be found in the fact that sometimes there is nothing to say expect it hurts. However, it does not mean that there is nothing say at all, it means that there is a lot to say but only on condition that one follows the path outlined by pain. This, however, requires that a changed 'hierarchy of the passions,' different than the one that belongs to the world of health, comes into being. Woolf, writing about a need for discovering a new language able to describe and express what illness is, a language that would be "primitive, subtle, sensual, obscene" (2002,7), adds that what we need firstly is "a new hierarchy of the passions" (*ibidem*). She says: "love must be deposed in favour of a temperature of 104; jealousy give place to the pangs of sciatica; sleeplessness play the part of villain, and the hero become a white liquid with a sweet taste—that mighty Prince with the moths' eyes and the feathered feet, one of whose names is Chloral" (*ibidem*). But if such a new hierarchy would appear for a moment, if such a new language would be invented, do they be sharable with others, with those who do not belong to "the night-side of life" and even with those who do? Wouldn't they be fleeting, unable to sustain, accidental and singular, destined to eventual immersion in chaos? Even Woolf noticing that because of illness "the world has changed its shape" (*ibidem*, 8), adds immediately that "such an experience cannot be imparted" (*ibidem*).

III. Conclusions

For many reasons illness is being marginalised in modern-day philosophy (*cf.* Carel, 2016, 205-206), also in the field of philosophy of education. Yet, against this state of things, some attempts, aimed at reminding its phronetic role, are made. Within this perspective illness is regarded as "a unique form of philosophizing" (*ibidem*, 208) able to transform human attitudes and beliefs. "While the execution of most philosophical procedures such as casting doubt or questioning is volitional and theoretical, illness is uninvited and threatening. Illness throws the ill person into a state of anxiety and uncertainty. As such it can be viewed as a radical, violent philosophical motivation that can profoundly alter our outlook" (*ibidem*). In the centre of this approach one can find a picture of suffering Epicurus who endures pain with dignity and serenity. He writes to Idomeneus: "My continual sufferings from strangury and dysentery are so great that nothing could augment them; but over against them all I set gladness of mind at the remembrance of our past conversations" (Diogenes Laertius, 1925, 549). Pain is here something not only bearable but also manageable by mind, something that a human beings

can govern the way they govern their lives. And although one can dispute a conviction that suffering ennobles and illness edifies, arguing that it is only a desperate attempt at giving meaning something senseless, unquestionably, they have a power which every rupture has, and which can be described as negative power. In this regard suffering and illness not necessarily create some new qualities but deny, refuse, and destroy already existing and as such also liberate. They halt or undermine daily routine. They throw us out of the given order and make us forget of who we are, where we were going to and what we ought to desire within the confines of society. And through this gesture of “no” coming from the body, one, even if for a moment, becomes *no-body*, the body freed from any subjectification.

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