Editorial Board

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Editorial

Unhealthy and Dangerous Lifestyles – and the Care of the Self

The way aesthetics, the body, and lifestyles – or for this theme issue, unhealthy and dangerous lifestyles – come together offers a lot to ponder. In this theme issue, we want to explore the possibilities of *somaesthetics* as a discourse and/or a platform to prompt discussion and produce novel ways to think about addiction and other unhealthy lifestyles.

We have leaned on an idea that addiction, or any other disease or lifestyle that is risky for an individual, cannot be explained only through biology or psychology. Rather, they are supported by, and they are part of, cultural patterns of thinking or social representations (Moscovici 1984), that make our practices sensible (Shelby 2016; Lee 2012; Hirschowitz-Gertz 2011; Barber 1994). What is more, they are also sources of pleasure, even if they are harmful, and that is what makes them so difficult to handle – both on the individual level and at the societal level (Sulkunen 2009).

The Burden of Disease (GBD) reports from the World Health Organization (WHO) provide data on mortality and loss of health as a result of diseases, injuries, and risk factors for all world regions. In WHO's web pages it is stated that noncommunicable diseases (NCD), driven by e.g. unhealthy lifestyles or environmental factors, kill 41 million people each year, or 71% of all deaths globally. Tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diets all increase the risk of dying from an NCD. Sociologist Pekka Sulkunen (2009) has referred to this as a problem of lifestyle regulation by modern consumption societies. These societies accentuate individualism, authenticity, and self-control as key virtues of the individuals, but, at the same time, they lack the tools to control these individuals and their un-desirable lifestyle choices. (The on-going corona pandemic serves, of course, as a good example with people going to underground parties and refusing to wear a mask, even though they could spread a deadly virus in doing so).

In this theme issue, we have, through and with the help of somaesthetics, endeavored to put a spotlight on the pleasures, dangers, and aesthetic experiences that are connected to unhealthy and dangerous life practices. Our wish has been to to shed to new light on factors that drive these harmful lifestyles as well as to provide new ways to think about their role in the society and in the life of individuals. We see that there is considerable potential for somaesthetic thinking in finding solutions for curing and caring people who battle with addictions or other lifestyle related conditions (see also Perälä 2018).

People sometimes drive fast just for the thrill of speed. Sometimes, we believe, this thrill is about feeling the speed in the stomach and getting goosebumps. Sometimes, for sure, it is about environmental aesthetics – how landscapes move, how the hands feel the changing roadwork

through the steering wheel, how the body seems to be "flying" through the environment. Sometimes, this reflects behavioral models of certain subcultures or lifestyles to which the individual desires to belong. Heli Vaaranen (2004) writes about fast-driving young males in her study on the decadent romantic ethos of these communities, where being a bit crazy, "going all the way", was considered the point. Driving in their cars, young males built their identities and developed solidarity with each other, to the mutual benefit of all members of the community. Rock music has traditionally been about excess and rebellion and heavy consumption of drugs and alcohol one its main components (Oksanen 2012). "We learn to [w]e learn to drink, smoke, and take drugs because others show us not only how to do it but also how to enjoy it", writes sociologist James Barber (in Shelby 2016).

The articles of this theme issue view dangerous and unhealthy lifestyles as they occur in three areas of life that are hard – for the individuals and for society: addiction, suicide, and eating disorders. Societies suffer both on the individual plane, as well as a whole, from all these phenomena. Often, these practices are outside of semiosis, i.e., they lack "sense" and rationality, as Sulkunen (1997) has written about addiction. Often, we explain them with the term "disease" (Barber 1994): if not biological, then at least, of "the will" (Valverde 1998). As our articles show, however, these are also ways of thinking and habits of life that suck individuals into their maelstroms as well as provide them with communities, meaningful perspectives, as well as feelings of pleasure.

Some people, for example, train hard, apply extreme diets and eat growth-enhancing substances to look like statues. These are not just bodybuilders. Practitioners of aerobics also endanger their own health through practices, that do not even make them look "good" in any mainstream way, but only to the others in their "tribes." Anorexia lurks as a side-track in this dangerous lifestyle. This problematics is in the center of Henri Hyvönen's article "Care of the Self, Somaesthetics and Men Affected by Eating Disorders: Rethinking the Focus on Men's Beauty Ideals", which is a study of six autobiographical narratives of eating disorders (ED) from the perspective of caring for the self. It is a theme the late Michel Foucault made visible in his *History of Sexuality*. In his thought-provoking article, Hyvönen focuses on the dangers of self-stylization by stressing the role of "local social groups" in the formation of men's ED's in his empirical data. As he shows in his analysis, for his informants, eating disorders were not a way to achieve some abstract "masculinity", which is usually provided as an explanation, but a process through which they could be accepted in particular subcultures. Pragmatic somaesthetics, for its part, could contribute to the establishment of local groups and communities that could provide young met with safer bodily self-care practices, according to Hyvönen.

