The Critical (micro) Political Economy of Health

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Abstract

The critical political economy of health offers different explanations for the social causes of health and the social factors determining the distribution of these causes. However, the relational, post-anthropocentric and monist ontology of the new materialisms overcomes this complexity, while retaining a critical focus. In this perspective, the social, economic and political relations of capitalism act upon bodies and other matter in everyday events, rather than as 'social structures'. Using a conceptual toolkit of 'affect', 'assemblage', 'capacity' and 'micropolitics', the paper asks the question: 'what does capitalism do?' The re-analysis of the social and economic relations of capitalism in terms of a production-assemblage and a market-assemblage reveals not only the workings of capitalist accumulation, but also how previously-unremarked more-than-human affects in these assemblages simultaneously produce uncertainty, waste and inequalities. This micropolitical economy of health is illustrated with examples from recent research, including a critical assessment of health inequalities during the Covid-19 pandemic.

Keywords- capitalism, health inequalities, micropolitics, new materialism, political economy

Introduction

The approach commonly termed the political economy of health (Doyal and Pennell, 1979; Harvey, 2021) offers differing explanations of the social *causes* of health/illness and the social factors that shape these determinants' unequal *distribution* (Solar and Irwin, 2010: 5). Suggested social causes of health include material circumstances, psy- chosocial factors such as stress or social support, and health-related behaviour (Solar and Irwin, 2010: 6); postulated social determinants of the distribution of these causes include social divisions

and stratifications such as social class, gender and race (Scambler, 2012: 133), the material and political consequences of capitalist social relations/social struc- tures (Coburn, 2004) and the stress of living in an unequal society (Pickett and Wilkinson, 2015).

The new materialist approach (Coole and Frost, 2010; Fox and Alldred, 2017) to the political economy of health developed in this paper overcomes the need for differing explanations of cause and distribution. This is achieved by analysing capitalist social relations not as overarching structures posited in conventional political economic analy- sis (Scambler, 2007), but as 'affects' (capacities to affect or be affected) within the events and interactions of daily life: in work-places, markets and more generally (Connolly, 2013: 404; Massumi, 2015: 87–91).[1]

This approach reveals previously-overlooked supply and demand affects that generate uncertainty, waste and inequalities beyond human intentionality. It is also a highly lucid account, accessible to policymakers, public health practitioners and lay audiences. While dispensing with concepts of social structure and rigid social class stratifications, it retains a critical edge: disclosing how the physical, social, political and economic forces associ- ated with capitalist production and markets affect people's lives. Social and health ine- qualities emerge directly from the everyday 'affective' interactions that people have with the socio-material world they inhabit.

critical political economy and the new materialisms

Material factors such as income, quality of working and living conditions and access to health services have variously been acknowledged within political economy as social *causes* of ill/health (Marmot and Bell, 2012; Navarro, 1976; Pickett and Wilkinson, 2015: 317; Townsend and Davidson, 1982). Associations between social position and health – first documented by Engels (1993) in Victorian England continue to be observed for mortality and a wide range of morbidities in contemporary scholarship (Bambra et al., 2020; Doyal and

Pennell, 1979; Marmot and Bell, 2012; Scambler, 2012; Townsend and Davidson, 1982).

However, there are fundamental theoretical disagreements concerning the social fac- tors that determine the *distribution* of these material causes. For epidemiologists, class has been considered as a proxy for income and education, with a mix of material depriva-tion, poor housing and nutrition and low levels of health and general education explain- ing the consequent social class distribution (Townsend and Davidson, 1982: 122). Scholars including Coburn (2004), Navarro (2009) and Scambler (2007) identified the inherent social inequalities associated with the 'structures' of capitalist production and the top-down exercise of state power as explanatory. These inequalities derive from state policies on wages, investments, and taxes (Lynch et al., 2000: 1201) and inequitable distribution of public resources such as education, health services, transportation (Lynch et al., 2000: 1202). Globalisation and neo-liberalisation of markets have reduced work- ing class control of the labour process, decimated welfare systems, and increased wealth inequalities (Coburn, 2004; Navarro and Shi, 2001; Scambler, 2012: 143).

By contrast, Wilkinson and Marmot (2003) and Pickett and Wilkinson (2015) have suggested that living in a structurally-unequal, hierarchical and authoritarian society reduces social cohesion and trust, with psychosocial consequences on health and well- being more significant than material factors (see also Szreter and Woolcock, 2004: 654–655). This association between societal income inequality and health disparities is supported by empirical data comparing a range of global North jurisdictions (Pickett and Wilkinson, 2015: 317). These different explanations for the social *causes* of health and their unequal *distribu- tion* have entailed complex and multi-factorial models to explain health inequalities (see,

e.g. Scambler, 2012; Solar and Irwin, 2010: 6). This paper supplies an alternative: a materialist ontology that draws these two aspects of the social determination of health into a single explanatory yet critical framework, enhancing the accessibility of the politi- cal economy of health to practitioners and publics.

