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### **Embodying the Development Discourse: Images, Metaphors, and the Body Economic**

During a trip through Bangladesh, Jeffrey Sachs, the world-famous economist and celebrated author of *The End of Poverty*, picked up a local newspaper that happened to be running an article on the young women working in the country's sweatshops. "Nearly all the women interviewed had grown up in the countryside, extraordinarily poor, illiterate and unschooled, and vulnerable to chronic hunger and hardship in a domineering, patriarchal society," Sachs recalls. But, thanks to the market-friendly policies of the country, these women found, "a chance for personal liberation of unprecedented dimension and opportunity" (Sachs 2005, 12). Sachs argues that the burgeoning factories in Bangladesh provided these formerly oppressed "villagers" with an "economic opportunity that was unimaginable" to earlier generations (ibid. 12). Previously "too ill, hungry, or destitute even to get a foot on the first rung of the development ladder," these women, with the help of the Western corporations that employ them, now have the chance to ascend to higher rungs of economic well-being (ibid. 18).

Ubiquitous in economic development discourse, the body appears in both images and metaphors as representations of the Third World. From late night infomercials showing hungry, fly-ridden children, to the pages of bestselling books decrying the abject misery of one-sixth of the world's population, Third World bodies are universally represented as diseased, dirty, malnourished, and desperately in need of help. Metaphors of the body abound in references to the "social body," the "body politic," or in the use of the body as a symbol of natural,

social, or cultural phenomena (Lock and Scheper-Hughes 1996, 489). For example, the organic metaphor of the body is embedded in “stage-theory” or evolutionary models of development, of which Sachs’s “development ladder” is a clear example. In it, “development” is patently defined as a unidirectional progression towards a full-fledged modernized and liberalized economy. Numerous other examples of the development discourse of the body exist, from the use of illnesses or disease to describe market-unfriendly policies to Paul Collier’s analysis of the “bottom billion [bodies]” (Collier 2008).

In *Encountering Development: the Making and Unmaking of the Third World*, Arturo Escobar deconstructs the common themes, concepts, and representations of the Third World that, together, condition a discourse about the Third World that serve as the basis for modern development strategies. He derides the tropes of development as ethnocentric and dogmatically capitalist in an attempt to open the field to new possibilities for “development” that are not subject to the modernist structure of the mainstream discourse. While Escobar’s critique of the development discourse examines how reductionist representations of Third World inhabitants delineate the (im)possibilities in dealing with them, less attention is paid to how the body—through images or metaphors, and particularly within a modernist frame of knowledge—is used as a basis for intervention and social control. The “problematization of poverty” also problematized the bodies—individual and social—that make up underdeveloped countries. However, Escobar’s analysis retreats from the full excavation of the rhetorical and discursive constitution of the

body, especially within the modern medicalized paradigm, thus overlooking a crucial method through which power and knowledge are constructed and deployed.

### **Re/presenting Bodies**

*The individual body should be seen as the most immediate, the proximate terrain where social truths and social contractions are played out, as well as a locus of personal and social resistance, creativity, and struggle (Lock and Scheper-Hughes 1990, 69)*

The human body is a discursive construct. The various ways and forms through which the body can be understood are the result of social and historical fabrications (Lock and Scheper-Hughes 1990). As a key focus of economic development, the body is the nexus of power and knowledge as it is formed and deployed. In the example above from *The End of Poverty*, we find two bodies: one given and one implied. The first is the “Third World” body, often characterized by, “powerlessness, passivity, poverty, ignorance, usually dark and lacking historical agency as if waiting for the (white) Western hand to help subjects along and not infrequently hungry, illiterate, needy, and oppressed by its own stubbornness, lack of initiative, and traditions” (Escobar 1995, 8). The other body is only implied, but is nonetheless there. It is the body of the rich, plump, go-getting and risk-taking Westerner. With an iPod in one hand, a Big Mac in the other, and all the benefits of modern medicine and a college degree, this body is the archetype of the modern cosmopolitan ideal. The two bodies reside in stark contrast to each other, but their relationship is not merely one of horizontal difference. Development has an unambiguous hierarchy, and we, the well-fed and well-read Western bodies are, conveniently, perched at the very top.