Different hobbies and professions, indeed, offer different tracks for unhealthy and dangerous lifestyles – and often in ways that are connected to aesthetic issues. Skateboarders – the rolling parkour-practitioners that have roamed our streets since the 1970s – try the impossible, with style – and break bones while being filmed. Rock stars are in constant danger of making alcohol

and drug consumption a dangerous habit, and the lifestyle that provides too little sleep but the excitement of life on the road has taken down many performers (Oksanen 2012).

One could, of course, also ask if there are artistic products or genres that are hard to understand deeply without using risky substances. Anyone can understand on a basic level what Jimi Hendrix and The Grateful Dead are about, but is there another level of understanding, another way to interpret their music when one is "experienced"? We do not think that is the case, for example, with Samuel Taylor Coleridge's *The Rime of the Ancient Mariner* (1797-1798), even though the bizarre story – one mariner kills an albatross, then sea monsters seize the ship – was written by an avid opium user. While Coleridge used opium as a relaxant and an antidepressant and wrote *Kublai Khan* (1816) directly under its influence, it is hard to say if he used the drug as a creative enhancement. There was no culture to contextualize it or make it meaningful.

In the wave of 1960s psychedelia, it was different, as the drugs were brought to the scene by psychologists like Timothy Leary. His "The Psychedelic Experience" (written with Ralph Metzner, 1964) was not based only on the aspiration to revolutionize perception and experience, but also to incite a political revolution with the help of substances. We try to understand original contexts in art, too, when we discuss the baroque and distant scenes where our favorite films come from. Will people someday take substances when they try to understand 20th century popular music?

Some of the connections mentioned here are the background for Robert Jones's article on the experimental drug use of William Burroughs, "The Body is a Soft Machine: The Twisted Somaesthetic of William S. Burroughs." In his text, Jones goes beyond the analysis of poetry to examine the whole dangerous lifestyle of beat poets, with Burroughs in the lead, along with his readings of, e.g., Reich and Jones's notes on Richard Shusterman's somaesthetics. Jones uses the term "twisted somaesthetics" to describe Burroughs endeavours to break free of societal control with the help of substances. The lifestyle does not offer physical well-being, but, nevertheless, serves for Burroughs a way to find and explore new ways of being and criticize contemporary forms of how we experience and use our body.

In the most extreme case, dangerous and unhealthy lifestyles might just be about death – one's own or someone's else. The key topic In Heidi Kosonen's "Suicide, Social Bodies and Danger: Taboo, Biopower and Parental Worry" in Films *Bridgend* (2015) and *Bird Box* (2018 is the radical act of denying life and the way this is presented in films. Even though suicide is considered a taboo in Western cultures, it is often handled in films. These films, in turn, are sometimes considered dangerous as e.g. portraying suicide is easily seen as risky and as an invitation to join in death. Kosonen uses a biopolitical framework of Michel Foucault to understand what is going on in film representations of suicide. According to her, most Anglophone films have adopted medical institutions' views of suicide. They portray suicide in medical terms and frame suicide an anomaly of the mind "through diagnoses, stereotypical and even pejorative depictions of a variety of mental illnesses from depression to psychopathology". On the other hand, suicide is

depicted as a force of nature, which is uncontrollable and understandable, as the victims are not there to explain themselves. Both these frameworks are stereotypical and do not portray the heterogenous reality on the background of suicide. In the worst case they might enhance prejudices and make it harder for ones living with mental illness to seek medical assistance.

At any rate, the main question for us editors, when we started to edit this issue, was: Can a person use dangerous substances, and – against all prejudices – take care of himself/herself in such a way that aesthetic concepts like harmony or holistic pleasure would make sense? As we have shown so far, the answer is not straightforward. Unhealthy and dangerous lifestyles do give pleasure for individuals and, also, a way of life with friends and communities backing your lifestyle. However, at the same time, people often look for a way out these lifestyles.

In her article "Unhealthy Lifestyle or Modern Disease? Constructing Narcotic Addiction and Its Treatments in the United States (1870-1920)," Irene Delcourt studies the history of interpretations and cures for drug addiction. In the late 19th and early 20th centuries narcotic addiction was considered a lifestyle and the result of bad lifestyle choices of upper and middle-class people. It was also believed that, by "cleansing the body" and removing inappropriate surroundings and habits the compulsion towards intoxication would disappear. A concept of *rehabilitation* started to appear in late 19th century medical literature in connection to both narcotic abuse and alcoholism treatment strategies, as well as *sanatoriums*, predecessors of contemporary "rehabs", as places where addiction was cured with the help of a residential setting, long-term therapy – several weeks to several months – and a mix of psychiatric and physical care.

In the course of the 20th century, this comprehensive view was, slowly, replaced by a more pessimistic approach, according to Delcourt. As faces of addiction became poorer, narcotic addiction was no longer considered to be a lifestyle, but rather an incurable disease, or a criminal proclivity that could not be controlled with treatment or rehabilitation, but, rather, incarceration. In the beginning of 21st century, we find more and more biomedical framing of addiction. From the point of view of somaesthetic it could be asked, was something missed in this process, and could we learn something from the holistic approaches of the 19th century? As Delcourt writes, comprehensive rehabilitation still exists, but it is reserved mainly for "well-offs", taking place in private addiction clinics. At the same time the majority of people suffering from addiction have to settle with state-sponsored treatment programs, which offer very little help or no help at all for their patients besides medication, not to mention a promotion of healthier lifestyles, ways to take care of one self or a groups one could belong and find new forms of existence (see also Leppo & Perälä 2016).

Crispin Sartwell's text "What the Drug Culture Meant", which ends our theme issue, is an autobiography of a political philosopher who has come a long way from being a juvenile delinquent to being one of the most read American philosophers of culture. Sartwell says that he learned criticality through his years of marginalization, and he claims that his experience

with drugs has left a valuable trace on his philosophical work. From the point of view of this theme issue Sartwell's essay has three central points. Firstly, drugs, particularly marijuana and psychedelics, had cultural and counter-cultural meaning and separated the youth who used them from their parents and teachers. Drugs were also aesthetic and provided Sartwell and his friends with music to hear and arts to consume, a whole lifestyle. Finally, drugs were political, signaling anti-authoritarianism or an entire rejection of "the establishment.". "The whole thing" was not fun and great all the time, Sartwell admits, but at the same time he misses part of this culture and the feelings it created.

The question that arises is, what other "things" could offer same kind of a comprehensive world view and feelings of belonging to contemporary youths and young adults – or us adults – besides substances? Are there available forms of resistance, which do not destroy those who want to resist? Could somaesthetics as a discourse and/or a platform be helpful for raising discussions about the techniques of the care of the self in these respects? We hope that our compilation of essays offers insight on this.

One of our central conclusion is that we easily forget that even those people who have, in one way or another, seem to have lost control over their lives – or at least some part of it – have and want to have meaning in their lives and being in control over their lives. For example, substance users and other addicts have hobbies, and they work hard on controlling and/or medicating their addictions through self-care. Many have also succeeded, as the studies of natural recovery without treatment have shown (Klingeman 2001). For many, art has been a central form of self-care and a pathway out of addiction (We know the number of addicts in the history of arts and popular culture.) Sport, too. People can also stop driving insanely – and they can quit smoking.

In this theme issue, we have been interested in connecting social sciences (that have a connection to medicine) and the discussion on somaesthetics (the contemporary pragmatist philosophy of the body), with film studies, literature studies and gender studies. Doing this, we have wanted to explore the possibilities of somaesthetics to provoke discussion and produce novel ways to think about addiction and other unhealthy lifestyles. We, at least, have learned a lot in our dialogue with the contributors.

This issue also contains Noora-Helena Korpelainen's review of Vinod Balakrishnan and Swathi Elizabeth Kurian's *Somaesthetics and Yogasūtra: A Reading through Films* (2019) and Stefano Marini's review of Richard Shusterman's *Bodies in the Street* (2019), "Urban Aesthetics and Soma-Politics: On *Bodies in the Streets: The Somaesthetics of City Life*."

Riikka Perälä and Max Ryynänen , Issue Editors

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Unhealthy Lifestyle or Modern Disease?
Constructing Narcotic Addiction and Its Treatments in the United States (1870-1920)

Irène Delcourt

Abstract: The nature and management of narcotic addiction, and by extension, the nature and management of those who struggle with it, are not recent issues in the United States. Despite the current opioid epidemics and the apparent discovery of prescription-drug addiction, medical treatment of opioid dependence is already more than 100 years old. Is compulsive drug consumption a vice? A disease? A lifestyle? How does it affect the minds and bodies of those who suffer from it? How can they be cured? In the 1870s, physicians were already struggling with such questions when they pioneered what would become known as "addictology" in the 20th century. This article first endeavors to retrace the emergence of the conceptualization and perception of opiate addiction in the late 19th and early 20th centuries. From "imported vice" to "unhealthy lifestyle" and finally "nervous disease", narcotic dependence became an increasingly important source of concern for turn-of-the-century physicians, precipitating a rapid and sometimes dangerously disjointed medicalization. This study then explores the different facets of early addiction treatments, their philosophies, their views on "addicted bodies" (particularly through the lens of lifestyle and heredity), and their impact on the evolution of addiction management programs.

