The addition of General Anaesthesia \(3(G.A)\) which either inhaled or injected into the patient \(P\), catalyses the patient \(P\) into a state of unconsciousness \(id\). General Anaesthesia \(3(G.A)\) and the unconscious \(id\), reduce the body to be without bodily sensations and consciousness, as to become a Utopian Body \(UB\). One that is defined by Foucault, as ‘a place where I will have a body without body,’ ‘transparent’ and erased but ‘here.’\(^1\)

The point of this writing, is to explore a utopian state of the body where it is completely, through the specificities of Foucault, a body which is in the state of being away from itself; to rid the body of sensation; to be rid of the sensorial faculties of the body and find a place in the unconscious and live out it’s desires by giving weight to the unconscious mind. This is not a discussion about the steps before death, but an alternate route to take to reach the point of becoming a senseless being, and remain in the unconscious mind whilst being alive. It is the positioning of the utopian body on earth and not in a meta position that is transcendental and ‘elsewhere,’\(^2\) it is a body that embodies the paradoxical implications of Foucault’s utopian model of the invisibly here. Utopia is in affect, a projection to be free of the body in terms of transparency, but to also realise the inevitability that the body is here. This is also not a discussion around local Anaesthetic, as local Anaesthetic only partially Anaesthetises the patient in a specific area of the body; and does not require the patient to be unconscious. The patient’s unconscious place, is where my interest is, as

\[3(G.A) + P = id\]
\[3(G.A) + id = UB\]

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the unconscious place, is a ‘utopia is a place outside of all places, but it is a place where i will have
a body without body, a body that will be beautiful, limpid, transparent, luminous, speedy, colossal
in its power, infinite in its duration. Unthererted, invisible, protected - always transfigured’³ and in
the imagination of the unconscious.

The problem for Foucault and for myself, at the start of this text, is the reality of the
inevitable, to be reminded of and be absorbed within a body. Foucault is putting forward an idea set
by Proust in his openings of Swann's Way, suggesting the body is a literal ‘place’⁴ which is ‘the
point on the earth’⁵ the body, ‘anxiously comes to occupy anew every time he awakens’⁶ and re-
enters a conscious physicality that is in touch with the sensory faculty. The temporality of the
General Anaesthesia generates the same sensation of awakening and ‘moving quickly from
unconsciousness to consciousness.’⁷ To re-enter into the conscious state ‘from that place,’⁸ which is
the unconscious mind, ‘as soon as my eyes are open, I can no longer escape’⁹ - the environment the
conscious mind lives with.

³ Michel Foucault, ‘Utopian Body’, Sensorium: Embodied Experience, Technology, and
⁴ Michel Foucault, ‘Utopian Body’, Sensorium: Embodied Experience, Technology, and
⁵ Marcel Proust, Swann’s Way, trans. Lydia Davis, ed. Christopher Prendergast (London:
Penguin, 2003), 5.
⁶ Michel Foucault, ‘Utopian Body’, Sensorium: Embodied Experience, Technology, and
⁷ Dawn Goodwin, Acting in Anaesthesia: Ethnographic Encounters with Patients,
⁸ Michel Foucault, ‘Utopian Body’, Sensorium: Embodied Experience, Technology, and
⁹ Michel Foucault, ‘Utopian Body’, Sensorium: Embodied Experience, Technology, and
There is a relationship between the patient body and the Anaesthetic, whilst Anaesthetised; which is to view the unconscious body from the inside. The patient body, therefore remains within the body because of the induced immobility, and is even more embedded into the unconscious. The body is acting completely singularly here as it is made to remain within it’s own unconscious mind; because of the induced Anaesthesia. Once more, the lack of consciousness consequently puts the body into a place where there is a lack of feeling one’s own physical and bodily sensations. A dialectic is being produced by the induced Anaesthesia which is comparable to the dialectic formed in Foucault’s text, as ‘my body: it is the place without recourse to which i am condemned,’ so a body that is therefore inevitably here; with the body being ‘limpid’ and without the sensory faculties. A ‘utopian impulse,’ termed by Bloch and performed by Foucault in his *Utopian Body* text, is an attempt to transform current situations towards a utopia that consists of an ideal telos. The specific ‘utopian impulse’ embedded in Foucault’s text is concerned with the current version of the body. Foucault incorporates both a critique on the existing body and an alternative vision of a better body; the body therefore goes through a procedure of editing, in attempts to obtain the utopian and perfected version where the dialectic is present. The status of the body under Anaesthetic, embodies the feeling of being a utopia, and one that is free from it’s body even though it still remains within it. For Foucault, the utopian body is one that gains an array of characteristics to suggest the ‘body is constantly changing’ and ‘is a dynamic form, full of potential.’