## **Biomedicine and Biopolitics**

*The body is a biopolitical reality; medicine is a biopolitical strategy (Foucault 2000 [1974], 136-137)*

In a critical analysis of Western “biomedicine,” medical anthropologists Margaret Lock and Nancy Scheper-Hughes consider the relationship among what they term the “three bodies.” The first is the individual body and its lived experience; the second is the social body, referring to the way that the human body is used as a symbol through which meaning is given to nature, society, or culture; and the third is the body politic, referring to the control and discipline of bodies (Lock and Scheper-Hughes 1990, 50-51). How the body is used and understood at each of these three levels varies across time and space, but, as Lock and Scheper-Hughes’s write, the Cartesian mind-body dualism has come to be the foremost conception of the body in Western society and especially modern medicine. The Cartesian tradition fosters a “mechanistic conception of the body” where “mind” and “rationality” are given privileged position to oversee and understand the body (ibid. 52).

When this conception of the individual body is translated onto the social body and body politic, the result is a “tendency to transform the social into the biological” (ibid. 53). The medicalized rhetoric of the development discourse is guilty of this misrecognition, and subsequently understand their role to be akin to the medical doctor, and their task to “cure the disease” of underdevelopment—they are the “mind” that enjoys privilege over the “body.” The social body and body politic are conflated with the biological body as understood by biomedicine, defining certain protocols of action and rules of engagement. When Jeffrey Sachs describes a

country like Poland, “wheeled into the emergency room” in “critical condition—with extreme intensifying shortages, an incipient hyperinflation, and an extreme balance of payments crisis,” only one choice seems possible: Dr. Sachs must wash his hands, thrown on his scrubs, and operate (Sachs 1994, 505).

### **Diagnosis: Underdeveloped**

Development economics today is not like modern medicine, but it should strive to be so. It can improve dramatically if development economists take on some of the key lessons of modern medicine...the underlying science and in the systematization of clinical practice (Sachs 2005, 75)

“Development economics needs an overhaul,” Sachs argues. In order to become a profession of “rigor, insight, and practicality,” economics should model itself off of clinical medicine (Sachs 2005, 74). Rather than “think like economists,” Sachs is, in a way, asking his readers to “think like medical doctors.” The economy must be understood in terms of the human body: a complex system in which many things can go wrong and, to fix, requires diagnosis, “monitoring and evaluation, and especially a rigorous comparison of goals and outcomes” (ibid. 80). Sachs’s use of body and medical metaphors conceal the potent assumptions about the proper, “healthy” form of economy and society and masks the inherent justification for outside intervention through apparent humanitarian motives.

In several chapters in *The End of Poverty*, Sachs outlines the various economic “illnesses” that afflict the economic “body” of poor countries. These include: physical geography, poor governance, cultural barriers, geopolitics, lack of human capital, and overpopulation (Sachs 2005, 56-66). Not every issue is addressed with equal scrutiny: there is over half a page on “cultural barriers,” while only a measly paragraph on “geopolitics.” “Lack of innovation” and “the

demographic trap” are both detailed over six pages. When colonialism is mentioned—in the section entitled “The Spread of Economic Growth”—it is portrayed as having ambivalent impacts on the colonized countries. Yes, Sachs admits, colonialism brought oppression, racism, and exploitation, but with them came industrialization, too (an assumed benefit). In his treatment of poverty and underdevelopment, “their” problems are emphasized while the political and economic contingencies are obscured.

