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## REVIEW

**Brooke Holmes, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece* (Princeton: Princeton University Press, 2010), ISBN: 978-0691138992**

The task of genealogy, Michel Foucault once wrote, consists in the recovery of “a body totally imprinted by history.”<sup>1</sup> Foucault’s own corpus traces this imprinting in economics, biology, psychiatry, medicine, and penology—but what of the body *itself*? Where does “the body,” as concept and as object, come from?

In her ambitious and compelling new study, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece*, Brooke Holmes sets out to answer these questions by turning to classical antiquity and, primarily, the medical writers of the sixth through fourth century BCE. While it may seem rather obvious to locate the invention of the body alongside the invention of medicine as a discipline, Holmes’ book offers a subtle and illuminating genealogy of how the body, understood as *sōma*, comes into view through the interpretation of symptoms. These “strange messengers from strange lands,” (124) symptoms are interpreted by ancient physicians in order to envision an interior space, a cavity, where diseases and afflictions bubble and boil, prone to daemonic forces and the gods as well as human intervention. Offering its symptoms to interpretation, the body emerges as an imagined space, “a largely hidden world of fluids, stuffs, flesh, bones, joints and organs,” loosely organized by an idea of nature (*phusis*) and yet also amenable to the diagnostic art (*technē*) of medicine. (1) This is a body, much like Foucault’s, that has a kind of self-contradictory power, possessing both its own agency while also remaining an inert, susceptible object. Accessed only through ambiguous symptoms, however, this body always remains at least partially shrouded, despite later Western attempts to control it with practices of self or by subordinating it to a kingly soul.

Such a vision of the body differs sharply from the body in Homer’s epics. There, as Holmes explains, symptoms are understood mostly in magico-religious terms, where the affections (or antipathies) of particular gods explain illness and affliction. When disease strikes, barely ten lines into the *Iliad*, the plague comes through Apollo’s archetypal bow and arrows: “He came as night comes down and knelt then / apart and opposite the ships and let go an arrow. / Terrible was the clash that rose from the bow of silver.” (48) The relationship between god and human is always deeply asymmetrical: the gods can strike from afar, without war-

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<sup>1</sup> Michel Foucault, “Nietzsche, Genealogy, History,” in Bouchard (ed.), *Language, Counter-memory, Practice: Selected essays and reviews* (Ithaca: Cornell University Press, 1997), 48. Quoted in Brooke Holmes, *The Symptom and the Subject*, 4. Page numbers in the following paragraphs refer to Holmes.

ning, and leaving no means of reprise. Human beings in the Homeric epics are thus always susceptible to divine attack: “*Atē*, the godsent folly that leads one astray and the ruin that follows, walks with delicate feet on the heads of men.” (54)

Yet Holmes convincingly shows that rather than destroying all sense of the person, this magico-religious framework helped to constitute the boundaries of a self. Contesting the reading advanced by Bruno Snell that *sōma* consists merely of an inert and peripheral object discovered in contrast to the mind, Holmes examines “the prehistory of *sōma*” in the Homeric epics. *Sōma*, on her reading, becomes a “point of tension between life and death”: in the *Odyssey*, *sōma* describes dead bodies forgotten, abandoned, and uncared for (32) and flesh denied burial “is the raw nerve of the *Iliad*’s final books.” (34) *Sōma* thus marks the site where characters negotiate both the integrity of the person and the collapse into formlessness at death. Returning to the poems, Holmes shows how the interpretation of symptoms, even within the magico-religious framework, led to conceptualizing the body in terms of the “seen” and the “felt.” After his death in the *Iliad*, Hector appears to the Achaeans as a “three-dimensional, penetrable object;” (42) here the body is “seen,” distinguished by its breeding and appearance. Alternatively, the body is “felt” as a unity, but one that daemonic energies can cut across and violate. Patroclus, moments before his death, is struck from behind by Apollo, revealing a porousness in his body different from that of the human form. A feeling, a sensation more than something tangible, transgresses Patroclus. Thus, while daemonic forces and gods hold responsibility for disease, illness, and possession, even in Homer an inchoate concept of the body, marked by the charged sense of *sōma*, presents itself through the interpretations of symptoms: either *seen* in terms of “the structure of the person and the skin, as well as the flesh and bones revealed by a deep wound,” on the one hand, or *felt* through “the cognitive-affective dimension of the person... surges of strength, emotions, thoughts, breath, and so on” on the other. (59)