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There are three components to General Anaesthesia which are: 1) Analgesia (pain relief), 2) Amnesia (loss of memory) and 3) immobilisation. It is important to think about the status of the body while the body is experiencing a loss of contact and characteristics are taken away. The status of the body whilst unconscious, produces ‘pliable bodies’ that are in a supine position. General Anaesthetic is a material that is used during surgical procedures. The specific Anaesthetic material that will be discussed and should be associated with is not of particular concern, but any instance, it is the modern Anaesthetics such as ‘Isoflurane’ or ‘Propofol’ which can either be inhaled or injected. The amount of diluted Anaesthesia induced into the body, is dependant on the duration of the procedure and ‘the more Anaesthetic inhaled, the deeper the level of Anaesthesia, thus countering the painful efforts of surgery.’ For Dawn Goodwin, ‘Anaesthesia configures a relationship between humans, machines and devices that transforms and redistributes capacities of action and thereby challenges the figure of a rational, intentional acting individual’ - where challenging the individual is through sedating the patient. The individuality of the patient is presented through the ‘manifestations of an individual’s life testify to the specificity of unconscious bodies. The person’s habits, preferences, perhaps even occupational history connect an unconscious

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19 Dawn Goodwin is a social science lecturer and teaches medical education which focuses on developments of embodiment and its location in clinical practice.

20 Dawn Goodwin, Acting in Anaesthesia: Ethnographic Encounters with Patients, Practitioners and Medical Technologies (New York: Cambridge University Press, 2009), x.
body, here and now in the operating theatre.' General Anaesthesia fixes the patient to remain here. It is important to note, the use of General Anaesthesia, is to form an interruption within the state of the body where this form of interruption causes a rupture to the body and once the movement changes from conscious to unconscious, ‘the patient is in a state of intense transition’ as Anaesthesia introduces an internal contact being made with the body, so as to be even more deeply embedded into oneself.

General Anaesthetic is a material which can be understood to be an ‘additive part’ to the ‘pharmacological, the prescription of a drug or pharmakon which would artificially supplement the body’s operation’ The addition of this particular material as a pharmakon entering into the human body, would be an involvement of all the senses as this is a sedative for the entire body and would therefore be a pursuit of a ‘kind of phenomenology of drugs as embodied processes.’ The embodying aspect of this material, is ‘an approach that foregrounds the productive potential of medicines’ and their ‘capacity’ to transform bodies into new and better bodies which are then in the direction towards a utopian body. The prescribing of Anaesthetic for an operation is this additional supplementation of a pharmakon. The addition of a pharmakon, brings forward the enquiry into what takes place at the intersection of bodies and medical drugs and if this addition of an

Anaesthetic pharmakon is a ‘restoration of bodily normality or one of multiple transformations.’

Persson expands with the ‘taking medicines involves more than the physical ingestion of pharmaceutical substances for remedial purposes. Embedded in and embodied through this act are cultural ideas about self and body’ - suggesting there is more to than just receiving the Anaesthetic as a bodily restoration, to therefore be a place for embodied cultural transformations, that are within the body and therefore embedded in the unconscious place within the self. The Anaesthetic now understood as a pharmakon which is a means of producing something as mentioned by Persson is epistemologically known as both a remedy and a poison at the same time. In Derrida’s text *Plato’s Pharmacy*, his reading of pharmakon, brings forward that both meanings for pharmakon are inseparable. Derrida argues that pharmakon will always retain a ‘complicity of contrary values’ where by ‘presenting itself as a poison, may turn out to be a cure, may retrospectively reveal itself in the truth,’ of an operation. Persson in response of Derrida confirms the pharmakon is an ‘indeterminate rather than predictable, contextual rather than casual.’ Seeing General Anaesthetic as a drug that is a pharmakon, as well as an object, would identify the object to be a ‘transitional one. Donald Winnicott coined ‘transitional object’ to be an object that links between two entities.

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and provides psychological comfort. He examples a mother and child, where ‘transitional objects and transitional phenomena belong to the realm of illusion,’\textsuperscript{35} providing some form of supplementary comfort that the mother cannot provide for the child herself but needs assistance in doing so for the ‘development’\textsuperscript{36} of the child. The object can take on any form of ‘material,’\textsuperscript{37} so as to compare Winnicott’s ‘transitional object’ between the mother and the child; to the use of General Anaesthetic as the ‘transitional object’ between patient and the state of Anaesthetised. Both instances function the same, where Winnicott explores the mother to eventually teach the child to let go of the transitional material, such as the patient being attached to the ventilating machine, whilst Anaesthetised, also works similarly as the Anaesthetist, which takes place of the mother, needs to teach the patient to slowly come out of and let go of the General Anaesthesia because General Anaesthesia is an irreversible process.