With the authority of “science,” the diagnosis of “underdeveloped” and the prescription of economic reforms find little resistance from the mainstream development community. And, as Lock and Scheper-Hughes remind us, “not only oppressors but the oppressed are likely to accept their lots as natural and inevitable even when human social relations are grossly distorted and unjust” (Lock and Scheper-Hughes 1990, 71). After defining a series of social and economic “diseases” that impede upon healthy, normal development, Sachs and other development experts deploy medical metaphors to justify extreme and invasive reforms of their patient country’s political and economic infrastructure.

### **Paging Dr. Sachs**

*When a guy comes into the emergency room and his heart’s stopped, you just rip open the sternum and you don’t worry about the scars that you leave. The idea is to get the guy’s heart beating again. You make a bloody mess. But you don’t have any choice (Sachs, quoted in Klein 2008, 241)*

What “course of treatment” does Dr. Sachs “prescribe” when his Latin American or Eastern European patients call? Rapid economic shock treatment, including privatization of key sectors, deregulation of financial markets, and the elimination of all barriers to trade. Speaking at a conference on political economy

and policy reform, Sachs, in his keynote speech entitled “Life in the Economic Emergency Room,” admitted that “strategy in the shock trauma unit requires the use of radical, laissez-faire policies, for a reason that is rarely recognized: it is a political strategy, not just an economic strategy,” disclosing the political agendas latent in the economic transformations proposed by the development discourse (Sachs 1994, 510).

Naomi Klein has documented the violent implementation of neoliberalism in countries throughout the developing world through the use of “economic shock therapy”—a tactic wholly supported by Sachs. Economic shock therapy is one aspect of the larger “shock doctrine,” where a crisis or disaster puts a population in a state of shock, leaving them vulnerable to rapid economic reforms—economic shock therapy—and, finally, when resistance is staged, violence, torture and oppression shock the population back into submission. These three shocks—to the social body, the economic body, and the individual body—go hand in hand with the rise of neoliberalism and the “development” of countries from Chile and Argentina to South Africa. Sadly, the “bloody mess” that Sachs speaks of (one assumes) metaphorically, often proves to be a reality.

Some might argue that this caustic, ideological neoliberalism has departed with the definite end of the Cold War. Others defend Sachs, saying that his earlier words were characteristic of the pre-*The End of Poverty* Sachs. They will say that both he and the policies he advocates are now different—more altruistic in motives, more humane in methods. At first glance, it may appear so: gone are the references to “shock therapy” and free market fundamentalism, while in their place is a call for

increased foreign aid and an approach he calls “clinical economics.” But a dissection of his use of medicalized methods and metaphors remind one of a phenomenon, observed by Foucault and others, about the human sciences in the modern age. In particular, the modern human sciences, “divide up Man’s body, his desires, his preferences, his behaviors, his labors, his procreation, and reproduction, into so many units worthy of intense investigation” so that “knowledge begins to suggest ways to harness its energy, to make more efficient its actions and effects” (Amariglio 1988, 608).

In *The End of Poverty*, Sachs draws up a “Checklist for Making a Differential Diagnosis.” Included are such wide-ranging issues as economic and trade policy, debt, geography, geopolitics, governance, demographics, disease ecology, soils, and... well, you get the idea (ibid. 84). This checklist presents a comprehensive plan for development, which some opinions hold to be necessary to ensure growth and accountability. On the other hand, it displays a severe encroachment on the social and economic systems of “patient” countries. Rigid sets of policies which encroach on the political as well as the social and biological existence of individuals is what Foucault termed “bio-power.” In the first volume of *The History of Sexuality*, Foucault outlined two poles upon which the modern knowledge/power apparatus has focused. The first is an anatomo-politics of the human the body, set on the efficacy and optimization of the human “machine.” The second is concentrated with the biological body, or the biopolitics of the population (Foucault 1990, 139). The concern with disease, demographics, gender relations and their relation to governance and management reflects the “numerous and diverse techniques for



achieving the subjugation of bodies and the control of populations,” that is, for forming what Foucault called “docile bodies” (ibid. 140).

