

Birgit Mara Kaiser

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# Symptomatology

Birgit Mara Kaiser

Symptomatology is generally understood as a branch of pathology, studying the indications of illness and disease in order to treat the illness that these symptoms manifest. Symptoms are, according to the *Oxford English Dictionary*, “a (bodily or mental) phenomenon, circumstance, or change of condition arising from and accompanying a disease or affection, and constituting an indication or evidence of it.” In the modern medical use of the term, symptoms – although signs of an illness – differ from signs in so far as they denote a subjective indication of affection or illness, one that is perceptible to the patient, “as opposed to an objective one or sign” (OED). Symptoms are, thus, **perspectival** and subjective. And while they require – very much like signs – to be interpreted, their interpretation always has to take into account the specific constellation in which they appear and to whom they appear; that is, they are not readable in isolation but only in constellation with other symptoms, and their manifestation and readability might differ according to the perspective from which they are interpreted. A set or convergence of symptoms, the “concurrence of several symptoms in a disease” (OED), is then, in medical discourse, called a syndrome.

In critical discourse, symptomatology was prominently used by Gilles Deleuze, who built on this clinical usage as well as on the term’s associations in Friedrich Nietzsche’s writings. As such, the

186 term first surfaced in Deleuze's *Nietzsche and Philosophy* ([1962] 1983), most explicitly in the chapter entitled "Critique." As Deleuze points out, symptomatology is one form of the "active science" (1983, 75) that Nietzsche sought to establish, alongside the two other forms typology and genealogy. In order to overcome the established passive or reactive science, which fails to examine the genealogy of forces underlying its objects of study, Nietzsche aspired to an active science capable of interpreting precisely these relations of forces. An example Deleuze uses to show this difference in perspective is Nietzsche's turn to linguistics. While traditional linguistics places emphasis on the recipient of language, judging language "from the standpoint of the hearer" (74) and with an eye on the meaning inherent in words, Nietzsche strives for an "active philology," which would pursue the relations of forces that an utterance sets in motion. "Active linguistics" abandons the "objective" study of words and instead

... looks to discover who it is that speaks and names. "Who uses a particular word, what does he apply it to first of all; himself, someone else who listens, something else, and with what intention? What does he will by uttering a particular word?" The transformation of the sense of a word means that someone else (another force and another will) has taken possession of it and is applying it to another thing because he wants something else. (74-75)

The task of Nietzsche's active science is to pose these questions of **power** and pursue the relations of forces that become evident by asking them. They are the real and "subterranean differential mechanisms" (157) that shape phenomena, and a symptomatology, consequently, is that part of active science that "interprets phenomena, treating them as symptoms whose sense must be sought in the forces that produce them" (75). That Deleuze outlines symptomatology in a chapter entitled "Critique" is crucial: Symptomatology is used as a critical tool, an activity to distil the relations of forces underlying the currently congealed order of things. It thus displaces a notion of critique as judgment

and the search for conditions of possibility (Kant's transcendental principles) and instead stresses critique (as symptomatology) as the analysis of the "genetic and **plastic** principles" (93, bold added) that *form* the becoming of things. Practiced as such, Deleuze writes, "[t]he point of critique is not justification but a different way of feeling: another **sensibility**" (94, bold added).

In *Coldness and Cruelty*, his critical introduction of 1967 to the French translation of Leopold von Sacher-Masoch's *Venus in Furs*, Deleuze then **translates** a Nietzschean symptomatology for the analyses of art. He demonstrates how Sacher-Masoch's and the Marquis de Sade's novels isolated two different desiring structures (masochism and sadism). These were, however, conflated as complimentary sexual "perversions" by Richard Freiherr von Krafft-Ebing as "sodomasochism," a portmanteau formed from the two authors' names. As Deleuze argues, Krafft-Ebing's *scientia sexualis* and subsequently Freudian psychoanalysis erroneously united "very different disturbances under a misbegotten name, in a whole arbitrarily defined by nonspecific causes" (1989, 134). Therefore, by revisiting Sacher-Masoch and de Sade, he unravels how they described irreducibly specific symptoms of the different "disturbances" of sadism and masochism (giving a list of eleven symptoms for each).

Two things happen here: First, instead of approaching writers as patients, Deleuze takes them as clinicians themselves, whose diagnoses have isolated or brought to light certain forms of desire. Rather than attribute an "illness" to the authors de Sade and Sacher-Masoch, to which their writings allegedly give expression (as Kraft-Ebbing and Freud did), their works are understood by Deleuze as a way to disentangle particular ways of feeling, taking literally the Greek root of critique – *krinein* – which is "to cut, rift, separate, discriminate, to decide" (see Hansen 2000, 4; see **Process**). The works themselves thereby perform a symptomatological analysis. In *The Logic of Sense* (1968), a text that draws prominently on Lewis Carroll's *Alice in Wonderland*, Deleuze then explicitly holds that writers are "themselves

188 astonishing diagnosticians or symptomatologists" (1990, 237). We find this approach throughout Deleuze's engagement with literature and the arts right up to *Essays Critical and Clinical* (1993), where the very title signals the meeting-point of medical and artistic diagnoses in the sense outlined (see also Lambert). Second, Deleuze proposes a particular method of critical analysis – a method not only of literary works (in the double genitive as analysis done *by* and *of* literary works) but a method of analysis applicable to phenomena at large. Not taking phenomena at face value, Deleuze writes in *Nietzsche and Philosophy*:

We will never find the sense of something (of a human, a biological or even a physical phenomenon) if we do not know the force which appropriates the thing, which exploits it, which takes possession of it or is expressed in it. A phenomenon is not an appearance or even an apparition but a sign, a symptom which finds its meaning in an existing force. (3)

Symptomatology is therefore directed at the constellation of forces that form a certain phenomenon or way of existing. The specificity of this method, however, does not only lie in its being directed at the forces that a symptom signals but also in the way it proceeds. Such a procedure, which Nietzsche called "active" and Deleuze "**creative**," differs from a reading of signs; it rather involves an interpretation of symptoms in their constellation *and* it is – in the course of this interpretation – a rearrangement or a new grouping of such a constellation. In *The Logic of Sense*, Deleuze explains: "There is always a great deal of art involved in the grouping of symptoms, in the organization of a *table* where a particular symptom is dissociated from another, juxtaposed to a third, and forms *the new figure* of a disorder or illness" (237, emphases added). As much as the doctor, the symptomatologist does not invent the disorder but she "isolates" it: by distinguishing and disentangling components that had so far been erroneously clustered together ("somasochism"), therefore by destroying the cluster that had falsely been taken as unity, by

specifying its components and subsequently regrouping them (“sadism” – “masochism”), by detecting the forces that form these new conditions. In the course of such a “differential diagnostics” (Smith, xviii) new figures emerge, disentangling a false cluster and bringing to light the new portrait of a desire, a way of feeling, a differently posed problem.

Such a new figure comes about as a result of “creative” or active critique (Deleuze 1989, 134). In that sense, Deleuze remarks in *Coldness and Cruelty*, “[s]ymptomatology is always a question of art” (14). An art of reading the symptoms of our contemporary, planetary condition, which would involve cutting, rifting, separating (*krinein*) the apparent clusters and reordering them in ways that make different constellations appear, different degrees of freedom imaginable. Critique as symptomatology is in that sense a clinical and “interdisciplinary” endeavor – “located almost outside of medicine, at a neutral point, a zero point, where artists and philosophers and doctors and patients can come together” (Deleuze 2004, 134, translation modified).

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