New materialism is a term applied to various ontological approaches that actively engage with materiality, and model power and resistance as fluxes within an emergent and heterogeneous social world (Braidotti, 2011: 137; Grosz, 1994; Saldanha, 2006).[2] Within the social sciences, new materialist ontology has been applied to a growing range of topics, from technology to sexualities to health, including social stratifications by gender (Lorraine, 2008) race

(Colebrook, 2013; Saldanha, 2006) and latterly social class (Fox and Alldred, 2021b; Fox and Powell, 2021a; Mulcahy and Martinussen, 2022).

Affects, assemblages and the micropolitical economy ofhealth

Ethology is the study of *affects* – defined as 'capacities for affecting and being affected', and of how these affects diminish or strengthen a body's or a thing's power to act (Deleuze, 1988: 125–126). An affect may be physical, psychological, emotional, political or social. Such affects may be identified empirically, by investigating how and in what ways mate- rialities (bodies, collectivities and things) interact. Matter – 'human' and 'non-human' – is consequently assessed not by form, substance or fixed attributes, but by its capacities to affect (Deleuze and Guattari, 1988: 257). These *capacities* emerge relationally when onebody or thing interacts with other similarly contingent and ephemeral matter (DeLanda, 2016: 143–144; Deleuze, 1988: 123; Deleuze and Guattari, 1988: 261). In short, we needto ask not what a body is, but what does it do in a specific context?

Deleuze and Guattari (1988: 22) described the contextual arrangements of bodies and things as *assemblages*. Assemblages emerge in unpredictable ways around actions and events (Bennett, 2005: 445; Deleuze and Guattari, 1988: 88), 'in a kind of chaotic network of habitual and non-habitual connections' (Potts, 2004: 19), drawn together by their constituents' capacities to affect or be affected (Deleuze, 1988: 124). The affective flows in assemblages are the sole determinants of what a body or other thing can do within a particular context (Deleuze, 1988: 124). This shifts the focus of attention in empirical research from individual bodies to assemblages of human and non-human matter, the affects that assemble them, and the capacities these affects produce in these assembled materialities.

It follows that exploring the *micropolitics* of affects within assemblages, and the capacities these affects produce (Deleuze and Guattari, 1988: 216; Massumi, 2015: 79– 80) is the key within ethology to unlocking how the world and everything in it is pro- duced, from moment-by-moment, and also how it may become other. Although analysis of capitalist social relations has been foundational to some new materialist theory (DeLanda, 2006: 62–67; Deleuze and Guattari (1984, 1988); Massumi (2015): 83–91), this has not previously translated into a fully-fledged political economy approach. However, a route into a 'critical micropolitical economy' (CMPE) has emerged through an acknowledgement of the part that more-than-humans assemblages play in producing sociomaterial inequalities (Fox and Alldred, 2021b; Fox and Powell, 2021a, 2021b; Mulcahy and Martinussen, 2022). To establish the parameters for a CMPE, it is valuable to identify the challenges facing a new materialist

ontology when engaging with the kinds of issues around capitalism and health inequality addressed in the predominantly structuralist and anthropocentric critical political economy of health literature.

Discussion

This paper has outlined how the relational, monist and post-anthropocentric perspective of the new materialisms can be used to establish a *critical* political economy approach to health. New materialist ontology has sometimes been criticised for apparently undercut- ting a capacity for a 'political' analysis of events, and in particular denying opportunities to assert the negative consequences of the structures or systems reified by terms such as 'capitalism', 'patriarchy' and 'neo-liberalism' (Rekret, 2018: 55). By contrast, the con- tention here is that an ethological ontology of assemblage, affect/capacity and micropoli- tics does indeed sustain a critical response, although its monism requires a substantive shift in how these conventional terms are understood. To reiterate: in this ontology, the 'social relations' of 'capitalism' are re-thought as emergent: produced by affects (capaci- ties to affect or be affected) within the fluctuating assemblages of human and non-human matter that constitute the events of the everyday. The micropolitics of these events/ assemblages produce opportunities and constraints on what constituent bodes and things can do. These in turn generate tiny advantages and dis-advantages that may accrete to establish more lasting patterns of inequality. What then are the opportunities and advantages that this critical micropolitical econ- omy (CMPE) offers, in comparison to a political economy founded in structuralist approaches? First, an ethological ontology has the benefit of simplicity.

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