

Failure to Thrive



On Bodies, Care, and the Pursuit of
Health in a World that Damages

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Pursuit of Health
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Dedicated to the feeling of being
alive and to those who chase it



Making a Living:

An Introduction

This world is one that wears down our bodies and spirits. It does this through too much work, or anxiety-inducing precarity, or the poisonous products and byproducts of industry, or through any number of means resulting from a world that is constructed around value production and accumulation. Even for those of relative wealth, the labor of reproducing life in the contemporary world is also the labor of being worn out by it¹. It has been stated that sickness and depression are, in many ways, the most honest responses the world as it is ². What does “health” mean in this context? How can we reconcile the impossibility of our physical involvement in this

1 Berlant, Lauren. *Cruel Optimism*. Durham, NC: Duke University Press, 2011. 28.

2 Dupont, Frere. *Species Being*. Ardent Press, 2007. 67-8

world with the desire to embody worlds of our own making?

It is clear that work and labor have extended beyond the hours that we are “working”. The world of capital has pervaded also our social existence³. In this way, even the things that we do for ourselves can be “value producing” activities. It makes sense, intuiting this, for one to feel that there is something at stake regarding the choices one makes regarding one’s health, or to feel that to take care of the body is only to continue its availability for value-producing activity. Capitalism requires the mobilization and channeling of “animal spirits”, sexual drives, affective feelings, and creative powers⁴. Our vitality is capable of being absorbed back into activity that reproduces the world of capital. Though life is structured such that it is ultimately a wearing-down experience, often the pursuit of health and happiness has an important place within the reproduction of that structure. Are aspirations of well-being entirely incapable of transcending this circumstance?

Presently, in some of the circles that I run in, there is a lot of interest in self-care, particularly in the practice of herbalism. This interest is something that I share. It makes sense to me why these things are so appealing—perhaps a combination of the allure of a connection to the wild that is implicit in using the medicines of the earth, and the way in which the practices of self-care and self-treatment express personal agency over one’s life and one’s body. The practice of herbalism and other forms of healing which are accessible to the layperson are amongst the ways that we can feel our capability of engaging with our bodies in a way that, probably, we did not grow up knowing. I simultaneously used to feel conflicted about self-care and my pursuit of healing knowledge and the importance of these practices to me. I felt that it was insufficient or only superficially therapeutic to be a part of something that was about

3 Debord, Guy. *Society of the Spectacle*. Trans. Donald Nicholson-Smith. Brooklyn, NY: Zone Books, 1995. 14.

4 Harvey, David. *Spaces of Hope*. Berkeley and Los Angeles, CA: University of California Press, 2000. 103.

taking care of myself in a context that is such contradiction to vitality and wellbeing. I wanted to feel powerful, and I was afraid that the things I did to take care of myself didn't really amount to much beyond licking my wounds. The disparity I imagined between practices more antagonistic to the reproduction of capital, and the well-behaved servitude of "caretaking" produced within me this furious inertia that made it difficult for me to pursue the healing that I so desperately craved. In a context that militates against our own flourishing, perhaps attempts at improving our quality of life and of mediating or remedying the wearing-down effects of the world that manifest within our bodies and selves can seem futile. But I see now that stories we tell ourselves about our own futility, and the impossibility of making lives worth truly living, emerge from the wounds that capital has imprinted in our bodies.

I can't say whether or not a desire for happiness is irrepressible and intrinsic, but it seems to me that despite the paucity of the external structuring of the world, we are still driven to pursue a deeper kind of satisfaction. We still do things to make our lives better and are compelled by other urges to blossom. To consider self-care and wellbeing in this context also prompts considerations of the real disparity between what we might want, and what worlds exist. How we understand our lives within this reality is often expressed in the ways we care for ourselves. Practices of, or motives towards, self-care come in a complex scene: an external structure that is inconducive to wellbeing; the desire to resist this world with one's body and one's life; the difficulty in forging lasting relationships of care in a context that is this continuous washing away of connections; and a collective inability to see ourselves as capable of embodying something other than the world as it is. The significance of what the pursuit of wellbeing means are fully colored by the context we are in. Care as a collective activity that comprises the material of our lives is becoming increasingly foreign. While we may engage in activities of care, the significance they possess has been altered by the alienation these activities have become bound to. They simultaneously feel like a hollow performance of something that has lost its resonance, and an at-

tempt to return to a visceral reality that one has ownership over.

In this context, self-care has been misconstrued as the chore of reproducing our ability to produce value for capitalism. Care as it is shared is understood primarily as a commodity that does not conflict with the order of value production. Though the pursuit of health can seem futile-- or worse yet, something that we are “supposed” to do—examining these pursuits in regard to what they accomplish already misses some crucial aspects of acts that are actually capable of speaking to much more beyond productivity and value. The understanding of care as anonymous reflects a lineage of history that must be examined if we are to understand how it is that the activity of making our life better can end up increasing our alienation. And in turn, we can elaborate the manner through which these pursuits might make a better reality for ourselves in the here and now.

I don't intend to infuse self-care with revolutionary potential-- it seems unnecessary or probably inaccurate (because care isn't always, and shouldn't be, a tool of any cause). Perhaps self-care is something that is difficult to theorize about, or ascribe to it a certain purpose, as it often just simply is—it can occur unintentionally, without necessarily being towards any particular end. It is this hidden and oscillating motivator that disappears and reappears without announcing its presence. Care gets usurped often, but also is something that ties us, in its primal state, to ourselves and each other. The pursuit of wellbeing, and of happiness, is neither inherently innocuous nor subversive. It is just often stripped of its power and made to work for the machinations of production. Obstacles placed by history, maintained by our collective memory, direct the way that these pursuits flow in the world. All the more reason to attempt to free care from its functioning as an instrument of value-production, and to return to it the capability to create worlds.

It is my hope to examine trends in how people engage with their bodies and selves in a context that wears them down, and to consider how self-care occurs in synchronicity with, contradiction to, and complete separation from capitalism (which I'm defin-

ing here as a world that revolves around value). I hope to briefly trace the lineage in history that remains with us presently through the medical institutions and its attitudes that pervade our lives.

The vastness of these topics overwhelms me. I know that they are connected to so many other things, and that to examine them is also to examine our relationships to leisure, to pleasure, to physical experience, to the sense of meaninglessness that pervades modern life, to the history of conquest that is contained within our bodies and, despite this, the pursuit of the good life. This monograph is by no means a comprehensive mapping of trends related to these themes, but I nonetheless hope that is useful to the reader. Through explorations such as this, perhaps we can understand what our present obstacles to cure are in a world that is not of our choosing, and to better engage with our own healing, whatever that may mean.

Separation and the Loss of the Commons

*The spectacle's function in society is the concrete manufacture of alienation.*¹

For a while I worked as a housecleaner, which means that I have spent a lot of time in other peoples' homes. I was fascinated by the particularities of experiencing, for a moment, the setting of the lives of others. Usually what I felt was this pervasive sadness and a sense that something was missing. Sometimes I felt this in houses that presented the order of togetherness, and sometimes in houses that seemed like they had been left behind or were never really there, a place that was passed through but never really settled in. I came into a stranger's house, while they were at work or sometimes when they were at home, to wipe and parcel away the crumbs and dust that had gathered on the floor, to leave surfaces appearing as though they were untouched. During the working day we would go from house to house, often houses that were very close to each other. Their physical proximity only highlighted the separation that is the foundation upon which this world is built. The sense of isolation was something I felt to be nearly tangible in these hallways and passages that are called homes, yet also something that was never spoken of.

The focus of this monograph is mostly upon care as it relates to the body and its direct treatment, but in order to under-

1 Debord, 23

stand those things, it seems important to set the stage with an acknowledgement of the significance of how what we do to survive is considered external to other aspects of life. I acknowledge that working as a housecleaner doesn't seem to be the best reflection of externalized care in this context, as it's essentially a luxury commodity—perhaps the nursing home and the grocery store would more readily provide snapshots of this kind of alienation from our own care and survival. It's just that I was given a glimpse into how people relate to the kinds of activities that improve their experience of life. Working that job gave me the opportunity to examine the isolation I felt to be all around me-- to enter into different exhibits and to consider if I felt this emptiness was my fate. I thought a lot about the things that people expect from their lives, and the different things that people do to make their lives more pleasant. Something about that experience gave me a lot of time to consider the resentment and frustration I carry about some of the ways that I see people doing that—when their pursuit of the good life seems to lead them only to an increased state of isolation and estrangement. It felt deeply connected to the resentments that I had about myself and my own well-being, and it forced me to examine my prejudice that “health” and the care of myself and my place was something that was frivolous and exterior to my true purpose; something that I could never participate in in a powerful or meaningful way.

Some of the people whose houses we cleaned hired housecleaners because they were too busy to do these tasks of maintaining their space and could afford to pay somebody else to do it, or often they had the time to do these things for themselves but they had the option of choosing not to. Sometimes the houses were already spotless, and so I can only attribute my presence as a sort of formality, an expression of their upbringing perhaps, of what they considered proper. But if the house was already clean when they knew they had housecleaners coming, then obviously there was some kind of pleasure they got out of engaging in this activity themselves. I realized that often engaging in one's own care is an engagement with one's sense of intrinsic value. It expresses a desire to return to that which is im-

mediate and tangible, when usually the results of our labor are abstract. Perhaps it also is a way to engage in activity that isn't, at least on the face of it, value-producing. They can be attempts to re-prioritize our own wellbeing as we define it for ourselves, with more or less success—with more or less ability to contend with an external structure which channels those activities of care into experiences of isolation or consumerism. Unfortunately, the activities of our own care in contemporary life all too often become the machinery and appearance of a dependable life² that does not reflect the actuality of our wellbeing.

That job also exemplified how the care of our selves (and the home as an odd extension of the self) has been made external to what is considered most valuable or urgent (like work). The things we do that are necessary not only for our survival but also our wellbeing have been reduced and compartmentalized. This isn't to say that is how these activities are always experienced, or that the ways that we understand our lives reflects this sort of valuation. But a context that deprioritizes and externalizes the activities of caring for the self informs the way that we engage with them. Because they are externalized, these activities have largely lost their ability to shape our experience. Our need for each other and to be a part of a broader context have been siphoned or extracted from the workings of our day-to-day lives, and made to be a part of the motor that reproduces the world. No longer do we exist in a network of relationships where the activities we do directly for ourselves are the glue that holds our worlds and communities together.

This doesn't even say anything about what those needs are in the first place—what survival looks like. The structuring of our lives is one where our capabilities, in their vastness and peculiarities, are barely reflected in the external world. In turn, it's logical that a science of care would understand health from the vantage point of functioning rather than thriving. In a talk given by Silvia Federici about self-care in 2012, she discussed the disparity between the need for humans to exist as a part of the natural world, and capitalism's ability to provide for those needs:

2 Berlant, 31

We, as human beings, have grown, have formed who we are, through thousands and thousands of years of intimate interaction with the natural world. I would speak of coevolution. In other words our bodies have been very strictly shaped by the interaction with nature. [...] And this interaction has created a vast range of knowledges, a vast range of resistances, needs, desires, that capitalism has opposed, frustrated, attacked. More, I believe, than any other system. Because capitalism is a system of exploitation and accumulation that depends on the intensive exploitation of labor. And so the kind of discipline that it has imposed on workers and the human body has been in a way far more intense, far more severe, than the ones other systems have applied to us. For instance, I realize how important it is for our wellbeing-- the fact that we need to see the stars. Our life was shaped by the interaction with the winds, with the sounds of the waters, the sight of the seas. It's very important for us to be able to see the light of the sun.³

The sort of physical existence that we have come to expect for ourselves is one that is incapable of satisfying the hungers and capabilities that remain hidden without our bodies. Capitalism has amplified, to an incredible degree, the separation of human beings from the natural world that began long before the first factory ever replaced a prairie or a forest. In order to forge a body that could function for and within a productive world, the body had to be created as an entity that is divested of any association with the natural world, as well as with magical forces. This process has occurred for a long time and for a variety of reasons—to trace the history of the enforced separation between human and nature is beyond the scope of this monograph. However, the creation of a society where power functions not only through external force, but also through the self-discipline that capitalism mandates, required that this separation occur in a deeper way regarding

3 Federici, Silvia. "Our Struggle, Ourselves: Rethinking Healing Work." Online Video Clip. *YouTube*. Youtube, 25 July 2011. 12 February 2013.

how we consider ourselves. Therefore capitalism also mandated a new understanding of the body. It needed to create a new kind of relationship to the body in order to instill within people the logic to submit their bodily desires and needs to an external order that does not allow for their realization. This has come along with a loss of our ability to even feel these things as needs, and to fully understand how sensitive our bodies are to our environments. Federici examines in depth the connection between the formation of bodily discipline and the witch-hunts in Europe in *Caliban and the Witch*. She posits that the process of the witch-hunts was fundamental to the formation of capitalism. In order to be dominated, the body first had to be disenchanted. To consider the body and the self as reflecting the power of a world that cannot be owned and controlled is incompatible with its functioning. Silvia Federici says this about the destruction of magical thinking: Aiming at controlling nature, the capitalist organization of work must refute the unpredictability implicit in the practice of magic, and the possibility of establishing a privileged relation with the natural elements, as well as the belief in the existence of powers available only to particular individuals, and thus not easily generalized and exploitable. [...] Above all, magic seemed a form of refusal of work, of insubordination, and an instrument of grassroots resistance to power. The world had to be “disenchanted” in order to be dominated.⁴

The devaluation of the magic of the body was part of the way that a new industrial economy imprinted itself in the physical world. The violence done to the body by the witch hunts through torture and executions is a symbolic extension of the larger social fragmentation that was at hand.⁵ A whole way of life and of viewing the world needed to be destroyed in order for bodies to be controlled to the degree that capital demands. A new separation between the inner and the outer worlds was created, as the body was divested of its association with forces

4 Federici, *Caliban*, 174

5 Duden, Barbara. *The Woman Beneath the Skin*. Trans. Thomas Dunlap. Cambridge, MA: Harvard University Press, 1991. 10.

of nature⁶ and instead created as a self-contained entity, whose desires should be subjugated by the mind to fit the exigencies of the external order. Hierarchical societies have always had ways of extracting labor from bodies, but it has only been relatively recently in human history that this coercive power became something that was given to individuals to enforce upon themselves and upon their bodies, as they engage in the labor of their “choice” in exchange for a wage.⁷ The creation of a work ethic necessitated the body becoming a battlefield in which physical desires (as well as a lack of desire to work) were constructed as “low instincts” towards which the mind was vested with responsibility to overcome. The shift to industrial economies enforced rhythms of life that were contrary to the cycles and limits set by nature, and by the body itself. All this contributed to a new estrangement from the body.⁸ This new way of understanding the body did not just arise from this new order of the world, but was rather instrumental in its formation. It was a way to make bodies work and to regulate populations.⁹ Federici says, “[T]he human body and not the steam engine, and not even the clock, was the first machine developed by capitalism.”¹⁰ This is a machine that must be maintained and preserved as much as any other instrument of capital, but the needs of the body must be imagined in a way that doesn’t contradict with what capital is capable of providing.

We have been separated not only from the natural world but also from each other. The institution of a capitalist economy has depended upon the separation of beings that were formerly indistinct from each other. The sort of empowered collectivity and inter-reliance which capitalism has destroyed and impedes is also a need of ours. We seem separate from our bodies, and our bodies seem separate from other bodies. In this context, physical needs and desires have become associated with commodities and production¹¹, rather than a reflection of a relation-

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| 6 | <i>Ibid</i> , 11-12 |
| 7 | Federici, Caliban, 148-150 |
| 8 | <i>Ibid</i> : 135-6 |
| 9 | Foucault 140-141 |
| 10 | <i>Ibid</i> : 146 |
| 11 | Duden 28 |

ship to something broader than one is inextricably a part of. In addition to the separation between the mind and the body, capitalism also needed to sow a divide between the activity of taking care of oneself and loved ones, and the activity that is now taken as such a given—work. Feudalism, the economic system which capitalism replaced in Europe, didn’t allow for such a distinction between the labor done to produce external value and the work done for the sustenance of oneself or one’s community. At the very least, serfs had direct access to the means of their own reproduction.¹² Within capitalism, the activity of taking care of oneself became the unremunerated bolster of value-producing labor done outside the home. Capitalism depended upon, and still depends upon, externalizing the activities of care. This externalization of care has not always looked the same, but has always depended upon a hierarchy of some kind. Capitalism created an externalization of care through which the labor of care was perceived, and taken, as a natural resource given by women¹³, in a new context in which other kinds of labor was now being remunerated. There certainly are aspects of this division of labor that remain in the world as it is presently, though it seems to me that the role of woman as a reproducer is more complicated presently.¹⁴

The foundations for our present separation between our outward lives and the care of ourselves were laid by the processes of enclosure. It explains how it is that we depend on institutions of alienated care, and how it is that the urgencies of our bodies

12 Ibid: 23

13 Federici, *Caliban*, 92-100

14 The unique historical and contemporary experience of women in this arrangement of labor has been examined in-depth by Federici in *Caliban*, as well as by the research group Precárias a la Deriva in their essay “A Very Careful Strike”. There is no doubt in my mind that there are particular and upsetting arrangements of care in relation to the social category of “woman.” I have chosen to not examine care from the perspective of gender here because others have done it well, as well as reservations I have about doing so. I feel that a very important part of Federici’s work is an exploration of how the social category of women as caregivers was made necessary and concretized by capitalism, and I am wary of unnecessarily reproducing this social role by elaborating on a topic that I do not thoroughly understand.

are understood with such suspicion. The loss of the commons changed the structure of life. Activities that were formerly done collectively have become the solitary responsibility of newly formed separate units of life-- of individuals and families. That which is necessary for survival now has the added layers of abstraction and obstacle of monetary exchange. Because of having to work for the wages we exchange for the materials we depend upon for survival, our relationship to reproductive labor (gathering food, cooking, caring for the body) is different than what it might otherwise be. Because those activities are largely done in isolation, or in the isolation of a nuclear family, they feel isolating. Because they usually are.

In turn, the activity of work feels like a way to be a part of something broader.

The damage inflicted upon our bodies by work, industry, and alienation seems like a given. We expect that the activity of our life should be something that wears us down, and this damage is perceived as evidence that we are working hard.

