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'Running hot': Placing health in the life and course of the vital city

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1. Introduction: A commentary on Lekkas et al.

Lekkas et al.'s article, published recently in this journal, considers how the lifecourse of place might be deployed as a conceptual framework to understand the evolution of neighborhoods and their health geographies. Making clear their theoretical alignment with, and indebtedness to, leading scholars such as Susan Kemp, Allan Pred, Steven Cummins and Jamie Pearce, the authors stress the need to go beyond the 'fragmented', 'frozen' scenes represented by mainstream research on neighborhoods and health by delving into, and illuminating, the dynamics and progression of person/place experiences. Indeed, they claim that understanding temporal ebbs and flows – such as structural and socio-political determinates that function differently over time - and how they 'get under the skin', is critical to understanding population and place-based health. They advocate for longitudinal analysis to capture all this, specifically latent transition analysis; a multivariate model which they feel attends to and records the manner and form of discrete stage-sequenced change over time.

These are quite relevant criticisms of the mainstream literature that I do not disagree with, and a well-meant, well-thought out response from Lekkas et al. Nonetheless, my feeling is that the approach they describe, although thought to be innovative in certain quarters, is not equipped to look far beyond the fragmented and frozen scenes they wish to escape. Certainly latent transition analysis has the potential to inject new data into the regular pool of knowledge which measures and explains certain manifestations of these happenings but, I argue, it does not get to or animate them themselves. I think that to really be able to do this, it is necessary to look outside the dominant determinants of health research paradigm and reconsider the entire notion of place's lifecourse, which is Lekkas et al.'s most contentious proposition. Indeed, we know that lifecourse is a popular concept used to contextualise and understand changing circumstances in human lives that brings timing, sequencing and temporal relationalities to the fore (Bailey, 2009; Mayer, 2009). We know that places can be highly related to human lifecourses (people, for example, move through different places during their lifecourses, places service particular moments in peoples' lifecourses, and places change during peoples' lifecourses – all of which have significant consequences (Bailey, 2009; Katz and Monk, 2014; Pearce, 2015; Pearce et al., 2016; Schwanen et al., 2012)). Moreover, we know from disciplines like geography that places are material, social and cultural phenomenon involving human presence, agency and identity (Kearns, 1993; Kearns and Joseph, 1993). However, questions remain including whether place itself has a lifecourse? And, if it does, how might it be understood, how might it be studied, and what might this tell us?

One obvious approach to answering at least the first of the above questions would be to compare the known qualities of human lifecourses (as conventionally understood) to the durational qualities of places. This would help determine if they are sufficiently close enough in character for the latter also to be deemed a lifecourse (i.e. in a conventional sense). It is my view however that, for two reasons, there is really very little to be gained from such a comparison in the current context, no matter how interesting the debate it might evoke. First, Lekkas et al. are themselves quite clear that they do not intend to imply that neighbourhoods have exact anthropomorphic phases of life. At most they are employing lifecourse to theoretically align the phases/stages of places and the phases/stages of humans. Second, lifecourse, as typically understood, is practicality quite limited even if only deployed as a loose analogy. This is because most places one might wish to consider in health research do not have clear births/beginnings and deaths/ends and, even if these do exist, they are often temporally distal. Hence, although it can be done, lifecourse analysis of place would

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frequently have to contextualise changes with respect to substantial swathes of history (see Andrews and Kearns, 2005). More interesting and relevant I feel are a set of fundamental questions that might instead be asked in unpacking the two core components of lifecourse: What is the *life* of a place, how is it created, and how does it express? How does this life propel a place on a particular *course*? And what is the relationship and involvement of health in all of this? I will certainly not be able to answer these questions fully here, but I might be able to make some initial headway in the general directions.

Basic visualization is always helpful when considering a new approach and a good starting point here is the idea of 'running hot' (as I used in the title to this commentary). A quick search of the internet shows that the term is used widely to denote a number of things. Related to a specific academic initiative, running hot is the name of a series of critical seminars held over recent years, aimed at bridging academic and public spheres, the sciences and social sciences, and at cutting across epistemological lines to forge improvements in health (Shaw et al., 2009). More broadly, in terms of general usage, running hot means a state of immersement and involvement in physical activity, particularly sport; a 'flow state' whereby participants experience an increased state of absorption, unselfconscious participation and ease of movement (Andrews, 2017). Otherwise, running hot means being 'on a roll' ahead of one's planned hourly, daily or weekly schedule, or even the act of driving an ambulance or fire truck rapidly through a city with its lights on and its sirens blasting. Whatever the particular understanding however, a common theme amongst them seems to be increases in energy and forwards momentum; something additional happening that possesses new force and potential. In the remainder of this commentary I want to build on this idea by drawing on non-representational theory (NRT) and associated ideas as a radical alternative to latent transition analysis and its ilk, to think about how a city itself 'runs hot', and how such an understanding might help answer some of the fundamental questions on life and its course I noted above. In particular, it will become clear how running hot helps re-visualise the relationship between health and place once we reconceptualise place as an unstable, dynamic flowing assemblage from which health emanates.