God seems to help a man in getting out of every difficulty but opium. There you have to claw your way out over red-hot coals on your hands and knees and drag yourself by main strength through the burning dungeon-bars… Now, such a man is a proper subject, not for reproof, but for medical treatment. (Ludlow as Day, 1868, pp. 259-260).

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In the mid-1860s, Fitz H. Ludlow, a science journalist, explorer, and amateur physician, became one of the first Americans to address the issue of opiate addiction. He voiced his conviction that this new and bizarre affliction had to be attended to with great urgency, lest it wreaked further havoc on his generation and his country.

While opium use was not quite novel in the United States in the mid-nineteenth century, it was hardly identified as an issue before the Civil War and the appearance of what historians came to call "the army disease"–a first generation of opium addicts, many of whom were veterans who had contracted their drug habit from prolonged exposure to medicinal morphine on the battlefield.[1] Over the last three decades of the 19th century and the first two decades of the 20th century, however, opiate addiction–that is, the sustained, compulsive need for narcotics, bo[th] physical and psychological, despite adverse consequences–became an object of concern. Throughout the years, addiction would undergo a long and complex transformation in the eyes of the American public, from personal vice, to unhealthy lifestyle, to dangerous disease.[2] Whether narcotic consumption and dependence should be regarded as a "lifestyle" or as a pathology–and consequently, whether "addicts"[3] are sick victims or potentially criminal hedonists–seems to be an extremely recent debate, given the "opioid epidemics" currently unfolding in the United States. However, the controversy surrounding the nature of addiction, the responsibility of drug users, and the appropriate social, political, and medical responses is almost 150 years old.

While the history of addiction treatment in America has been a specific area of interest of several recent studies, particularly William White's *Slaying the Dragon* (2014) and Nancy Campbell's *Discovering Addiction* (2007), much remains to be uncovered. The present study endeavors to contribute to the crucial and growing field of addiction studies by offering a historical perspective on societal views of addicted bodies and minds, particularly through the lens of medical discourse and practices, and physicians' perpetually renewed desire to *correct* those bodies, psyches, and habits–sometimes against individuals' wishes. This article first attempts to retrace the emergence and evolution of Americans' initial perception of addiction (1870-1920) from simple vice to medical condition. Using Max Weber and Alfred Adler's *Lebensstil* theories, it also aims to demonstrate how connecting the concept of "unhealthy lifestyle" with narcotic consumption, while seemingly debunked by early addictologists, continued to play a major role in the management and even in the medicalization of drug dependence.

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1 For further discussion of the impact of the Civil War on opiate addiction and its medical visibility, see Lewy (2014) and Courtwright (1978).

2 Opioid addiction is most frequently regarded as a chronic, relapsing brain disease by the medical community today, according to the National Institute on Drug Abuse paradigm, but there still is no real consensus on the exact nature of the condition.

3 Most of the recent body of historical addiction studies still refer to people struggling with drug abuse as "addicts." This idiom had been used, without intended stigma (but necessarily without actual stigmatization) by the medical community and legislative bodies in the U.S. throughout the 20th century. David Musto and David Courtwright, in their seminal histories of narcotic addiction in America in the 1970s and 1980s, have chosen to use that specific term, as have many historians of the 21st century, such as Timothy Hickman, Nancy Campbell, or Caroline Jean Acker. The word echoes, first and foremost, the societal reality of its historical period – people addicted to narcotics were referred to – and often referred to themselves – as *addicts*. They are not merely drug users, but people who are physically and psychologically *dependent* on regular narcotic intake. However, this term has come to be viewed as problematic, as it tends to essentialize the disease of addiction as the primary feature of those who suffer from it. While the word "addict" appears in this study in its historical context, especially when referring to the archetype of the "morphine addict," the author has elected to use less stigmatizing, if somewhat heavier nomenclature elsewhere.

1. The making of narcotic addiction in 19th century America: From harmful lifestyle to nervous disease

Opium smoking: an unhealthy lifestyle

Defining what is meant by "lifestyle" here and how it relates to the conceptual framing of drug addiction in the 19th century is an essential first step. In common parlance, the term can be broadly defined as "the particular way a person or a group lives, and the values and ideas supported by that person or group," (Cambridge Dictionary, n.d.,) however it has been viewed as a complex and intricate notion and a key concept in behavioral sociology and psychology through the second half of the 20th century. Although it seems to have appeared in the English language in the last decade of the 19th century, in American economist Thorstein Veblen's treatise *The Theory of the Leisure Class* (1899), the concept was more formally defined in the early 1920s by Max Weber, who built his theory of "lifestyle" or "style of life" (*Lebensstil*) around two distinct components: firstly, *Lebensführung* or "life conduct," which referred to the choices people face and the decisions they made regarding their lives, and secondly *Lebenschancen*, which related to their social context and the probability of achieving their goals.[4] However, our modern understanding of the term also owes much to Viennese physician Alfred Adler, one of the founding fathers of psychotherapy. He also introduced *Lebensstil* (more frequently translated as "style of life" in psychotherapeutic writings) as one of the main constructs of personality. In essence, it referred to an individual's own distinctive responses to their life choices, difficulties, interpersonal relationships, and social circumstances, as well as their sense of self and representation of the world (Adler, 1927).