The Story of the Body

“If you say it right, it helps the heart to bear it.”¹

“To recover and strengthen itself, the traditional body had to “flow”: pus, blood, and sweat had to be drawn out. On this point peasants, women, and practicing doctors agreed. The new philanthropist saw a completely different reality: a body that should be preserved, improved, and must not dissipate itself—an economic unit.”²

We have a situation where the body is disembedded from the “total network of social relations”,³ in which its treatment occurs outside of the workings of daily life. It is now possible for the body to be understood as something separate from other bodies and from the world it emerges from. It is only in this context that bodily health can be distinguished from other aspects of life. Though nearly everything we need for our survival has been externalized to the economy, I suspect that there is something particularly potent regarding the professionalization of healing knowledge. It seems to me that there is something about the treatment

1 Oliver, Mary. *Evidence*. Boston, MA: Beacon Press, 2009. pg 23.

2 Duden, 17

3 Ibid 11

of the body that is distinct in its effect upon social processes. Medicine's rituals of healing are amongst the few places where a consideration of physical experience is afforded for, when generally the power of our bodies to direct our choices is curtailed. Our bodies are one place where we play out our interaction with the broader world—a world that we generally feel separate from, but in moments of crisis such in as the moment of illness, we cannot ignore our physical involvement with. It is often illness is where we experience the effects of the external world upon our bodies. Illness also presents the inescapability of having a body in a context that makes bodily needs secondary to its exigencies. Those who practice medicine are offered a close view of the wearing-down effects of external conditions upon humans. They must contend with this damage, which cannot be directly fixed through the means available to them. (Everyone knows that prevention is the best medicine.)

Our emotional, affective experience, too, has become medicalized. The activity of seeking treatment often becomes the site of an evaluative examination of our qualitative experience in a structuring of the world where contemplation is given little space to occur. In the setting of medical practice, unhappiness is a pathological obstacle to health. This dissatisfaction can express an impetus for change in conditions of life which frame limited possibilities. When it is only understood as something to be managed or resolved, that symptom loses its power to change us. The feedback between our ownership of our own dissatisfaction, and its assumption as a medical problem for which we can seek treatment, is probably something that ends up reinforcing this stalemate between desire and the types of experiences we create for ourselves. Medicine, while serving our bodies, also assumes human needs that pale in comparison to the ability of an external structuring to provide for them. So it's hard to name the root of that dissatisfaction through medical terminology. It is limited in its inability to name the most obvious insufficiency of the external world, in its round-about manner of cataloguing the subtle, variegated needs which exist within our bodies even as the richness of the world around us is increasingly worn away into a bizarre urban apparition.

There has been a long-standing association between traditional healers and resistance to the joint processes of enclosure and colonization. One of Federici's arguments is that lay medical practice needed to be destroyed for capitalism to be viable, because it contributed to the forces of resistance.⁴ Duden mentions the war of destruction that was waged against the "body-based power of the self-sufficient peasant society in Flanders."⁵ Physical autonomy loosens the bonds of external dependency, and therefore it has largely been eradicated, as exemplified in the process of enclosure. In their polemic against the medical establishment, Ehrenreich and English write, "Women healers were people's doctors, and their medicine was part of a people's subculture. To this very day women's medical practice has thrived in the midst of rebellious lower class movements which have struggled to be free from the established authorities."⁶ It is true that "control of medicine decides who will live and who will die"⁷, and in this manner, the professionalization of medicine plays a part in the regulation of the physical autonomy of a given locale.

To destroy physical autonomy is not equivalent with a process of destroying the body. It has rather been a process of "optimizing forces, aptitudes, and life in general without at the same time making them more difficult to govern."⁸ The accumulation of medical knowledge has depended upon an intensive exploration and examination of physiological functions, a way of making them controllable so as to fit into a world that has little room for the interruptions of illness. Writes Federici, "Far from renouncing the body, mechanical theorists seek to conceptualize it in ways that make its operations intelligible

4 Federici, *Caliban*, 103

5 Duden 8-9

6 Ehrenreich, Barbara and Deirdre English. *Witches, Midwives, and Nurses*. New York, NY: The Feminist Press, 1973. 4-5.

7 *Ibid*: 4

8 Foucault, 141

and controllable.”⁹ Within capitalism the ability for measuring the physiological functions of subjects has been developed, and the regulation of health has been part of its mechanisms of control. It has developed a means to provide care that understands the body from the vantage point of its ability to function within productive conditions. While there are instances, and continue to be instances, where the process of production has been equivalent with the literal destruction and death of the bodies of those who labor¹⁰, the material care of the body is not equivalent with a subversion of productive conditions.

The dominant, professionalized medical institutions upon which we rely are frequently incapable of offering effective remedies for chronic ailments, and accessibility to healthcare is quite limited. But despite this, we do have a well-established medical practice and it is frequently successful at treating the body, especially in emergency situations. In this context, the power of lay and alternative healing practices lies in their ability to frame and imagine the world, rather than just in the threat of physical autonomy they might present (should autonomous networks of healing become established to the degree that they can be relied upon). And the reverse is true as well. The history of the destruction of lay healing practices recounted by Federici tells of the destruction of healing as a practice of shaping the world through imaginative power.

The way we think about the value of our bodies and our lives are reflected in the practice of its care. Cosmologies of healing are capable of imagining some inherent value to the body and the self as an important part of something whole. These cosmologies contradict, and also run into as an obstacle, medical cosmologies that are concerned only with the body as an economic unit, and therefore with returning the body to its ability to function within value production. Storytelling is involved in the making and mediation of the world,¹¹

9 Federici, *Caliban*, 139

10 *Ibid.*: 112

11 Berlant, 8

and it is through the part they play in this process of storytelling that healing cosmologies are capable of imagining other physical realities. The traditional healers of South Africa, who practice presently alongside a biomedical system, have been “the fiercest guardians of folklore” as elements of the western world encroach upon tradition.¹² These other aspects of culture which are encapsulated within a healing cosmology influence the stories we tell ourselves about what it is that is going on in our bodies; about what it is that ails us. These stories are what help us understand our lives, and how we place ourselves within a broader context. This process of storytelling occurs with every healing cosmology and philosophy, including those of modern biomedicine. And it is easy to see how these stories, in their identification of the source of an ailment, direct the treatment. When a healing cosmology is lost, not only do specific therapeutic tools fall out of favor—so too do ways of imagining the world and creating the self. In 1791, in Haiti, a successful rebellion against the colonizing forces of France was initiated with a Vodoun ritual. A pig was sacrificed and those in attendance drank its blood and took its hairs as talismans, to protect themselves against harm. Two days later, a plantation was set aflame. A week later, the slave rebellion was underway.¹³ This may seem like a dramatic example of how a traditional healing cosmology (which is inextricable from its matrix of lives and culture) has played a part in the creation of a different kind of reality. But it exemplifies the powerful effect that occurs when rituals of healing are given the chance to involve themselves with external conditions. It also expresses the way that belief in supernatural forces actually influences the way that one engages with reality. Slave medicine was also a practice of re-humanization, creating trust and a shared system of thought, with both material and supernatural dimensions. “The collective practice of survival had the potential to become the basis for other kinds of collective action.”¹⁴ The threat posed by supernatural cosmologies, pre-witch-hunts, was due in part to the

12 McKinnon and Villon, directors. *Sangoma*. 1996. *Film*.

13 Weaver, Karol. *Medical Revolutionaries*. Chicago, IL: University of Illinois Press, 2006. 95.

14 Bergmann-Dean

manner in which they could instill within people a sense of empowerment. The witch-hunts were a necessary component of the construction of a new type of disciplined order in part because they enforced a new understanding of the individual and their power. Women, especially those that played roles as healers, sorcerers, performers of incantations and divinations, were particularly privileged in this attack—"their claim to magical power undermined the power of the authorities and the state, giving confidence to the poor in their ability to manipulate the natural and social environment and possibly subvert the constituted order" against a background of social crisis and struggle.¹⁵ The destruction of this way of thinking has been done intentionally and violently, and its replacement of rationalism is reflected in the dominant medical paradigm.