2. Non-representational theory: the ethology of life and health

Most social scientific inquiry digs down in some way to try and establish patterns and meanings in the social world and unearth what are often complex underlying structures and relationships. However the steadfast dedication to this 'representational' research paradigm reproduces two failings in the literature. On one level, a neglect of how fundamentally this social world comes into being processually. On another level, presentation of rather deadened versions of this social world, largely void of all the constant energy and movement we know it to have (notably, both processual and energetic facets of the world constituting forms of communication that do not necessarily involve purposeful representation, and that do not easily lend themselves to conventional representation in research) (Thrift, 2008). As an antidote then, NRT is instead concerned with 'showing' life's immediacy, performativity and materiality; in simple terms its lively, raw happening. In practice, heavily steeped in metaphysics, NRT exposes the onflow of space-time and the relational interactions of the human and non-human entities involved; the manifold stream of less-than-fully consciously acted actions and feelings experienced, and how they interplay with conscious thought and agency (Anderson and Harrison, 2010; Andrews, 2014; Thrift, 2008).

Often cited by researchers using NRT to study health is the work of Australian academic Cameron Duff. Drawing heavily on the writings of Deleuze, his scholarship is focused on the basis and mechanisms for health (Duff, 2014). Duff grounds his arguments for reformed thinking in some fundamental observations on the changing nature of society and life. First, that under technological developments (such as genetics) previously firm distinctions and counterpoints - such as cells vs society, nature vs culture, natural vs artificial, biological vs machine - are increasingly breaking down. Duff's point here being that if human life is itself being reconceived, then research approaches need to be similarly reconceived, offering an account of health that pulls down boundaries between the human and non-human, and is more aware of the multiple overlaps and relations between them. Second, Duff also points out that although what health is has always been a complex question, in the twenty-first century it is ever more so because numerous moral, biological, genetic, psychological, cultural, political and economic phenomenon come into play that give it different connotations. Moreover he argues that although academic, policy and practice efforts are increasingly made to diversify thinking on health, these have in common their commitment to conventional understandings of human subjectivity, and their sidelining of fundamental discussions around health by replacing them with numerous other concepts with their own definitional and implementation challenges (e.g. functionality, fitness, resiliency, thriving, wellbeing, happiness, quality of life and so on). Hence Duff argues that, in the face of such diversity, rather than thinking about what health is, academics might be better off thinking about how health arises.

In addition to developing the aforementioned general critiques, Duff has some quite scathing criticisms of mainstream health research (which notably are directly relevant to Lekkas et al.'s approach). Whilst he acknowledges that the social determinants of health literature is extensive, involving thousands of scholars in a vast focused academic enterprise, he suggests that one might challenge the whole notion of social determinants as being objective, stable, definable realities. Moreover he suggests that one might challenge the causal links established between 'determinants' and health inequalities and the regarding of these as discrete (see also debates on causes vs 'causal powers' (Dunn, 2012)). For Duff, at issue is the reliance on a questionable logic and inching agenda whereby social structures and processes – often identified as 'compositional', 'contextual' and 'collective' characteristics of places - have been expanded to include almost all human circumstances and behaviours (e.g. employment, crime, wealth, cultural norms, built environments, even social capital), more and more of these being reduced to statistical levels (Macintyre et al., 2002). Indeed, as Duff reminds us and as Deleuze before him argues, nothing is determined in life; nothing is so closed and so linear. Notably, these sentiments are echoed by Mark Rosenberg in his latest report in *Progress in Human Geography,* in which he argues that health geographers and others need to shift to new ideas and theories that can unearth relationships whilst avoiding repetitions of old determinisms in their place-based research (Rosenberg, 2017). Hence calls for some kind of reform are forthcoming from different quarters of geography and beyond (see also Andrews et al., 2012; Wainwright and Forbes, 2000), and the current commentary might be considered just as much a response to these.

In terms of a way forward, Duff (2014) argues that NRT and related thinking needs to be part of a new ethology or 'minor science' of health which, as an approach, might be able to establish a more robust and substantive idea of how health arises. A synopsis of Duff's vision for this ethology – originally outlined by him in detail over a number of sections in a full monograph – is that it: