

A Protective-Symbolic Measure

Last year I booked an appointment with my local GP after putting it off for a while. This was around the same time we started working on our studio projects. By chance the doctor I saw was a trainee GP, who have longer appointments than the usual 10 minute slots, so you're allowed to talk about more than one thing. In fact, this doctor encouraged me to tell her about all of my symptoms, everything that had been going on. I found myself apologising for how I was explaining myself: speculating as to what different symptoms might mean or which seem related and which I thought of as separate issues. Knowing that I'm not a medical professional and my speculations might not be helpful, I explained that I'd had to manage my own health since I was discharged from the specialist clinic that diagnosed me with ME when I was 17. I admitted for the first time that this was hard. That having to make your own decisions about your health gets tiring very quickly. She apologised to me sincerely. She said "I'm so sorry this has happened to you, it's not your job to worry about your health, it's ours".

In *The Logic of Care* (2008) Annemarie Mol contrasts the logic of care with the logic of choice. She explains the logic of choice with the example of a patient in an open ward of a psychiatric hospital not wanting to get up - should he be forced to get up or should he be left to make his own choice? Mol quotes a professor of psychotherapy:

A dilemma like this, he says, only arises when there are not enough staff: 'On a ward with enough staff, I'd send a nurse to sit next to the patient's bed and ask why he does not want to get up. Maybe his wife is not coming for a visit that afternoon. Maybe he feels awful and fears he will never be released from hospital. Take time for him, let him talk.' Someone who does not want to get up, says the psychotherapist, needs care. Offering him the choice of staying in bed is as much a way of neglecting him as is forcing him to get up.

To make choices as a patient you first need viable options to choose between, and enough information and time to consider them. What patients are often presented with is an illusion of choice. As a personal example: waiting until you're asked to choose which clinic to be referred to and finding there is only one option to choose from, and that clinic has no appointments available to book. Where care involves an ongoing process of managing and maintaining health, choice can be seen as one definitive act. This is an especially frustrating illusion when managing a condition like mine, where getting better is a distant, abstract prospect represented by a fraction. Under the logic of choice, having this kind of illness involves a constant self discipline, a dedication to your health and your body bordering on fanatical - only made more desperate by each choice you try to make that fails to make you better.

After that doctor's appointment I was signed off sick from work for a while. Without my job to go to the two main

things I had to focus on were this course and going to medical appointments. I saw an opportunity to reduce my workload further by combining the two. There were other reasons as well - I hoped I could use my position as a patient to better create an insightful and interesting project and my position as a researcher to better understand what it is to be a patient. I thought maybe I would gain a sense of control from better understanding what was happening in my interactions with the NHS and why. Maybe I would even be able to leverage some of this in my interactions with clinicians. I think I sought a kind of distance from it, as if to study what is happening to you means you don't have to fully experience it.

If neoliberalism conditions us all to treat our lives as businesses, what do you do when you can't keep up with the pace of competition? As patients and citizens we are expected to make decisions based on rational self interest, but what about those of us whose bodies make the decisions for them? Despite how the project came about I have been reluctant to include my own experiences in it, especially my experiences of illness. Part of this is because it's easier not to think about it, but part of it is because as a sick person this is the answer market logic provides. You make your illness part of your identity and use it to create value for yourself. In *Philosophy of Care* (2022) Boris Groys states:

By producing artworks, artists try to redirect the gaze of the other from their own bodies to the body of their work (...). The revelation of their own private, intimate body and its needs and desires is the most economical way to create a protective symbolic body that can withstand the evil gaze of the other.

As well as the dead ends I was facing in my attempts to access care, hoping for a diagnosis that was actionable within the logic of choice (would you like medication or surgery?), I found myself in a theoretical dead end. I have settled on using my own experiences as a proxy for a larger, multiple symbolic body - a necessarily fictional, slightly abstracted one. It still sits slightly uncomfortably but it would be a waste not to use these images.

Images are selections and collages of my own medical imaging from the last year. It took 4 months for Kings College Hospital to post me a CD containing my images. I had to install medical image viewing software which provided the annotations.