Modern medicine is unique in its understanding of the body as disconnected from external forces, be they supernatural or from the natural world. Its philosophy of scientific rationalism allows no room for this kind of understanding. Regardless of whether or not this has been done intentionally, it still produces an understanding of ourselves where we cannot see ourselves as a part of something broader; as possessing special powers; of being able, really, to change ourselves and manipulate our environments.

15 Federici, *Caliban*, 174

Medicine and the Disciplining of the Body

“Whoever neglects the precious treasure of health offends all of society, of which he is a member. Society rightly demands of him that he sacrifice a part of his energies and time to her needs and for her benefit, who every day contributes so much to his need and benefit.”¹

“The human being became an economic factor also as a physical entity; his life span and his physical ability to work became statistically measurable quantities of the national economy.”²

Early capitalism did not concern itself with the care of those who labored, beyond what was necessary to maintain their ability to work. The body was viewed as a natural resource—especially the bodies of slaves, peasants, and women—which, like the natural world, was to be exploited as if it would never run dry. The body was treated in such a way as to maximize its productiveness while limiting its power. While presently the body still suffers from the conditions of labor’s poisonous world, the situation concerning our care is a different one than that of primitive capitalism. Rather than merely reproducing labor power at the minimum degree possible, it is clear that, within the framework of a human-constructed world, the desire for a better life is given space or is even now necessary

1 Duden, 18

2 Duden, 13

for the reproduction of the world. As exemplified by the offices of corporations which provide for their employees recreation centers and other amenities, making the world function as it is no longer just a project of extracting value from the bodies of its servants, but also of managing the sense of well-being of its participants. Such luxuries are not given to most of us, but the significance of the trend is relevant when considering how it is that our bodies are treated, and how we treat, our bodies in this world.

In the fabric of a world that damages, medical practice can be understood as an intentionally mediating force. The development of tools to measure health as a statistically decipherable signifier of the ability of a population to work suggests the role of medicine in its function of buffering the damage it inflicts, solely in order to preserve a workforce. But this maintenance of the body is something that medicine is not capable of doing alone. The notion of *health* is something that has been constructed as our duty to maintain. Health can be seen as a side effect of successful normativity, and people's desires and fantasies are solicited to line up with that pleasant condition.³ We have been tasked with the responsibility of maintaining our ability to function in world that inflicts bodily damage, creating this struggle towards health in conditions that militate against it. Writes Duden, "Political medicine cast this desire for a healthy body into a scientifically solid mold of norms and pathologies, thus creating a new image of humankind."⁴ What that functioning looks like is influenced by the process of storytelling that medicine is a crucial part of.

If the development of medical knowledge has served a project of making bodily functions intelligible, this intelligibility of the body has not extended into the public sphere of knowledge. Professionalized care legitimizes only certain ways of knowing the body, which are largely inaccessible to the layperson. Physical occurrences have lost their significance as events and have rather been turned into a

3 Berlant, 106

4 Duden, 19

deficiency of a medical norm which cannot really be felt by the senses.⁵ Contemporary life is one of increasing disembodiment. Though the medicalization of the body has not been the only force that has contributed to our present estrangement from our bodies, the ways that we lack the ability to intervene in our health, and the sense of confusion regarding *what to believe* about our bodily wellbeing, contributes greatly to our sense of bodily dispossession. The conditions of work in and of themselves limit the intelligence of the body—usually labor depends on either the body or the mind at one time. Both of these kinds of labor subject the body to damage, either through inactivity or the wearing-down effect of repetitive movement. There are exceptions to this rule, of course—sports players (and, ironically, nurses) are required to infuse their bodily motions with intelligent choices. But in general, the conditions of capitalism have manifested and mandated a kind of disembodiment, which is perhaps exemplified now more than ever through the internet. All this produces a relationship of terror to the mysteriousness, power, and unintelligibility of our own bodies. Increasingly our bodies are foreign to us, and we cannot decipher what they are “telling us”. Even the experience of seeking treatment often leaves one with the sense that our bodies are a puzzle that remains unsolved.

Within western medical tradition, the disparity between the language used by patient and by the practitioner has not always been. The book from which I quote Duden, *Woman Beneath the Skin*, is an exploration of the treatment records of Johann Storch, a doctor who practiced in 18th century Germany. His records provide an example of a completely different way of understanding disease in contrast to modern understanding. The ailments that his patients describe are ones which cannot be objectively fixed in an organ or an organ system, because they primarily relate to phenomena which move through the body. Bodily fluids aren’t necessarily distinguished from one another. Deathly ailments arise when there is a stoppage of the fluids in the body, but not in a way that relates to fixed vessels through which these fluids travel. Disease here can be hypothetically traced through stories, and is never static.

5 Duden, 30-31

Its understanding depends in large part upon what the women themselves communicate, and is sometimes aided by visual cues such as skin tone which do not require a fixed anatomical geography. His patient records are largely transcripts of the words of the patients themselves. Disease doesn't become singular, a name to which a patient can be affixed', when the language used to describe it, and the story attached to it, comes from the afflicted themselves. This inevitably produces a different relationship to what treatment is, and different type a relationship to the "ownership" of disease itself, than the ones we are familiar with now. The effect of translating physical experience into a language that is largely unfamiliar to the layperson means that often discussions of our bodies in a treatment setting reflect only a fragment of our experience. We usually have a story we tell ourselves about what is going on with our bodies, which may conflict with, or maybe elaborate upon, what we have been told by a professional. Nonetheless, the disparity between the experience of being in our bodies and the necessity of articulating our bodies through a foreign language is significant. Writes Duden, "The language of pain conveys an entire worldview."⁶ What is the significance of understanding our bodies through a language that is not our own?

Duden discusses the aversion to the physicality of the body that came along with its transformation to fit a productive world. This attitude rationalized differential valuations of bodies. "It was scientifically determined that the poor reeked, and that the odor of foreign 'races', such as the Seljukes and the Samoyeds, clung to their bodies regardless of diet and hygienic habits. From the end of the eighteenth century the body was used in a new way for the purposes of social classification."⁷ The aversion to the body as an uncontrollable emanator of odors and fluids, and a subsequent obsession with transcending one's physicality that emerged around this time, was due in part to the urbanization of life and the unhygienic conditions it produces. But it is also resulted from the separation between the self and the body that emerged from productive conditions. "In this obsessive attempt to conquer the body in

6 Duden 88

7 *Ibid*: 16

its most intimate recesses, we see reflected the same passion with which, in these same years, the bourgeoisie tried to conquer—we could say ‘colonize’—that alien, dangerous, unproductive being that in its eyes was the proletariat.”⁸ Medicine has also crystallized many of the differential valuations that unpin colonization and conquest, and framed them as biological facts. Assumptions about gender, gender relations and about race are reflected in the practice of medicine. It has only been relatively recently that gender relations have been interpreted on “factual grounds” based upon biology, and that medicine has crystallized as “fact” the differential valuations and assumptions which are put upon bodies.⁹

Aversion to one’s body is experienced more strongly depending upon socialization (such as being socialized as a person of color or woman for example), and has generally been codified in bodily manners and habit that remain with us today. Our interactions with our bodies are colored by this aversion that has been inscribed deep within us. When relating to the care of our bodies, the sense of needing to transcend our physicality often poses an obstacle. It’s difficult to not relate to our bodies in terms of surface appearance and value production. The body becomes something that must be groomed and controlled in order to access its power and limit its danger. Here an engagement with healing and the pursuit of health can amount to a diminishment of physicality rather than its elaboration.

The kind of intensive involvement with our bodies that medicine is capable of, whether it comes with good or bad intentions, is the result of the development of techniques to control and regulate bodily processes. In the process of creating a dependable workforce, capitalism has depended upon its ability to control and regulate our bodily processes—to manage the reproduction of the body. This applies to literal procreation to an intensive degree. Federici elaborates:

In reality, so far are procreation and population

8 Federici, *Caliban*, 155

9 Duden 118

changes from being automatic or “natural” that, in all phases of capitalist development, the state has had to resort to regulation and coercion to expand or reduce the work-force. This was especially true at the time of the capitalist take-off, when the muscles and bones of workers were the primary means of production. But even later—down to the present – the state has spared no efforts in its attempt to wrench from women’s hands the control over reproduction, and to determine which children should be born, where, when, or in what numbers.¹⁰

The history of unwanted hysterectomies given, without their knowledge, to women of color is a notable and relatively recent example. The control of bodily reproduction applies also to the care of the body in a day-to-day way as well. The construction of an idea of health as something that individuals should aspire to has been applied as a tool towards this end.

I was recently on the campus of a medical school that also is home to a teaching hospital. Though within its confines contained, in books and in people, a vast amount of knowledge and skill regarding the treatment of the body, I was struck by how little the atmosphere and the discussions I partook therein reflected the nature of being in a body. In the unpleasant environment of medical school, elevators opening and closing to leave doctors in a lobby to take their lunch break, I felt that there was no room for a visceral understanding of the body and its desires. Instead, the body exists as an abstract subject to be treated so that it might return to normality. This is not accidental. The rituals of receiving treatment end up enforcing the limitations we feel around what sort of bodily experience is possible, because of the way it frames the functioning of the body. The maintenance of a baseline of normal health seems to have little to do with the multiplicity of desires related to being in a body—desires for a life that revolve around more than work and value production.

10 Federici 91

Healing and Harming

“With even momentary relief of tension, anxiety, depression, and pain there came, often for the first time, the knowledge that it was possible to be free from the commonplace and accepted misery. Hope of renewal, accompanied by fear of the unknown, emerged from the shadow of the past. Perhaps most remarkable to me were changes in body awareness, balance, centering, groundedness, esteem, and even amazing changes in physiognomy.”¹¹

To experience the physical vitality that our bodies are capable of gives us a taste of our strength; it reminds us that we are alive and in the physical world. The sense of malaise that is so common reflects much more than failure on the part of institutionalized medicine, because it also reflects the entirety of a way of life that denies the body its potential for vitality.

¹¹ Hammer, Dr. Leon. *Dragon Rises, Red Bird Flies*. Barrytown, NY: Station Hill Press, 1990. 19.

ty. Nonetheless, the practice of institutionalized medical care also reflects this low standard for bodily experience. Often the point at which problems of the body are considered public problems is the point at which they've begun to interfere with productivity, or have been too expensive in contrast to assumptions about what it is that labor should cost.¹² This understanding of the body as value-producing plays out in a more personal way, too. The point at which an individual decides to intervene with a health problem is often when it has reached the point of interfering with their ability to function. The presence of a symptom in and of itself doesn't warrant treatment. Partially this is because care is something that we don't have direct, endless, or even *any* access to, so it becomes something that we develop this sense of needing to budget around. It's difficult to separate the ability of a situation to provide for needs, and in turn what we articulate to ourselves as our needs. But I think that frequently our relationships to the pursuit of treatment exemplify, and also are capable of breaking, the estrangement from the body and from desire.

Whether or not modern medicine has played a part in ushering in a productive world, it must always contend with conditions that are so thoroughly in contradiction to health. Medicine becomes the mechanism of mediation for the wearing-down effects of the productive world. Like many things, this most obvious aspect of our lives is rarely spoken of around any discussion of health. Our relationship to wellbeing is colored by the fact that our external lives are structured to be in contradiction with it, but this is often the thing that we cannot see. The conditions of work and urban life wear strongly on the body. Different bodies wear that damage differently, or are exposed to the brunt of the blow. While not every illness is a result of modern civilization, to speak of health problems that have reached the point of being national "epidemics" is really to speak of the effects of an external structuring upon our bodies which have reached the point that they can no longer be ignored. The experience of the modern world is one of covert violence inflicted upon the body in varying degrees of

12 Berlant, 109

intensity. This violence manifests in the chronic diseases that mark our era. Writes Berlant, “The obesity epidemic is a way of talking about the destruction of life, bodies, imaginaries, and environments by and under contemporary regimes of capital.”¹³ The same could be said at *least* of type II diabetes, and cardiovascular disease. The prevalence of depression is rarely spoken of as a signifier of conditions which are collectively immiserating. And while the cause of these diseases of western civilization may be attributed to lifestyle, rarely is the possibility that we could stop living this way suggested as a remedy.