### **Developing Subjectivities**

*Countries that fall off of the development wagon are a bit like drunks; to get back on they have to learn to see themselves as they really are (Friedman 2006, 397)*

The knowledge produced by the development discourse does not only influence the thoughts and actions of professionals and policy makers, but fosters the formation of both “developed” and “underdeveloped” subjectivities. In other words, the development discourse works in such a way as to affect the self-understanding of inhabitants of both First and Third World countries. A principal facet of the development discourse—and the key to its apparent hegemony—is its ability to develop the subjectivity of underdevelopment. This notion is implied in Sachs’s discussion of the “development ladder.” It is not the job of the developed nations to help the underdeveloped countries up the entire way, but only to get their foot on the first rung (Sachs 2007, 18). This requires that Third World countries submit to the notion that such a hierarchy exists and that they exist at its bottom.

Sachs suggests that development requires, among other things, the “trust” of the Third World countries—something that they didn’t do the first time around. After the World War II, many governments toyed with a “third way” approach to organizing their countries: not quite socialist, but not quite capitalist either. Unfortunately, writes Sachs, these countries did not “trust” in the power of the free market and the know-how of the Western economists and politicians. By now, he hopes, they understand the true meaning of “development”—the embrace of free

market capitalism and rapid modernization as the sole path to social and economic growth (ibid. 47-48).

Thomas Friedman, in *The World is Flat*, shows no shortage of journalistic wit in describing his vision of developing “underdeveloped” subjectivities:

I believe that what the world needs today is a club that would be modeled after Alcoholics Anonymous (A.A.). It would be called Developing Countries Anonymous (D.C.A.)... At Developing Countries Anonymous, countries would have to stand up at their first meeting and say, ‘My name is Syria and I’m underdeveloped.’ Or ‘My name is Argentina and I’m underachieving. I have not lived up to my potential’ (Friedman 2007, 397).

Here, more so than in Sachs, a punitive rhetoric is employed to lay blame on Third World countries for their “underdevelopment” or “underachieving,” an image that has dominated most Western representations of the Third World. This metaphor has two-fold consequences. By positing the blame for underdevelopment on the countries, you make necessary the intervention of the developed. At the same time, developing an underdeveloped subjectivity fosters a willingness and passivity amongst the patient countries as to suggested interventions. This is how the sense of “necessity” is conditioned on both sides. As Ruccio and Gibson-Graham make clear, the development discourse has “brought into being ‘abnormal’ subjects, such as the illiterate, the malnourished, small farmers, and land-less peasants, who need to be ‘reformed’ for development to ‘take off’” (Ruccio and Gibson-Graham 2001, 161).

In her writings on the use of disease as a social metaphor, Susan Sontag traces the “punative” history of diseases such as cancer. “Ostensibly, the illness is

the culprit,” she writes, “but it is also the cancer patient who is made culpable...And conventions of treating cancer as no mere disease but a demonic enemy make cancer not just a lethal disease but a shameful one” (Sontag 1978, 57). Friedman does not just imply that underdeveloped countries suffer from a disease (alcoholism, by their own fault, nonetheless) but that before they can ever being their ascent up the development ladder and become acceptable citizens of this flat world, they must stand up and admit their own inferiority and failings—“they have to learn to see themselves as they really are” (Friedman 2006, 397).

### **Reimagining Bodies**

*The alternative is, in a sense, always there (Escobar 1995, 223)*

We arrive naturally at the question: what are the alternatives, not in simply reimagining the body, but in achieving new representations of the so-called Third World whereby alternative encounters can be staged and alternative economies can thrive? As Lock and Scheper-Hughes make clear, a host of conceptions of the body exist that do not prescribe to the Cartersian dualism or the mechanistic analogy. Emphasizing holism or monism as opposed to the mind-body split, various cultures have come to know and understand their bodies in myriad ways. Alternative body images eschew the “rational control,” “reflexive scrutiny” or “the mindful self that stands outside the body” that characterize largely Western notions and emphasize “harmony and balance” and “contingency” (Lock and Scheper-Hughes 1990, 55).

The subtitle of *The End of Poverty is Economic Possibilities for Our Time*. However, the pluralism implied by Sachs and the development discourse at large is a deception, for they only intend to deliver one possibility: modern, free market

capitalism. But, we can begin to build alternative economic (and social, and political, and cultural) possibilities through the understanding of the alternatives that already exist (Escobar 1995, Ruccio and Gibson-Graham 2001, Klein 2008). These already existing alternatives intervene in and change (and are changed by) the development discourse, forming a plurality of modes that are obscured by the continued use of universal, generalized representations.

One might fear this to be an overly daunting task: to undermine modern and seemingly universal concepts in order to imagine and act on new visions of the body. However, Ruccio and Amariglio find that, ironically, neoclassical economic theory already has. This alternative conception of the body—in a sense, already existing in mainstream economic theory—gives hope for an alternative conception of the body to be deployed in the development discourse (Ruccio and Amariglio 2003, 92). They have, along with Post-colonial, Feminist and other Postmodern theorists, sought new ways of constructing the body. Their work gives credence to the notion that “alternatives” are not somehow primitive, “underdeveloped” or backwards—ways they are often derided. Alternatives are constantly being negotiated in and amidst the discourses that structure mainstream visions of the body and development. By acknowledging the power of the development and biomedical discourse of the body without awarding it complete hegemony, the always and already existing alternatives to the development discourse can be staged as the concepts, images, and strategies continue to be fields of contest.

## Sources

- Amariglio, Jack. "The Body, Economic Discourse, and Power: An Economist's Introduction to Foucault." *History of Political Economy* 20:4 (1988): 583-613.
- Collier, Paul. *The Bottom Billion: Why the Poorest Countries are Failing and What Can Be Done about It*. New York: Oxford UP, 2008.
- Escobar, Arturo. *Encountering Development: The Making and Unmaking of the Third World*. New York: Princeton UP, 1995.
- Foucault, Michel. *A History of Sexuality: An Introduction*. New York: Vintage, 1990.
- Foucault, Michel. *Power: Essential Works of Foucault, 1954-1984, Vol. III*. Ed. Colin Gordon and Paul Rabinow. New York: The New P, 2000.
- Friedman, Thomas L. *The World Is Flat: A Brief History of the Twenty-First Century*. New York: Farrar, Straus & Giroux, 2006.
- Klein, Naomi. *The Shock Doctrine: The Rise of Disaster Capitalism*. New York: Picador, 2008.
- Lock, Margaret, and Nancy Scheper-Hughes. "A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent." *Handbook of Medical Anthropology: Contemporary Theory and Method*. Ed. Carolyn F. Sargent and Thomas M. Johnson. New York: Greenwood P, 1990. 47-72.
- Ruccio, David, and J.K. Gibson-Graham. "'After' Development: Re-imagining Economy and Class." *Re/Presenting Class : Essays in Postmodern Marxism*. Ed. J.K. Gibson-Graham, Richard Wolff and Stephen Resnick. New York: Duke UP, 2001. 158-81.
- Ruccio, David F., and Jack Amariglio. *Postmodern Moments in Modern Economics*. New York: Princeton UP, 2003.
- Sachs, Jeffrey. "Life in the Economic Emergency Room." *The Political Economy of Policy Reform*. Ed. John Williamson. New York: Peterson Institute for International Economics, 1994. 501-24.
- Sachs, Jeffrey D. *The End of Poverty: Economic Possibilities for Our Time*. New York: Penguin, 2005.
- Sontag, Susan. *Illness as Metaphor*. New York, NY: Farrar, Straus and Giroux, 1978.