

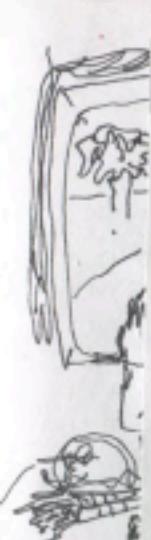
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# Ghost in the mach-i-he

#2

19 Jan  
2015





Instant Savings

**\$20 OFF**  
LIMIT 2

SeroVital Capsules

40-Day Supply, 160 ct  
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18/11 oz  
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Selection varies  
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my god Linda, I thought to myself, how had I let it come to this point? When I opened up my wallet to pay it was full of trash. The cashier (in a black polo, could smell his cologne) waddled in place chewing gum while I tried to find my card, ~~where~~ hidden underneath months worth of receipts and small plastic baggies. I tried to hurry up but everything was attached to everything else.

I could not hide my shame, and was grateful that the encounter was brief.

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Nexxus Therappe Shampoo  
AND/OR Humectress Conditioner

44 oz  
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Instant Savings

**\$4 OFF**  
LIMIT 2

Oral-B® Pro-Health CrissCross Toothbrush

8 ct  
Item 477875



And then,

Those fucking twins

The stars had been looking a bit peaked so the sisters decided it was time to intervene, amongst Palm trees and olden castles.

TAKing to heart the lessons of the wizard, they feed celebrities figs and yogurt packed in mason jars.

A certain way of appearing suggests what is to be done (an appearance)/

They hang their clothes up to dry and then make a kind of perfume called "air". The air that smells like salt.

They tell their clients, "It's simple to be healthy!" Each part is aglow.



They keep a Peter Pan window open and  
use a polaroid to document the  
footsies and all the pretend milkshakes.



Here you can see Charlotte snuggled up with a cup of fresh mint tea on the porch.

Sometimes, heading up to the w hills to whisper with the Brush.

(sage Brush.)

## Depression and the Miraculous

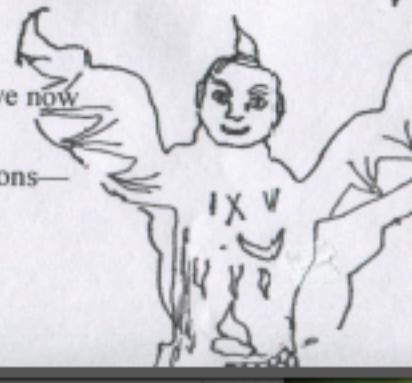
In beginning to think deductively about emotional and physical malaise that persists in spite of a highly ordered, advanced medical system, I will take a highly irrational turn and discuss marvelous cures and religious resolution and what they might have to teach us regarding non-pharmacological cures. The terrain for this cursory essay is thus the engagement between scientific and supernatural understandings, specifically thinking about depression as both a medical disorder and a spiritual affliction. Though depression can be treated, often effectively, by presuming a physiological imbalance, it can also be understood in other ways. How is our capacity to perceive this condition altered when it is routed through the medical arena, with its own presumed kind of universality? When thinking about the relation between spirituality and modern medicine, one usually expects to find discrepancy. After all, the practice of medicine is based upon empirical evidence; was it not the case that it took contemporary science to shatter the superstitious naïvete which *necessitated* spiritual cures for physical and emotional maladies in lieu of replicable treatment? Such an assumption disregards the role that magical thinking played in the development of scientific inquiry, a topic which Lorraine Daston and Katherine Park excavate in *Wonders and the Order of Nature*. Nonetheless, this assumption reflects the eventual necessity to this authoritative science in distinguishing itself from the kinds of magical or intuitive belief systems which persist (or are renewed) today, whose non-specialized and useful terminology such as “energy” and “essence” breaks down the components of life into that

which can be viscerally felt or deduced; the hidden and mysterious need not be broken into physical minutiae in order to be narrated or utilizable.

I find it interesting that these disparate beliefs and paradigms—what could be colloquially described as “woo” and the authority of science—are able to be utilized alongside each other, despite their incommensurability. What forms of knowledge rely upon evidence, and which do not necessitate these kinds of explanations, which are legitimate because they have been processed through a scientific method? The parallel forms of understanding seems especially clear in the medical system, and the increasing interest in holistic medicine raises questions about secularism in our contemporary moment. Are scientific and spiritual forms of knowledge like two overlapping plates on the surface of a whole, liable to shift on their own accord? What is unique in their current meeting place? In other words, how is medicine addressing the emotional and spiritual fallout of colonialism and industrialization, and what does that have to do with spiritual practice and aspects of ourselves that are inaccessible through the current reaches of scientific empiricism?

Regarding how marvelous phenomena was treated within scholastic institutions in the transition from the medieval period to the Enlightenment, Daston and Park argue that the progression towards rationalization and naturalization (the explanation of marvels by natural causes) was not linear. They posit a more complex relationship between authority and divine belief. Using monstrous births (monsters born from humans) as a case study for the interpretation of inexplicable phenomena, they write,

Instead of three successive stages, we now see three separate complexes of interpretations and associated emotions—



horror, pleasure, and repugnance—which overlapped and coexisted during much of the early modern period, although each had its own rhythm and dynamic. Like everything else having to do with wonders, these complexes cannot be detached from the particular audiences, historical circumstances, and cultural meanings that shaped and nourished each of them.<sup>1</sup>

Daston and Park have traced, in depth, the correlation between religion and scientific inquiry, discussing the fluctuations of the role that God and divinity is credited with having upon the natural world. The subtle shadow behind which God is eventually assigned to reside in later explanations has little to do with the openness, or lack thereof, of philosophical and scientific inquiry for those whose social positions would bar them from participation in scholastic institutions. This is to say that even earlier “natural philosophy” sanctioned a specialized way of acquiring knowledge, called *doctrina*. This “special claim to certainty” underpinned the authority of graduates of universities and schools associated with the Franciscan and Dominican orders. Daston and Park write, “This view of authority also tended to discount knowledge gained in other ways (notably through experience) by associating it with subordinate groups such as old women and artisans; the social ideology of the period identified their work with manual labor, which was strongly stigmatized in elite circles.”<sup>2</sup>

<sup>1</sup> Daston, Lorraine and Katherine Park. *Wonders and the Order of Nature 1150-1750*. New York: Zone Books, 1998, 176.

<sup>2</sup> Ibid, 118.

It is not an accident that science discourages experiential knowledge, non-mediated by scholastic discipline. Is this a conspiracy to de-legitimize lay medical practice, or a necessity in forming agreements about what kinds of methodologies it is to use? While I am interested in picking apart the functionality and intent of science as a whole, for the purposes of this essay it is relevant that the cementing of agreements about how knowledge is to be gained and what types of entities it pertains to did not present itself as a complimentary knowledge to contemporaneous spiritual or philosophical explanations. Science asserts its ownership of the last word—“can you prove it?” is a rhetorical trump fed to modern day practitioners of pre-empirical or experimental therapeutic modalities.

I am not denying the utility of empiricism, but does the persistence of irrational belief systems alongside the scientific ones prove its own validity—another kind of trump card which gains its legitimacy not through physically demonstrable causes, but through another kind of social empiricism? Or does this persistence indicate an insufficiency on behalf of modern medicine which can be overcome through its continued development and perfection, as if they are merely another terrain of the “preternatural” (the quasi-miraculous category of not-yet-explicable phenomena developed almost as a placeholder by medieval science)? I don’t refer specifically to traditional healing modalities, as these may contain their own forms of reason, but a kind of poetic interpretation of maladies and the analogous, highly anomalous remedies which would correspond to them: understandings such as being psychically polluted, having an energy vampire, or being ill due to one’s straying from a “true path”; often corresponding to a disposition that waits for a sign or symbol through which to find hope or some sense of divine belonging, regardless of any affiliation of this divinity with God.

Medicine is a field in which what can be scientifically explained is combined with empirical practice, so it operates in the space between laboratory results and the concreteness and indeterminacy which is physical existence. For this reason, when we think about therapeutic modalities we must contend with this gray area; we are more social creatures than we are petri dishes, and thus it is difficult to discredit irrational practices by breaking them down logically. Regardless of its willingness to do so, medicine must catch up with what people are doing to make themselves feel better, either to discredit, or to fold them into their own terrain of knowledge. Medical doctors might borrow from other therapeutic paradigms in order to widen the scope of remedies they have to offer their patients. Other forms of understanding besides rational ones fill needs and serve purposes which, from the outside, can also be understood as being reasonable in their own way, and formerly fringe practices, which do not draw from a medical understanding of the body, might be utilized *because they work*. One such example is Dr. Henry Emmons, who has written books accessible to a general audience about treating depression and anxiety. The title of one of his books, *The Chemistry of Joy: a Three-Step Program for Overcoming Depression Through Western Science and Eastern Wisdom*, reflects this syncretic approach of combining the efficacy of (in this case Ayurvedic and Buddhist-inspired) spiritual and lifestyle practices with a physiological understanding. Practices such as meditation are combined with nutritional supplements, and exercise and diet recommendations. Emmons writes of one patient, who had been greatly helped by the diet and exercise modifications, "But she continued to have a flat, low mood and a fairly passive approach to her life. Ultimately, she needed to adopt both the Ayurvedic techniques for her Earth/kapha type and the Buddhist psychological approaches for her 'Denial' or 'Confusion' emotional type[.]"<sup>3</sup> The physiological remedies provided a catalyst for some

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<sup>3</sup> Emmons, Henry and Rachel Kranz. *The Chemistry of Joy*. New York:

change, but could only go so far in addressing this patient's depression. The guidelines Emmons developed thus draw upon a spiritual engagement, for the rational reason that they fill a space the other treatments were incapable of.

A critic might portray this as dilettantism. I am of two minds about this, for in a context in which from spiritual practice has been stripped from medical therapeutics (and most aspects of life), where is one to draw instruction from regarding lifestyle practices? And at the same time, one of the consequences of disenchantment, social alienation and the continued insufficiency of the commodity to fill the spiritual void left in its place is that the hunger for spiritual fulfillment might take the form of the imperialistic cultural dabbling that has wrought so much dispossession. In fact, this is in part what makes our ideas of the past, or other cultures, and their forms of healing especially interesting or prudent. We can see how the composition of what are, in actually, totally contemporary healing practices borrow aesthetics of the past, and gather legitimacy through an association with a potentially fictitious past. Their appeal may correlate with what they appear in contrast to, such as the "culturelessness" or "coldness" of science.

Cultural appropriation (an interesting subject in such a syncretic era) is one issue, and yet another is what even happens to these spiritual practices when dispensed through a medical framework? It is not new for science to take the supernatural into its purview, but what does it do with the knowledge? It remains difficult (perhaps intrinsically impossible) to truly understand such things without entering into their own terms. In Ann Cvetkovich's *Depression: A Public Feeling*, Cvetkovich discusses scholar Jacqui Alexander:

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Fireside Books, 2006, 111.

Observing the often patronizing qualities of ethnographic studies of women of color and poor women whose spiritual beliefs are viewed as strange, or exotic, or other even when they are studied sympathetically, [Alexander] wants to "move beyond the more dominant understanding of African spiritual practice as cultural retention and survival, to get inside the meaning of the spiritual as epistemological"<sup>4</sup> (293).<sup>4</sup>

For Cvetkovich, spiritual practice as a remedy for depression is more than a useful tool, it is also a way to navigate a world that reverberates with the social alienation of racism and other forms of oppression. While she doesn't reduce depression to this, she also posits its connection to myriad forms of cultural violence and economic scarcity—more than an individuated pathology, it reveals something about our contemporary moment. Is a holistic, spiritual response to this something that might expand beyond an individuated remedy? After all, a magical cure is different from spiritual engagement and the ritualistic and social aspects they might correspond to. As Daston and Park point out, even marvels can be commodities, whether objects to be collected or elements of an apothecary.<sup>5</sup> While the premise of contemporary science is that it refutes a supernatural belief system, is there some parallel between the miraculous thermal spring, and the plant, animal, and mineral substances

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<sup>4</sup> Cvetkovich, Ann. *Depression: A Public Feeling*. Durham and London: Duke University Press, 2012, 134.

<sup>5</sup> Daston, 67, 144.

wielded by a fifteenth-century physician, and the mystification of pharmaceuticals to lay people—a cure they take whose mechanisms they must research independently, if they are to understand? It seems possible that science has only (partially) supplanted the esoteric explanation and redemption that religion might also offer; this is hardly the main point of this essay, but it is an appropriate one to end on, lingering in the questions about forms of knowledge and belonging, as I am out of space and there is plenty to wonder about on this topic: a *form* of understanding that does not need to aspire to a particular content in order to maintain its legitimacy. What have been the social utilities of secularization, and the medical utilities of secularization? What kinds of myth-making occur in its absence, given that neither religion nor science is intrinsically repressive or liberating? And what does the form of religion have to teach us about collective engagements and the terrain of emotion, as something that refuses to be stamped out and continues to express itself even in mechanisms that assert their empirical secularism?

Mostly part of my religious practice to teach myself  
"if I were religious, I would be like Rick?"  
looking for a sign.

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Had been very angry at all the objects and  
the too much/not enough  
(he and she had been angry, at themselves  
as well.)

Returning from the hospital (mental hospital)  
with a prescription, though he and the mother  
and father knew other changes were in order,  
and if everyone knew it, why so difficult  
to do? The prospect of movement appeared  
as a surface-- something closed that could  
be grasped.

The character inside of a narrator also  
grasps out of frustration.  
The choice to not do them was spontaneous.

The rabbi is very patient even with the  
deviations, because he has his feet in  
a different stream.

The brother has them to turn to but  
must find his own stream; images constantly  
passing by.

It takes a very long time to stop  
believing he is bad.

(A desire that takes the form of a  
prescription.)

*weed hospital*

self-treatment?  
social feeling?

What does it take to give forth without  
a fear for depletion?

Thoughts about "all or nothing"; difficult  
to stop seeing life as instrumental of  
some other task.

The pursuit of an intact system

Depression, changing a way of life -  
a physiological change is also a shift  
(what about the origin of the change?)

Something  
about  
Eden  
&  
work

# Valeriana

A Stimulant + a  
Sedative (seems  
to stimulate digestion -  
blood flow) - "as if  
stimulating <sup>enough</sup> the  
mind, " to rest  
(when you are  
too tired to  
stop thinking).

Can have an  
aggravating effect on  
restless for some  
(red, flushed face  
contraindication?)

Something to do  
with bravery.



→ Not sure if it is the winter  
if it is "supposed" to feel  
this way.



These two sisters have been personal chefs to some of Hollywood's hottest stars. Here they bring their fresh, innovative recipes for healthy, energizing meals ~~to~~ to the public in their new cookbook, Colette + Charlotte.

"We grew up knowing that the best way to ensure clear skin and a trim figure was a balanced diet-- not ~~the~~ to mention the sparkle that it puts into your eyes! Cooking has been my greatest passion, and Charlotte and I are so thrilled to release this badass new cookbook!" says Colette.

#paleo  
#healthy  
#stars  
#hollywood  
#chef  
#gluten free  
#low carb