Though capitalism, and institutionalized hierarchy in general, depends upon the intensive destruction of certain bodies at least in its initial stages, this sort of damage isn’t usually the primary product of industry. It rather exemplifies the way that the body, and wellbeing generally, are deprioritized in a world structured around value production. Berlant uses the term “collateral damage”.¹⁴ Bodily needs are ruthlessly ignored unless they can produce value. And here enters the interactions between commodities, production, and bodily desire. As Berlant articulates, a discussion of the diseases of modernity as *epidemics* does not frame them in a neutral manner. It assumes arguments about classification, casuality, responsibility, degeneracy, and the imaginable and pragmatic logics of cure.¹⁵ Despite the obvious contextuality of these afflictions, various intervening forces (medical and governmental) promote a discussion of these symptoms in terms of personal responsibility or as a crisis in judgment.¹⁶ I’m not going to argue that we are not capable of making sound choices for ourselves regarding bodily habits—there is a meeting place between external forces and personal responsibility. But at the same time, the extent to which these afflictions are common signifies that to engage with them in terms of *personal responsibility* or poor judgment perfectly exemplifies the problem of a healing cosmology which takes for granted the damaging conditions of modernity. It ends up being a tool for expressing judgment around the

13 *Ibid*: 104

14 *Ibid*: 105

15 *Ibid*: 103

16 *Ibid*. 108

things that people do to make for themselves a better experience with what they've been equipped with. The morality that comes along with the administration of health is significant. It becomes yet another disciplinary force around our bodily practices. It encourages this idea that what we should do for our bodies is different from what we are inclined to do. Health seems like something we *should* attempt to attain. Healthcare itself can then even be a part of that experience of violence upon the body. Its rituals become amongst the places where we feel like we aren't the main actor of our life, as these valuations regarding our bodies and choices are reflected back to us.

While at the stage of early capitalist accumulation, those who labored were treated as "mere workers", modern capitalism considers them in their "leisure and humanity" through the availability of affordable luxuries and commodities. Consumption becomes an easy way to experience pleasure, though these commodities can never replace a more satisfying way of life.¹⁷ We are presented with the fantasy bribe of a good life that justifies so much exploitation. In light of the decreasing longevity, more and more people are not likely to experience this kind of leisure (if they ever were going to)¹⁸. The means which are widely available for creating for ourselves an immediately better situation are also often the cause of bodily damage, which is in turn responsible for the decreasing lifespan.

And self-destruction is related to more than just consumption. Self-destructive behavior is sometimes discussed a response of revolt against a world in which health and our bodies have been thoroughly invested and utilized by structures of power, and in which our bodies do not feel like our own. Writes Frere Dupont,

The innate, intimate struggle against society never decreases either in quantity or quality, but it does adapt itself to conditions and is expressed in many different forms. For example, at the present juncture there is a tendency amongst the proletariat to express the rejection of capitalist relations through prolonged

17 Debord, 30

18 Berlant, 105

sickness, depression, obsessions, fanaticism, drunkenness, interpersonal violence... rather than say by marching through the streets in protest. For the left this recomposition of struggle into an intimate bodily reaction feels like a retreat—but they are wrong, in fact it is an advance, it is a move closer to the proper ordering of perspective and significance. [...] By means of people attuning to their own feelings of revulsion for the organisation of the world, the stance of revolt is clarified, more fully realising a field for its engagement.¹⁹

The body is the site where the experience of revolt occurs, and in this way self-destruction is contended as representing people's unwillingness to reproduce their ability to work. Perhaps it could be argued that to damage one's body is an act of sabotage when one is incapable of imagining any other possibility for one's physical reality besides the activities of reproducing this world. But I just don't think that assessment completely depicts what it is that's going on when people are eating and drinking themselves to death. Behaviors that can be understood as self-destructive are more than responses of revolt, and activity towards reproducing life isn't equivalent to attempting to make it or oneself better. These kinds of behavior are often directed towards making a less-bad experience; "often unconsciously and consciously *not* towards imagining the long haul."²⁰ Self-destruction constitutes another kind of collateral damage, but this time enacted personally.

This kind of behavior expresses an often-actual disparity between "health" as it is presented as proper social functioning, and the sorts of physical experiences that are desirable and pleasurable. But there are many kinds of pleasure beyond consumption, and more bodily possibilities than the choice between either an allegiance to a life of service (to either work or a cause of any kind), or self-annihilation. However, this passage is also incredibly significant and important, as it reflects an understanding of revolt as something intimate and visceral—something that happens within us, rather than as a strictly external project.

19 Dupont, 67-8

20 Berlant, 117

In a way, our unhappiness and lack of vitality signifies the failure of this world. While capital has a stronghold on the external structuring of the world, maybe its project of domination is incomplete. In the preface of *Caliban*, Federici discusses her experience of witnessing the process of enclosure, which happened hundreds of years earlier in Europe, occur in Nigeria in the 1980's. She writes, "I [...] realized how limited is the victory that the capitalist work-discipline has won on this planet, and how many people still see their lives in ways radically antagonistic to the requirements of capitalist production."²¹ While there are many ways that capitalism is capable of usurping the desire for pleasure and for health, it is clear that it is incapable of actually providing for the vast and peculiar needs which humans reflect. It is too fundamentally built upon alienation from our bodies and from each other. While this doesn't necessarily make me optimistic, it at least makes me feel that there are hungers that remain with us which cannot be satisfied by more consumption, more money, or better working conditions. The hegemony of capital's logic is incomplete, and this has so much to do with how we see our lives.

To pursue true wellbeing in this context remains complex. It is neither in and of itself equivalent to optimal functioning within a productive society, nor to a subversive act. Foucault says, "We must not think that by saying yes to sex, one says no to power."²² And this same sentiment could be applied to the body and its desires generally—health and bodily pleasure aren't equivalent to a rejection of power's influence upon one's life, but that doesn't mean they shouldn't be pursued. Our pursuits towards health are complicated by our understanding and valuation of ourselves and our bodies, as well as simply by the material conditions of our lives. Because of this, they also offer chances to intervene and examine these relationships and conditions. In a world that damages, the desire for health can be an expression of the desire for a different way of life and a refusal of the kind of bodily negation that this world is structured for. And depending on how these needs are listened to, self-care and shared care could lead us to more interesting and fulfill-

21 Federici, Silvia. 9

22 Foucault, 157

ing possibilities than those imagined into being by capital.