General Anaesthetic insures maintaining the body immobile, able to be singular and not react to the world and keep it at ‘zero’. During the operation and for Foucault, ‘the body is here,’\textsuperscript{38} the body is a small utopian kernel from which i dream…i imagine’\textsuperscript{39} Even if the body were to be erased by losing sensation, it is still situated as here. It is important to recognise the centrality of the body to retain the utopia within it. If the mind is then free from pain, the body is free from pain, then the Anaesthesia suggests a sense of freedom. The unconscious place ‘appeared to be that the

\textsuperscript{35} D. W. Winnicott, Transitional objects and transitional phenomena: a study of the first not-me possession (1954), 19.

\textsuperscript{36} D. W. Winnicott, Transitional objects and transitional phenomena: a study of the first not-me possession (1954), 19.

\textsuperscript{37} D. W. Winnicott, Transitional objects and transitional phenomena: a study of the first not-me possession (1954), 8.


mind had become aware of itself” results in similar thinking between Emerson and Foucault, that for Emerson ‘the individual is the world’ and for Foucault, ‘the body is the zero point of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’ The body is therefore ‘at the heart of the world’ where both perspectives suggest the embodiment of the individual is the route to take in order to give weight to a ‘new consciousness.’


Lehrer suggests that Proust ‘aspired to transparency, in the forms and fractures’ of his work so that we could ‘see ourselves.’ The utopian body, is therefore texturally different from the exposed ‘thin face, slouching shoulders, myopic gaze, no more hair’ and transforms to be a utopian body as a ‘place outside of all places’ which is essentially invisible. To potentially become ‘untethered, invisible’ is to lose sense of ‘this ugly shell of my head’ by essentially becoming unconscious. If the problem with consciousness is the viewing of the body ‘imposed by the mirror’ seeing ‘in front of my eyes the same unavoidable images,’ then the solution to then become a better body, one that is ‘invisible when you desire.’ This functions in reality so far, with the use of ‘Anaesthetics are those used to abolish consciousness altogether’ to therefore ‘induce unconsciousness.’ For Goodwin, ‘the strength of all these approaches lies in their coherence around a human-centred individual model of action’; if the human is at the centre and the Anaesthesia is given specifically in personal doses, depending on the patients needs and requirements, the patient and human and body are all at the point of being zero.

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47 Jonah Lehrer, Proust was a neuroscientist (Boston: Houghton Mifflin, 2007), x.


Depersonalisation, is the ability to manipulate the patient’s body for surgery. Hirshauer says the body is ‘necessitated by Anaesthesia, reduce the patient to a body. After inducing Anaesthesia the body is further reduced to its focal part,’\(^{55}\) which is the unconsciousness. If the sensations of the body are then made impersonal with itself, then the reduction of such, the depersonalisation, just expands on this emphasis of the body without sensation to be one that is still unconscious and live out its ideas without repression. However, the unconscious mind is still personal, as the relationship between the medical practitioners’ ‘abilities to determine a patient’s care,’\(^{56}\) is dependant on the specificities of the patient’s requirements. Foucault suggests ‘it may very well be that the first utopia, the one most deeply rooted in the hearts of men, is precisely the utopia of an incorporeal body,’\(^{57}\) where incorporeality of the body contributes to the body being transparent to be a utopia, which brings me to ask, what is this elevation of the body, if not just a transformation to change from the body that is existing and manifested in bodily form to then an erased form and essentially free by becoming incorporeal and unconscious.

The transparent body, the unconscious body creates and expresses through the unconscious ‘it has no place, but it is from it that all possible places, real of utopian, emerge and radiate’\(^{58}\) - the unconscious specifically is where all places emerge from and radiate. There is a link between Anaesthesia and the unconscious, which goes far beyond the idea of a body without sensation. The Anaesthesia for the unconscious, works to suppress the conscious and reveals the unconscious

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which according to Freud, the unconscious mind is the primary source of human behaviour. Freud’s analogy of the iceberg seen in Fig.1, is an important one to consider, in terms of where consciousness is, in terms of the subject and body; which is on the surface and interacting with the environment, and where the unconscious is, which Freud suggests is hidden under the surface of the water and is the most important part of the mind is the part you cannot see. The iceberg metaphor is a structural model that can be used to explain the relations between the unconscious and consciousness. The unconscious fits with the utopian body model, because the body that is transparent and without sensation, is the patients body Anaesthetised without sensation. Loss of sensation makes the body transparent by erasing the body. Freud relays the unconscious mind to be a ‘cauldron’ of wishes and impulses, that are then repressed by the preconscious, and conscious aspects that interact with the environment, and everything external to the body. The developments in the conscious mind have been to repress the unconscious part of the mind and not engage with the desires and mirages within it. By removing the consciousness and therefore the need to have the ego and superego because of the Anaesthesia; the unconscious is then able to do what it wants to do. It is through this transparency of loss of sensation, that the body can therefore be completely in its id. Freud’s topographical model functions and can be translated through the states of becoming unconscious in Fig.2; showing Anaesthesia is not an idealistic on and off process, but requires the mention of the in-between stage where the superego functions for Freud.

