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Emotional Infrastructures in the Governance of the Preterm Baby

Foucault's theorizings on the disciplinary regimes that have governed the modern subject ? what he called governmentality ? predominantly examine those rationalizing technologies, ideologies and practices that have ordered subjects under modernity, and simultaneously inscribed modernist subjectivities. What I am exploring in my current project (which examines the co-evolution of preterm babies and biomedical technologies) are the irrationalising emotional technologies that govern the preterm baby as what we might call a hyper-modern subject – a human-machine hybrid transfigured into a cyborgian personage. By emotional technologies or infrastructures, I imply the affect-laden semantics employed in the medical intervention of preemies, semantics which reveal themselves in professional discursive postures and attitudes put forth in medical texts and journal articles, and reveal themselves as well in the semantic representations of medical equipments (i.e. incubators), as these graphic and textual representations are put forth in advertising and marketing literature.

My preliminary research into the emotional governance of the preemie as a historically-contextualized and newly emergent medical patient leads me to suggest that technologies of healing are structured according to, and are vitally dependent upon, emotional semantics and the affective wrapping of the preemie patient. Emotions that biomedically govern the preemie as a biomedical patient entail not only the permissibility, but arguably rationalize the very necessity, of emotional attachment on the part of professional caretakers whereby (given the co-extensivity of physical attachment between the patient and the life-support equipments) medically attending to the preemie means attending to the machinery and vice versa. To what extent do these emotional fields represent the slippage, the hidden illogic behind the logical; and to what extent are they handmaidens, part and parcel with the logic of rationality, simultaneously rationalizing and rationalized into the technology? Querying this, I seek to map not only excess feelings and/or emotional slippage, but moreover to explore the productive channeling of this slippage into the service of governmentality.

A key issue in play here is the relationship between emotional infrastructures and risk. In the case of preterm babies, risk is a statistical diagnostic device and equally a lived reality: it bounces between a hypothetical abstraction and a witnessed phenomenon, a governing technology versus an in-your-face experiential challenge. I would propose that emotional governance emerges as a strategic technology to manage the cascade of risks (many of them iatrogenic, that is, induced by the medical technologies) that inscribe the preemie and the preemie's fate, both as a medical patient and as a category of person.