So what does it mean to heal from this present, and to do that with others? We cannot return to the past and to a former integration of the self with the body, but there must be other ways to nurture desirable relationships to the self and the body.

It is clear that this will not happen in the dominant medical systems that we also depend upon. And it is incredibly reasonable that one would have suspicions about the industry of self-care products, and with public discourse around health as being only concerned with value—with the body as a value-producing object or a consumptive force.

An accusation directed at the medical system as a value-producing entity unconcerned with bodily wellbeing is surely founded in regards to certain of its actors or aspects. We depend upon these institutions and they serve a place, but the extent to which they have been made necessary within a network of alienation only speaks to their limitations. Because those institutions have largely been built up around a structure of alienation and separation, it is something that they can never overcome while operating within that structure. The experience of healing and of being healed are no longer events that forge a deeper connection to the world. The vulnerable experience of disease and the experience of a loved one's death occur in a setting that does not preserve whatever bonds are forged with caregivers through those experiences. Care is in this scenario anonymous and nonspecific. To speak of health and happiness without an acknowledgement of our basic need to feel a part of something broader—without engaging with the broader world in a manner of one's choosing—misses something crucial about what health even means. If we are to be well, care must become capable of forging and emerging from lasting relationships. The incredible specificity of care (self-care and shared care) must be acknowledged, rather than being understood in terms of anonymity and servitude.²³

23 Precarias a la Deriva. *A Very Careful Strike*. Trans. Franco Ingrassia and Nate Holdren. Madrid. Print.

Professionalized medicine borrows the tenant *do no harm*—a valuable sentiment when it concerns the application of a particular therapeutic tool. But this sentiment also aptly expresses the false neutrality that is too readily applied to practices of care. This notion of the harmlessness of care and healing doesn't fully acknowledge what healing really means—to what the choice to survive and heal mean, particularly in a context of conflict.²⁴ This doesn't mean healing is exactly a weapon, but rather that it extends far beyond some sort of intention to resume functioning. The charity sort of mentality that is frequently associated with healing practices is something that should be limited. The role of a healer is beautiful and important, but there are problems in sharing healing knowledge and practices through the framework of practitioners only. For one, our relationship to experts is so colored by the manner in which professionalization of healing knowledge has reinforced an estrangement from our own bodies. The idea that healing power is something that is held privately by a practitioner is such a reflection of our separation from the natural world, and the idea of a healer as somebody else's hero doesn't acknowledge the capability of individuals and collectives to access this power directly. This isn't to say that those who feel called to do so shouldn't develop the skills necessary to offer treatment. To have the capability to care for oneself and one's loved ones, especially in a context that has affected the body so deeply, may require the development of skills that reach the "professional" level. But it seems also that healing is something that happens in a more diffuse manner, so we should not approach healing with any sort of limited understanding of what that might look like. For another, were we to rely upon professional treatment settings to meet our bodily needs, care would continue to be alienated from collective activity. Rather, care might be the foundation from which our engagement with the world emerges. The medicine we need might be an understanding of ourselves as capable actors of our own lives, rather than the recipients of treatment. Expanding what we believe to be possible collectively and

24 Donnahue, Sean. "The Four Powers of the Witch." 18 November 2012. Lecture at Portland Plant Medicine Gathering. Portland, OR.

with our lives can occur through the healing cosmologies that we choose to remake ourselves through, as the actors of our lives. Here healing can relate also to external circumstance and material conditions. We might be able to, through practices of healing, begin to understand our lives in terms that makes *value* unintelligible and *work* seem as horrifically foreign as it is.

Attempting to be “healthy” in this context can seem like the task of having to fix the effects of the world within oneself, in a solitary way, when in actuality the conditions that we face are shared. Berlant discusses this phenomena: “Affective atmospheres are shared, not solitary, and [...] bodies are continuously busy judging their environments and responding to the atmospheres in which they find themselves.”²⁵ We develop patterns in response to our environments, and play them out inside ourselves. In a way, the problems of modern life are ailments that exist within our bodies. The desire for health and to be healed presents this problem of needing to interrupt a pattern and engage in a new one, while being emeshed in an environment that reinforces old patterns and bodily damage. This is just the nature of our external structure. This doesn’t mean that wellbeing is the same thing as being adjusted to conditions that are so contrary to life, so that we might then integrate into a society that has stolen away the magic from the world. It doesn’t mean only doing damage control-- licking our wounds. Healing amounts to constructing strategies for “interferring with particular toxic intimacies” so that we might experience a better present before there is a world structured for it.²⁶ It means understanding that we are stronger than we realize (not only physically), and that we need not carry out the world that we hate through our lives. It means understanding that we are not helpless; that we don’t have to live as though we are already dead or disembodied, but rather that we can find ways to be alive and ever more alive. Though the body and its care have been separated from other aspects of life, to begin to understand it as inextricable from our existence and from the existences of that which we love returns to our materiality-- and the power of healing rituals-- to shape us and our external worlds.

25 Berlant, 15

26 *Ibid* 155

It is a “question of building possible and beautiful worlds from within impossible ones.”²⁷

Healing might mean looking out at the darkness, at this emptiness in us and all around us, and not being afraid.

27 *Ibid* 147

"We have all been waiting for help a long time. But it never has been easy. The people must do it. You must do it." Betonie sounded as if he were explaining something simple but important to a small child. But Tayo's stomach clenched around the words like knives stuck into his guts. There was something large and terrifying in the old man's words. He wanted to yell at the medicine man, to yell the things the white doctors had yelled at him—that he had to think only of himself, and not about the others, that he would never get well as long as he used words like "we" and "us". But he had known the answer all along, even while the white doctors were telling him he could get well and he was trying to believe them: medicine didn't work that way, because the world didn't work that way. His sickness was only part of something larger, and his cure would be found only in something great and inclusive of everything.¹

¹ Silko, Leslie Marmon. *Ceremony*. New York, NY: Penguin Books, 1977. 125-6.

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My body is a cage that keeps me
From dancing with the one I love
But my mind holds the key

[...]

I'm living in an age
That calls darkness light
Though my language is dead
Still the shapes fill my head

I'm living in an age
Whose name I don't know
Though the fear keeps me moving
Still my heart beats so slow

[...]

Set my spirit free
Set my spirit free
Set my body free
Set my body free

Set my spirit free
Set my body free ²