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With Anaesthesia, the ‘unconscious patients’ expressions have been amplified.\textsuperscript{61} Goodwin continues with the ‘Anaesthetised patient is no longer quite silent.’\textsuperscript{62} The Anaesthetised patient’s ‘body engenders different forms of expression, which in some ways compensate for the loss of language.’\textsuperscript{63} The patient expresses even when unconscious, because there is no repression from the preconscious and conscious. Deseret contributes to this articulated unconsciousness suggesting the ‘body therefore may talk outside the frame of the persons consciousness.’\textsuperscript{64} The unconscious body is completely transparent, it cannot feel itself even though it is here. When considering the patient’s expression, Levinas’ conception of the face, which Derrida expresses that ‘Good doctors take care of the whole’ and that the ‘head cannot be cured separately.’\textsuperscript{65} The idea of the body being immobile through Anaesthesia includes a conversation on the face. For Levinas, the face ‘attends its expression’\textsuperscript{66} and ‘expresses its very expression’\textsuperscript{67} so as to communicate as a whole, even though there is a lack of sensation and immobility because of the Anaesthetic, the expression within the face can then be understood as coming from the unconscious mind of the patient. The encounter of the patient with the Anaesthetic, then expresses its unconscious mind as the Anaesthesia results in the removal of bodily sensations such as pain; the encounter here is between the face/unconscious and the other, where the other is the Anaesthetic. For Levinas, the ‘encounter with the face of the

\textsuperscript{61} Dawn Goodwin, \textit{Acting in Anaesthesia: Ethnographic Encounters with Patients, Practitioners and Medical Technologies} (New York: Cambridge University Press, 2009), 42.

\textsuperscript{62} Dawn Goodwin, \textit{Acting in Anaesthesia: Ethnographic Encounters with Patients, Practitioners and Medical Technologies} (New York: Cambridge University Press, 2009), 43.

\textsuperscript{63} Dawn Goodwin, \textit{Acting in Anaesthesia: Ethnographic Encounters with Patients, Practitioners and Medical Technologies} (New York: Cambridge University Press, 2009), 43.

\textsuperscript{64} Dawn Goodwin, \textit{Acting in Anaesthesia: Ethnographic Encounters with Patients, Practitioners and Medical Technologies} (New York: Cambridge University Press, 2009), 57.


other marks the irruption of infinity into experience⁶⁸ so as to be faced with the concept of ‘the other’ as Anaesthetic, the irruption within the unconscious mind translates into an infinite place of experiences. Understanding the unconscious patient during the procedure to still express itself can be understood as ‘the immobile statue to be put into movement and made to speak’⁶⁹; not in the sense of being literally put into movement, but coming out from the ‘irruption’ as an unconscious mind that is free to express it’s own embedded ideas within the ‘finitude of the flesh’⁷⁰ of the bodily matter. This is a transformation of the body to shift from constantly being in contact with the environment, to then ‘act transparent, public’⁷¹ and therefore be able to express without repression of the consciousness that is still in touch with the environment. The soul, ‘it functions in my body in the most marvellous way: it resides there, of course, but it also knows how to escape. it escapes from the body to see things…it escapes to dream when i sleep.’⁷² The unconscious, ‘it too, possesses some placeless places, and places more profound’ and ‘it has its luminous beaches’ and mirages, of the mind.⁷³ The unconscious contains all the utopian landscapes set out by Foucault, so there is no need for externalisation and contact with the environment, if the mirages of such images can already be found in the unconscious whilst under Anaesthesia.

In conclusion, General Anaesthesia is the removal of the sensory faculties of the body to then be completely in Freud’s id of the unconscious; and therefore be in terms of Foucault’s utopian model, a body that can be simultaneously transparent and invisible, but also here and deeply involved with itself in the unconscious.


Fig. 1, [http://www.wilderdom.com/personality/L8-3TopographyMindIceberg.html](http://www.wilderdom.com/personality/L8-3TopographyMindIceberg.html)

Fig. 2, [https://www.newscientist.com/article/mg21228402-300-banishing-consciousness-the-mystery-of-anaesthesia/](https://www.newscientist.com/article/mg21228402-300-banishing-consciousness-the-mystery-of-anaesthesia/)
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