The medical writers of the sixth through fourth centuries, whose work formed what is known as the “Hippocratic corpus,” extend and transform the incipient complexity of the body in Homer. Arrogating the authority of the Homeric poems, these writings re-conceptualize the unseen world onto which symptoms opened by rooting their interpretations in nature, thus transferring power from unseen social agents—gods and daemons—to impersonal forces such as air, water, earth, and fire. Concomitantly, the body emerges as a conceptual object determined by these natural forces. Whereas *sōma* possessed a narrow semantic field in the Homeric epics, *it* comes to describe both animate and inanimate objects for the medical writers: *sōma* appears as an object, even while medical writers acknowledge the difference between the person and the body, but also the respective power and agency of each.

In this way, the *sōma* of the medical writers contains within itself a contradiction. It is both an object that can be tamed, yet also a kind of subject capable of erupting unexpectedly. This contradiction grows more pressing as medical writers seek to explain the interval between cause and effect, that is, to conceptualize what actually happens in the mysterious cavity itself. On the one hand, ancient physicians transfer causal responsibility to unseen stuff inside the cavity, incorporating the magico-religious interpretations evident in the Homeric epics and creating the body as its own object apart from the social world. Yet on the other hand, these same medical writers leave space for the operations of chance (*tuchē*) and the

spontaneous (*to automaton*): disease might simply proliferate, defying interpretations; pain could flare at random, like a sudden breeze turning gentle waves into whitecaps. Symptoms thus remain, to some extent, inextricable from the daemonic. It is now understood more as a “volatile economy of impersonal forces,” rather than a “divinized plane of reality.” (145) The cavity appears as an unruly terrain aligned only contingently with health.

The interpretation of symptoms also creates a practice (*technē*), however, that promises some degree of control over the diseases themselves. Symptoms are not, after all, entirely negative: they can both confirm dangerous tendencies—wasting, loss of function, divergence from one’s “usual self”—but also mitigate signs of trouble with evidence such as color, consistency, and healthy posture. By interpreting symptoms, the ancient physician participates in a process that objectifies disease (identified through bad symptoms) as well as its potential opponents (identified through good ones) within medicine’s field of vision. The promise of the medical *technē*, then, is to aid the forces of good against those of evil. Conscious, rational inquiry replaces the unconscious adjustments once made to meet disease. The physician becomes the privileged subject of knowledge, while the recognition and identification, the *aisthēsis* of the *sōma*, provides his guide. Human nature cannot balance itself naturally, as was once imagined, but requires the deliberate exercise of mastery over the natural world, a mastery made possible by the physician’s knowledge.

Out of this confrontation between medical science and unruly disease—a confrontation mediated by symptoms—emerges the idea of the care of the self. As causality shifts from social and ethical agents to impersonal stuffs and forces, responsibility returns again to the person’s relationship to his *sōma*. Now the embodied person holds responsibility for interpreting corporeal signs; caring for the physical body becomes relevant to larger questions of autonomy. While causality must remain divided between, on the one hand, corporeal stuffs and forces, and, on the other hand, the person with the power to manage them, an “ethical substance” requiring nurture emerges. (189) Later arguments by figures such as Gorgias and Democritus show continuing concern about the tension between the nonhuman object and the human subject, a tension later embodied in the dualism of body (*sōma*) and soul (*psukhē*).

The struggle to find ultimate responsibility for the actions and the sufferings of the human body appears most vividly on the tragic stage. Tragedy illuminates the daemonic space inside the self and, on Holmes’ account, most thoroughly realizes “the potential of the symptom to generate meaning,” rather than simply reveal facts. (229) Holmes shows how Euripides in particular engages the moral complexity of what it means to be a subject of the symptom in the late fifth century. Euripides depicts the many meanings of Heracles’ madness through the plural interpretations its symptoms generate. Similarly, Orestes’ madness appears quite different from its portrayal in Aeschylus’s *Eumenides*. Rather than bringing the responsible Furies on stage, in Euripides’ play madness appears to have multiple causes, linked to multifarious symptoms, with even more horrific outcomes. Just as the medical writers depicted a human as fractured into seen and unseen space, Euripides shatters Phaedra’s agency in *Hippolytus*, piecing the character’s fate from the anger of Aphrodite, a daemonic *erōs*, and her own strength to resist these forces—all rendered visible through her symptoms: a clouded brow, pallid skin, and weak and wasted form. (253)