None of these theories, of course, was on the radar of late 19th or early 20th century American medical professionals. Nonetheless, both Weber's and Adler's definitions, however posterior, shed light on our understanding of the way narcotic addiction was conceived of by many early observers in the United States. Both underlined the importance of interactions between the individual and the collective and the importance of intimate and social circumstances, and both put forth the notion of personal choice, either conscious or unconscious, and its consequences, intended and unintended, as significant elements in the construction of a "lifestyle." When opioid addiction was first truly identified in America, shortly after the Civil War, it was effectively described and approached as a lifestyle–a set of deliberate, individual actions, more or less freely carried out, which eventually came to shape narcotic users' lives, usually for the worse.

In the early 1870s, a few elite specialists became interested in what they termed "the disease of inebriety"–a pathological compulsion to consume intoxicants and the subsequent inability to function normally without them–(American Association for the Cure of Inebriates, 1870, pp. 3-4).[5] However, most 19th century observers saw habitual narcotic consumption (especially opium) first as a minor vice, then, increasingly, as an unhealthy way of life, threatening both the physical and moral integrity of *habitués*[6] – or *hop fiends* as the press would start to call them in the 1880s – and, more ominously, the fundamental values of American society. Opium dens,

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[4] For further discussion of Weber's theory see Abel, Cockerham and Lüschen (1993).

[5] Founded in 1870, the American Association for the Cure of Inebriates (later the American Association for the Study and Cure of Inebriety or AASCI) was the very first medical society devoted to the scientific study and treatment of addictions. It dominated the specialty of both alcoholism and narcotic addiction treatment until the 1910s, when the field collapsed because of prohibitive legal measures against both drug users and their physicians and the AASCI was disbanded. For more on the history of the association, see Weiner and White (2007) and Blumberg (1978).

[6] From French "person with a habit," the term was often used to describe regular, addicted narcotic users in late 19th and early 20th medical literature. Addiction was also referred to as "the habit" as a euphemism.

brought to the East and West Coasts by recent Chinese immigrants, began to accept white patrons in the late 1860s (Kane, 1882, pp. 1-3.) This prompted the formation of what could be described as the first American drug subculture. Coincidentally, it also led to the first categorization of regular narcotic use not merely as personal depravity but as a "dangerous lifestyle." It was an evil that pertained not only to individuals, but to a greater, cohesive collectivity–foreign in origin–and it could, therefore, endanger society at large.

"It is a vice of the vilest kind: an imported vice," declared a New York reporter investigating recreational opium smoking in the late 1890s (Beck, 1898, p. 156). Indeed, close association between smoking opium, which briefly became fashionable in large metropolises such as San Francisco and New York City in the 1870s, and Chinese immigration, the "yellow peril," led swiftly to heaping opprobrium on the decidedly disreputable practice. In the early 1880s, Chinatown opium dens became the target of relentless campaigns by cohorts of moral entrepreneurs throughout the country–religious missionaries, social hygiene advocates, temperance crusaders, city officials, anti-Chinese groups, and editorialists.[7] Opium smoking was seen as a dangerous habit, one that mentally and physically degraded its practitioners: "disinclination to mental effort, weakening of willpower, wavering in decision and loss of memory" were listed among the first symptoms by a an early investigator, Harry Hubbell Kane (Kane, 1882, p. 84.) Those signs were soon to be followed by a generalized corruption of morals and sanity, "a tendency to falsify for no reason" and "bouts of dementia and acute mania" (p. 86, 88). More generally, both the drug itself and the den–a place where men and women, Chinese and Whites, would mingle in relative insouciance and with little sense of 19th century, Protestant propriety–were associated with loose morals, promiscuity, criminality, and social decline (Byrnes, 1886, p. 381). *Fiends* were, at best, depicted as "wretched creatures" fallen victims to a foreign vice (Campbell et al., 1900, pp. 571-74). At worst, they were willing agents in their own slow destruction, actively choosing a life of leisure revolving around sating their dark appetites. "[T]he smoker of opium becomes such through wantonness of desire," wrote William Cobbe, a recovering morphinist, in his memoirs.

