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McLeod's book *Wellbeing Machine* is both novel and timely. It draws on post-humanist perspectives and emerges from a qualitative research project that utilises visual research methods with participants who have all taken antidepressants. In keeping with a post-human orientation, McLeod presents a conceptual entity called The *Wellbeing Machine*, which comprises of four axes of assemblage; *Becoming-Depressed*, *Becoming-Authentic*, *Becoming-Intermediate* and *Becoming-De-stratified*. McLeod stresses that these assemblages are not linear or chronological or cumulative, but are formed in relation to medical encounters, a daily taking of pills and relations of imagination with the antidepressant object. They have a vital capacity to connect with other elements and constitute what McLeod refers to as 'collaborative connective labour' (p.57). This is a set of processes that produces all of social life and represents a move away from the agentic individual towards an understanding of the agentic capacity of assemblages, that incorporates non-human dimensions to health and wellbeing. Hence, rather than drawing on issues of labelling and stigma in the context of a fixed notion of self, McLeod adopts a post-human approach to obviating the pathologies of blame associated with depression and the use of anti-depressants. Moreover, she is critical of the notion of wellbeing as an interior ability and ill-being as a form of interior pathology. Instead, ill-being is 'repositioned as generative and vital to the production of wellbeing' (p.3).

Indeed, in an era of responsible individualism, where the neo-liberal subject is held responsible for wellbeing/ill-being, McLeod argues that it is the notion of the agentic, atomistic and rational human that is problematic. She contends that taking pills/chemical remedies are stigmatising for people with depression, and positions wellbeing work within a fixed binary that emphasises either rational human effort or pharmacological action. By adopting a post-human approach, McLeod is able to escape these binaries, drawing upon post-human notions of real and imagined selfhood. In this conceptualisation, the self is a series of flows, energies, movements and fragments in a process of becoming. McLeod's aim, therefore, is to look at wellbeing in a different way, one that does not reinforce the blaming of individuals, as blaming is part of the construction of the individual self. Consequently, McLeod notes that in abolishing the notion of the sovereign self requires a new vocabulary, one she provides through her work here.

The book is organised in three sections. In the first, McLeod sets out the rationale, theoretical background and methodological orientation of her study, drawing on familiar post-humanist theorists such as Deleuze, Guattari, and Braidotti, amongst others. Section two defines the *Wellbeing Machine* through an exploration of each of the four assemblages – identified by McLeod – which incorporates empirical data from eight participants. Finally, in section three, the implications of 'machinic wellbeing' (p.164-5) are explored. An assemblage, McLeod contends, 'is a series of heterogeneous elements organised and held together through temporary relations' (p. 16). Hence, agency is not located within people, but is an emergent property, a desire for difference that flows through and across bodies. Health is, as well, a matter of emergence; 'it encompasses all the efforts that can be undertaken by bodies and materials to form relations in the embodied material processes of everyday life' (p. 19). An assemblage is, thus, not a thing, but rather is a process of making and unmaking, arranging, and organising.

Throughout the book, McLeod draws on empirical data using visual methods with eight participants from 'diverse cultural, income, and age brackets' (p.28) who have all experienced states of despair and taken anti-depressants. She adopts what she calls a post humanist qualitative research methodology which tries not to enact the individual, but instead is oriented to the process of assembling or the making of relations. Hence, the research encounter is an event where assemblages configure, where 'forms of talk and narrative are co-

produced with other elements, bodily responses, idea, objects and atmospheres' (p.29). In these research encounters, participants create a wellbeing chart, documenting how their wellbeing has changed over time. Here, McLeod suggests the action of the storyline invites the organisation of memories and experiences. Participants are then invited to share photographs to visually communicate what is happening at different parts of the chart. McLeod notes that often the rehearsed narrative about each photograph differed starkly to the experiences evoked by the line of the chart. She claims: 'photos can enable research participants to communicate dimensions of experience that might have remained unsaid in verbal interviews' (p32).

In section two, each of the four assemblages that constitute the *Wellbeing Machine* are explored. For example, in the *Becoming-Depressed* assemblage, McLeod demonstrates how this stabilises social institutions associated with depression, such as 'ideas about depression and the antidepressant pill' (p.41). Here, the antidepressant object becomes a co-participant in practices that organise relations and merges the intersecting systems of biology, culture and society. The *Becoming-Depressed* assemblage therefore forms in conjunction with seeking medical treatment for depression. Indeed, in all of the assemblages, there are a range of stable and unstable relations and associations between human and non-human co-participants. This leads into section three, where McLeod demonstrates how the *Wellbeing Machine* enables a reconceptualisation of depression, so that it is not considered an individual pathology, but rather part of a process of ill-being which is actually necessary for wellbeing as it 'arises in the intimate processes of everyday life' (p.181), as McLeod contends human pain can be reconfigured in different assemblages. Moreover, ill-being is not a state that needs to be removed but accepted and worked with.

To conclude McLeod argues that the *Wellbeing Machine* reconceptualises notions of ill-being, wellbeing and wellbeing work without attributing pathology and blame to individuals, so that becoming-depressed does not have to be pathological or associated with lack. This McLeod claims has implications for public health and public health care practitioners who should consider the interplay of the environment, ecology, social determinants, as well as non-human/more than human dimensions to health and wellbeing. Overall, the highlight of the work here lies in its methodological approach, McLeod's orienting to assembling, the use of visual methods and reflexive engagement in the research process. A drawback is that whilst it the *Wellbeing Machine* provides a 'fresh' (p.183) and welcome perspective, it is difficult to see how this might be operationalised without a paradigm shift in thinking that challenges the depression industries and western individualism.

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