The turn to tragedy also raises a question that Holmes never fully confronts, but which her marvelous inquiry elicits. Can we speak meaningfully of a “subject” — as Holmes persists in doing — even when tragedy witnesses the subject’s eclipse at the hands of far greater forces? Holmes repeatedly emphasizes how her story chronicles the development of an “embodied subject,” citing Heidegger, Merleau-Ponty, and Foucault (among others). Here Holmes makes a genuine contribution: we see, thanks to her analysis, how the embodied subject of classical antiquity is defined by a rich and ambiguous *sōma*, one armed with medical technologies to interpret and care for itself. However, while Holmes recognizes that embodiment shapes agency at an individual level, each of the philosophers she cites offers broader arguments for the necessity of understanding agency not merely at an individual level, but as part of a broader interrelated whole, such as being-in-the-world, the flesh, or networks of power.

To take one example, Foucault’s late work asks how to understand the embodied subject’s relationship to the world. As Foucault suggests in *The Use of Pleasure*, “there is no specific moral action that does not refer to a unified moral conduct.”<sup>2</sup> That is, the ethical agency which Holmes tracks in its genesis alongside the development of the *soma*, requires not just conceptual definition, but social and political practices to provide the conditions for this agency’s realization. The *technē* of these medical writers does not stand apart from a unified moral conduct, from a form of life that provides the condition of the possibility of moral action as well as the practices of ethical formation that Foucault and Holmes both study. Thus, I wonder: What form of life allowed for this complex and ambiguous portrait of the human to emerge through the Hippocratic writings, reflections by the likes of Gorgias and Democritus, and tragedy? What world founded and surrounded the body’s emergence as a conceptual object?

Here Holmes might have said more about the uniqueness of the political community that made the development of an embodied subject possible. As G.E.R. Lloyd has argued, the Athenian democratic polis provided the necessary condition for the rise of Greek philosophy and science. Research by J.P. Vernant and Cornelius Castoriadis has advanced similar arguments about the development of political philosophy, while recent books by Danielle Allen and Victoria Wohl have interwoven accounts of conceptual and political developments in democratic Athens. Such work suggests that the background of widespread and sustained political participation realized in the democratic polis, not only facilitated, but also made possible precisely the habits of reflection and self-care that Holmes studies. Tragedy provides a telling example. The texts of Euripides were performed as part of a political institution in ancient Athens and each performance was preceded by dramatic displays of the democratic *polis*: the ten most important generals of Athens sacrificed piglets and poured out wine to the gods; men were recognized for their service; bars of silver were paraded across the stage to represent what enemies were now compelled to pay Athens; and war orphans whose fathers had died were honored. Such a spectacle of self-affirmation as well as mourning created the conditions for Athenian citizens to confront the stark fictions about their bodies depicted in plays such as

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<sup>2</sup> Michel Foucault, *The Use of Pleasure: The History of Sexuality*, vol. 2, translated by Hurley (New York: Vintage, 1985), 28.

*Hippolytus* and *Orestes*. Holmes brilliantly illuminates the conceptual development of the body, but she leaves out the social and political world that made such changes imaginable.

This request for a context concerning Holmes' embodied subject, also leads to a question about the practices Holmes does discuss: What is the place of medicine's authority, and, more importantly, the promise of its *technē*, in the democratic polis? Critics of Foucault's inquiry into the care of the self have argued that such practices described only a narrow segment of the population, making Foucault's claims about the emergence of ethical substance exaggerated and misleading. Holmes acknowledges that whereas dietetics—the habits of self-care generated, as practical responses to illness—was democratic, medicine quickly assumed an elite status as a province of knowledge. What role, then, did the care of the self actually play in the ordinary life of the political community? Was it indeed marginal and elite, as critics of Foucault have suggested, or does its inclusion in the tragic festival indicate a broader significance—a significance that also, perhaps, depended on the democratic polity that surrounded it?

Holmes' study leaves these questions unanswered, but her book is richly provocative. Moreover, she shows the need, not only for continuing to study antiquity, but also for practicing the kind of history of the present Foucault himself undertook. With this book, Holmes writes that she wishes to "challenge the givenness" of the body, "both in the Greek world and in our own." (40) How then can we translate the subtle ideas of body, agency, and the ethics of care Holmes illuminates in antiquity to contemporary life? What political and social changes might this necessitate? I suspect that Foucault could help us here too.

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