> *He is a creature given over to his own lusts walking after the flesh and has no desire to get out of a slavery that brings him no sense of degradation. […] He is absolutely devoid of moral sense, has no strength of purpose and no thought of disgrace.* (Cobbe, pp. 124-126)

Thus, the opium user was frequently perceived, at the very least, as complacent, and quite possibly complicit, in his or her downfall and apparent inability to commit to sobriety, no matter the social and personal costs of the habit.

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7 The *New York Times* alone devoted some 50 articles to opium dens between 1870 and 1890, usually when a raid or an arrest took place, and rarely missed an opportunity to dwell on the "deplorable" state of the place and the customers.

The narcomaniac diathesis:[8] the "secret leprosy of modern times"

> *Opium addiction is a disease, a well-marked functional neurosis, and deserving recognition as such to a greater degree than it has hitherto received. In the vast majority of cases the vice theory of its origin is incorrect, so that, with few exceptions, the term "opium habit" is a misnomer, implying, as it wrongly does, that opiate-using is under individual control.* (Mattison, 1885, p. 2)

<p align="center">*   *   *</p>

The certainty that seemingly irrepressible, chronic opiate intoxication was solely a "habit," a style of life, a choice made out of pure hedonism and utter disregard for the negative impact that repeated use could have on the mind, body, and social life of the addicted person, was not shared by everyone in the late 19th century. The risks of morphine poisoning and "morphinism" or "morphinomania"–in essence, the development of a chemical dependence to the morphine alkaloid that pushed its victims to consume the narcotic on a regular basis and often in increasing quantities–had been regularly pointed out by medical professionals, both in the U.S. and in Europe, since the 1860s. Physicians' and pharmacists' growing interest in the potency of opiates, especially for the treatment of nervous pathologies and in pain management, had made it legally and readily available, as well as highly sought after. Between 1850 and 1880, opium consumption per capita–mainly for medical use–had increased at least threefold (Calkins, 1871, p. 37, Courtwright, 2001, pp. 21-22). At the same time, addiction to opiates was on the rise, especially among middle-aged and middle-class women in rural areas, who were frequently prescribed morphine (and, less frequently, cocaine) for a wide range of "female troubles." These respectable patients hardly fit the profile of the "loose women" who frequented dens (often described as prostitutes, although little evidence of that subsists in reliable sources) or of the lascivious, irresponsibly carefree, urban opium smoker. Consequently, many physicians started to wonder if opium "inebriety" could be a pathology rather than a moral failing or a harmful lifestyle, pursued only by those they viewed as pleasure-seekers.

Their assumptions, of course, were hardly demonstrable: 19th century medical sciences could present precious little hard evidence of the lasting neurological effects of opiates on regular users. In addition, American physicians' own accountability in accidentally spreading chemical dependence through the indiscriminate and often ill-advised administration of morphine was quite certainly a factor in their silence. It explained general practitioners' long-standing disinterest for, or even blunt denial of, the pathological nature of narcotic addiction–a condition that required treatment rather than reproof.[9] Thus, until the turn of the century, reform-minded activists far outnumbered health professionals when it came to identifying the potential dangers of the narcotic habit. In the prior 20 years, however, things began to shift: individual life and the way it was affected by the increasingly collective and demanding organization of a rapidly industrializing society–and, in turn, the way individual life affected society–became an ever-growing source of concern for medical men. Concurrently, there were new discoveries about the biology of the human body and new scientific theories emerged, offering much more convincing frames for the "disease theory of inebriety."

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8   In medical terminology, diathesis is a hereditary or constitutional predisposition to a certain group of diseases.

9   Indeed, physicians were often accused of having induced, through negligence or malice, a "iatrogenic addiction" in their patients – that is, a dependence contracted in the course of a long medical treatment (the equivalent of today's prescription drug addiction, one of the main reasons for America's current "opioid epidemics"). For more on this subject see Delcourt (2018).

The industrial and scientific revolutions that unfolded during Reconstruction (1865–1877) and the Gilded Age (1870–1900) hailed an era of great innovations and progress, but they also transformed the way Americans perceived the interconnectedness of the modern world, in both positive and negative ways. Between 1860 and 1910, there was an unprecedented increase in the country's population (nearly 200%), especially in urban centers. First railroads, then cars and planes were introduced to the public; telephones and telegraphs proliferated; urban centers boomed. Intellectual, social, and sensory stimulations were at a peak. While modern society was full of new opportunities, the ensuing agitation was also extremely taxing for American citizens, at least according to the newly minted medical specialty called "neurology." That turmoil also contributed to society's penchant for narcotics. In the 1890s, another recovering morphine addict blamed industrialization and capitalism, an inherently unhealthy way of life, for the increase of drug use in America:

> "Our mechanical inventions; the spread of our commerce and every department of business; … our mad race for speedy wealth, which entails feverish excitements … all this is a growth so rapid, and in some respects so abnormal, that in many directions the mental strain has been too much for the physical system to bear; … there has been far too little time given to eating properly, to sleep, to recreation and healthful amusements; till finally the overworked body and the overtaxed brain needs find rest in the repeated use of opium or morphine." (Cole, 1894, pp. 7-8)

While many physicians deemed this explanation a poor excuse, others wholeheartedly agreed. "Have we lived too fast?" a preeminent neurologist of his time, Dr. Silas Weir Mitchell, wondered in his 1871 book *Wear and Tear, or Hints for the Overworked*. "The new and exacting habits of business, the racing speed which the telegraph and railway have introduced into commercial life, … and the overeducation and overstraining of our young people, have brought about some great and growing evils" (p. 7). Inebriety, according to him, was among those "evils," especially when coupled with another brand-new medical diagnosis: *neurasthenia*. The name and specific etiology of this "disease of modern times" were put forth by another neurologist, George Miller Beard (1881). Neurasthenia or "nervous exhaustion", according to Beard, was the pathological manifestation of "general nerve sensitiveness," one that could be inherited, but also developed because of an exhausting lifestyle. The genesis of the disease could be traced to a total depletion of energy in the nervous system, caused by physical or psychological factors; the patient would then suffer a "nervous breakdown" and remain in that state until it was somehow replenished, lest the condition devolved into inebriety, epilepsy or even insanity.[10] Indeed, the heightened sensitivity of the neurasthenic patient made for "an increased susceptibility for stimulants and narcotics" (Beard, 1881, pp. 26-32). As such, inebriety was thought to be a part of the *nervous diathesis*, a symptom or a particular manifestation of the "nervousness" that plagued so many modern Americans. Leslie Keeley (1890), an early addictologist and entrepreneur, went so far as to dub opiate addiction the "secret leprosy" of modernity (p. 23). In addition, many started to believe that the propensity to use opiates and develop *narcomania*[11] was almost

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10   Both Mitchell and Beard, along with many of their contemporaries, saw neurasthenia as a direct consequence of modern life and of the modern American biological constitution, to the point that the disease was nicknamed *americanitis*. They believed many environmental factors, including climate, the quality of water and food, as well as more intangible elements such as freedom and democracy, had enabled the American people to evolve, as a race, beyond the rest of the world – making for a smarter, more attractive, and more sensitive people. The downside of this remarkable evolution was that, as they were more refined, more complex, they were also more prone to breakdowns (Beard, 1881, pp. 142-173). For more on the history of this disease, see Schuster (2011).

11   The term, which loosely refers to compulsive narcotic consumption in general, was coined by a British neurologist, Norman Kerr, in the late 1880s and frequently used by American addictologists between 1890 and 1910. See for example Kerr (1890) and Crothers (1902).

certainly hereditary. This meant that *habitués* could not be held responsible for their behavior, as their compulsion was not a choice, but an illness (*Quarterly Journal of Inebriety*, 1888, pp. 351-362). It also meant that narcomania could be classified as a neurological disease, along with such diverse ailments as hysteria, insomnia, anxiety, migraines, and epilepsy (Beard, 1881, p. 1) and that, ideally, medical care should be provided.

This new paradigm allowed for an interesting reversal: narcotic addiction was no longer to be seen as an unhealthy lifestyle *per se*, one defined by actual choices and decisions, since the illness robbed the sufferers of their willpower and they often longed to be free of it. Rather, it was progressively regarded as a disease *born* out of an unhealthy lifestyle–one that had been forcefully imposed on many unsuspecting Americans through the unmeetable demands and frenzy of the modern world.

2. Golden cures for the black drop[12]: Purging the body

Un-poisoning the body: Battling withdrawal symptoms

Although there was no consensus over the exact nature or status of narcotic addiction at the turn of the century, the "disease theory" of inebriety progressively gained in popularity between 1890 and 1915. If addicted people were indeed compelled to take opiates by genetics or nervousness rather than choice, if their "habit" was neither an indulgence nor a vice but a disease, there lay a true revolution in the social perception of opiate users. It was also an unprecedented opportunity for the budding medical profession in the United States. The end of the 19th century saw the rise of medical "specialism" or specialization, especially in large urban centers where habitual drug users were numerous. A new disease meant a new, untapped market, with thousands of potential paying patients–many of whom, at the time, were white, upper middle-class men and women (Courtwright, 2001, p. 37). Soon, the first inebriety specialists–they would not call themselves addictologists until the mid-20th century–started to appear. They had a wide array of treatments which would soon save the unfortunate victims of morphine, opium, and cocaine and restore them to health–or so they claimed. In effect, addicted bodies, after being targets of criticism and rebuttal, would become a field for medical and pharmaceutical experimentation.

