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An interview with the author, *Annemarie Mol*, of the body multiple*

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So Yeon Leem: Let me start with a question about the title of this book, “the body multiple.” Now many people recognize that our bodies differ from bodies in the medical textbooks or standardized and ‘normal’ bodies. We even celebrate the diversity of body, but the multiplicity of body is still unfamiliar. What you’ve said in this book is not that there is no single body because We all have different bodies, right? Can you briefly explain what the multiplicity of body means and why this concept is significant?

Annemarie Mol: Indeed, what I say is not that our bodies are all different – even if that is true, too, they are. In the book ‘the body multiple’ the point is about the object of biomedicine. In a conventional ‘western’ way of understanding, this is a single object-of-knowledge, ‘the body’, that has different aspects and all these aspects can be known, because a plurality of disciplines each observe ‘the body’ from their own different standpoint. They all have their own perspective. What I propose is an alternative to this visual model, in which there is one object of knowledge in the middle, and around it a great many knowing subjects. My alternative starts from a shift to practices. It does not take

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‘knowing’ to be a game between object-known and subject-knowing but it rather takes ‘knowing’ to be a practice. Or rather a set of different practices. Practices like making an X-ray picture to observe bones or (if contrast has been injected) the lumen of blood vessels beneath the skin. But also practices such as asking a patient in a consulting room what their problems are, what they suffer from. And practices of measuring, for instance measuring blood pressure in both arms and ankles. These practices may all be done in relation to a single patient’s body, and yet ‘the body’ that they know is different. In other words, they engage with different versions of the body. But these versions are not a plurality. There are relations between X-ray picture, the story of the patient, and the blood pressure difference between arms and ankle. These relations are not stable, they are not always the same. Well, all that is explained in the book, I need many pages for it! But in short, the ‘multiple’ that I write about is ‘more than one and less than many’.

SL: There are concepts and theories that sound so fancy but turn empty when we think about the real world, especially when it comes to how to change the world with them. In this sense, I would like to ask you whether and how the understanding of a body as a multiple being contributes to making this world better. Why should we acknowledge the multiplicity of the body?

AM: The relevance of acknowledging this multiplicity is that along with it, we learn that different types of knowledge cannot simply replace or stand in for one another. When treatments get evaluated, it makes a difference whether the criterium for ‘was this a successful treatment’ is if it changed the lumen of the vessel visible on the X-ray picture; or whether the patient suffers less; or whether the blood pressure in the ankle was the same as that in the arm. These are related, but do not overlap, they are not the same. And it may be that an operation widens the lumen, but does not take away the suffering; while with walking therapy it is the other way around. Then there is no neutral evaluation.

And this then points to a wider relevance: which version of reality (the reality of ‘the body’, or of other ‘objects of knowledge’) do we want to foster, live with – in which particular site? For instance, do you foreground that a particular disease is caused by bacteria and then try

to eradicate the bacteria; or do you foreground that it happens to people with weak immune systems and seek treatments that boost the immune system? Or do you celebrate that a face mask helps lowering the viral load that travels from one person to the next; or are you going to be concerned about the pollution caused by millions of single use face masks?

And then there is a related relevance. If we strive after interdisciplinary collaboration: how do we think about the relations between the disciplines? Is one of them allowed to define ‘the object’ – while the others have to bend to that – or do we appreciate that each of them presents its own different version of that object – so that coordinating between these versions is appreciated as a collective task? See also <https://gh.bmj.com/content/5/12/e004375>

SL: One of the great fun of reading this book for me is overviewing major literature across various academic disciplines, such as, medical anthropology, medical sociology, and STS. Of course, they are well-organized in your book, but I guess you might have some time to grapple with literature from many different disciplines. Did you encounter any difficulties or frustrations? I would appreciate it if you could share your research and writing experience as a multidisciplinary researcher.

AM: As it happens, I have moved between disciplines since very early on – as I did an MA degree (of 2 years) in a medical faculty, where I did my own fieldwork and read literatures from all kinds of disciplines as long as they talked about medicine and health care. At the same time, I also studied philosophy. So my difficulty may rather be that I miss a lot of the canon in all the disciplines, and remain a well educated amateur. For me the problems and the questions come first – and then I look where I can find intellectual tools to think about these. I don’t care too much about disciplinary traditions. Or, they may be interesting to learn about to better understand what one reads, but I don’t see it as my task to further this or that discipline. I want to contribute to our collective understanding of such things as knowledge practices, control and choice versus care and tinkering, the possibilities and impossibilities of translating, and so on.

SL: You are known to have led the ‘ontological turn’ in anthropology. Now there is a new paradigm of ‘new materialism’ which I am deeply interested in too. I recently read your book again and thought to myself ‘what an excellent empirical study of new materialism!’ In your book, the reality of body and disease exists not to backup its interpretation and representation but lives its own life.. So I'm going to strongly recommend your book to my colleagues and students who are also interested in new materialism. Would you admit that your work is new materialist in some ways?

AM: Whether my work is ‘new materialist’ depends on how you want to define that – but I have a problem with a lot of what is written under that name. I prefer to call what my intellectual friends and I are trying to do ‘relational materialism’. This is because, yes, it is truly important to attend to material realities – to human bodies – face masks – food, what have you. But to me a lot of the new materialism literature is naïve about such materials. They tend to go with just this or that version of material entities and skip all the difficult work that in STS and elsewhere we have been doing in foregrounding and detailing knowledge practices. With a few of my colleagues we have addressed that in an article(see <https://journals.sagepub.com/doi/abs/10.1068/d14086p?journalCode=epda>) where we use the case of omega-3. The philosopher who claimed that omega-3 acts quoted a scientific article and we opened up that article – what exactly was going on there, what were the methods used? And what is more: what is it to disentangle omega-3 from, say, the fish that pill factories retrieve it from? Where is that fish caught? In short: we insist on attending to the diverse practices of which ‘things’ are a part and the relations in which ‘materialities’ are involved.

SL: I can't leave out a question about methodology. You've used a unique methodology called praxiography, do you have any advice you'd like to give to researchers planning fieldwork?

AM: That is a wide question! But the crux of praxiography is to attend to combine attention for what the people you encounter in your fieldwork say, with attention for what they do, and for all kinds of material and institutional and semiotic realities that make this possible.

In the methods class that I teach, I encourage students to experiment with doing fieldwork that is not directly related to their own research, but that offers lessons in remarking on things easily taken for granted. Describe how you clean the space you live in; do fieldwork with a friend who cooks. Oh, and the most difficult thing of all once you are in your field: try to attend to what is not there. What is absent in your site, but still relevant to what happens there?

SL: Another question related to methodology, too. There's this passage in the book. "ethnographers in their turn need not stop short as soon as they come across machines or blood, but can continue their observations. They may write about the body and its diseases. (p. 27)" It says that ethnographers don't have to stop in front of machines or blood but can write about it. I understand you have a medical background. Isn't that why you were able to get into it without stopping? Do you think this kind of expertise or background in the field of science, technology or medicine is essential for researchers studying scientific laboratories or medical clinics?

AM: Of course it helps if you study a particular site that you have a way of understanding what is relevant to the locals. Anthropologists by tradition learned the language of the people they worked with. If you want to do fieldwork in Tanzania you learn Swahili, if you want to do fieldwork in the Andes you learn Quechua. And then if you want to do fieldwork in a genetics lab, you learn enough 'genetics' to understand what is going on there. It helps if you learned that earlier, before your fieldwork. But otherwise – yes, take it seriously. Study – not necessarily all of, say, biology, but enough to be able to talk with, and follow what is relevant to, the locals. I happen to have basic medical training, which helps with the ability to read things. So when I enter a new field, I tell my informants that I am an amateur, but eager to learn, and I ask them what I might read to get the details of what they are doing. You might try that, too, maybe?

SL: I have to ask you about the unique format of your book. I've never ever seen such horizontally divided main and sub-texts in any other books. Can you tell us about any interesting episodes or backstories that led you to try this format?

AM: When I had done my fieldwork and written my analysis, I had a draft of the book – that is to say, a draft of what has become the upper half of the pages. But to be acceptable as an academic text, I had to relate to the literature. I was struggling with how to do that well. All too easily, footnotes would become to superficial, not precise, not enough to understand how I was building on the work others. And then at some point I got the advice to turn my problem into a topic. And that is what I did. I started to write about the question ‘how to relate to the literature?’ while I related to the literature. And I thought of who might read this book and what they might need to get where I came from. Here the interdisciplinarity issue comes in again. I realized many readers might be familiar with one of the disciplines I was relating to, but not all. So made this fairly didactic second text. And then gave both to Duke University Press and said I wanted readers to be able to access the in parallel. And their designer invented this particular solution of a super- and a sub-text. I was – I still am – very grateful.

SL: This is the last question. In Korea both academic researchers and general public have shown strong interest in the body. People with various bodies, have written about their bodies, including those with illness, disability, and minority identities. As a researcher of body, what do you think of this phenomenon of various bodies being talked about? How you think your book on the multiple body affect this situation?

AM: That is your most difficult question. I have not read those books, I do not read Korean and I do not know what exactly is at stake for the people who write those books. One thing my book might help a slightly wider audience with is that it may help readers understand how it is that when they go to the hospital, different doctors will tell them different stories about their own body. Or how it is that they may get such different advice from different specialists. And then are left to do the coordination work themselves.

Now I have something to add. Thank you so much for the translation! Transforming what has been written in one language into another is not simple at all – certainly not with difficult books like *The Body Multiple*. I hope it will offer some inspiration to Korean readers!