Not all physicians sought to instrumentalize the sufferings of compulsive narcotic consumers, of course.–Many genuinely believed they could put an end to them. Nevertheless, transforming social outcasts into paying customers was never going to be a solely humanitarian enterprise. "Patientizing" *addicts* was therefore an essential first step. Aside from the intoxication and the cravings, both chronic opium use and its unsupervised discontinuation had many easily identifiable, undesirable side-effects. These were "habits that handicapped," as Charles B. Towns, a New York inebriety specialist, famously put it (Towns, 1915), and they actively interfered with the ability of most "addicts" to live what physicians considered to be normal, healthy lives. Leslie Keeley described early on the first symptoms of the disease:

> *It is usually the case that those permanent changes in the physical appearance give the victim of opium or its alkaloid morphia his diseased and often repulsive appearance. … And all who observe closely recognize the fact that he is no longer a physically sound man, while those who have learned to know the signs of it, see that he is suffering from the opium disease. … There is a distaste for physical exertion,*

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12 The "Black Drop" was a patented medicine in the 19th century, mainly made of opium and vinegar. The term was sometimes used to refer to opium preparations in general.

and the body often becomes fat and gross because there is so little waste of tissue— that is, because of persistent indolence. (Keeley, 1897, pp. 22-24)

Memory loss, listlessness, disturbed digestion, constipation, dizzy spells, suicidal thoughts, nausea, and narcosis were also listed as side-effects, and they were often among the reasons why patients eventually sought to get rid of their drug problem (Crothers, 1902, p. 48).

Despite these symptoms, convincing large numbers of opium-eaters and so-called "morphinomaniacs" to seek medical treatment was not as easy a feat as some of the young specialists had anticipated. The euphoria provoked by the trance-state was difficult to renounce, and greater still were the shame they felt regarding their condition and the distrust they held toward physicians. This was not uncommon in the late 19th century, as the medical profession was largely unregulated and brimming with quacks and charlatans, so distrust made many addicted people reluctant to ask for professional help. Moreover, specialists discovered early on that the apprehension of what would later be known as "withdrawal symptoms" played a major part in people's unwillingness to discontinue their habit.[13] Initially regarded as "theatrics" meant to attract attention or sympathy, withdrawal was described as "true torture" for patients in the early 20th century–vomiting, stomach pains, hallucinations, severe dehydration, and insomnia were among the most frequently observed symptoms (Bishop, 1921, pp. 72-73). The management of this painful ordeal is still one of the main challenges of detoxification programs, although it is now inseparable from a long-term continuum of care, since addiction is considered a chronic disease. In the 19th and early 20th centuries, detoxification was often regarded as the most crucial stage of treatment–to the point that detoxification and recovery were sometimes thought to be one and the same. Once people were "clean" (physically drug-free), they were considered cured. As such, most of the first efforts to "cure" opiate addiction were focused on alleviating withdrawal pains and cleansing the body of all traces of opiates, disregarding the long-term neurological and psychological repercussions of the illness that would so often cause people to relapse.

In the 1880s and 1890s, a few specialists, many general practitioners, and an increasing number of "home cures" bought in pharmacies or sent through the mail, promised to do that in just a few days, thanks to more or less secret formulas, either ingested or hypodermically injected. Those "cures" usually fell in one of three categories: first was the rare, innocuous, but ineffective remedy. Several investigations by medical professionals found that they were essentially made from water, whiskey, aloe, quinine, ginger, and traces of strychnine.[14] Second was the sought-after but insidious substitution formula, one that usually contained large quantities of narcotics and which we will discuss in the next part (Bradner, 1890, pp. 28-30). Both types of remedies were largely hoaxes; their manufacturers usually had no medical training, and the consequences for the consumers would vary from naught to dire. Finally, there were the dreaded withdrawal cocktails, which interpreted the "purging" of the body literally. They were usually recommended by more seasoned specialists, inspired by German pioneer Eduard Levinstein's seminal book on "demorphinization" (1878, pp. 109-124). They contained potent ingredients thought to induce

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13   Withdrawing the drug is, logically, the first step of detoxification. However, doing so can cause serious physical troubles. Opiates decrease the electrical activity of noradrenergic neurons by overstimulating specific receptors in the brain. Withdrawal, in turn, triggers an intense physical reaction (tremors, pain, diarrhea, vomiting sweating, etc.) related to the abrupt cessation of the excessive stimulation of opiate receptors. These adverse symptoms can be extremely violent, and they are often cited by both users and doctors as one of the main obstacles to detoxification.

14   Before it became mandatory to label pharmaceutical products in 1906, a few activists belonging to the American Association for the Study and Cure of Inebriety regularly conducted tests on a series of antidotes. The results were frequently published in the *Quarterly Journal of Inebriety*, the main organ of the association.

catharsis. First there were sedatives, such as codeine, atropine, hyoscine, bromide, or chloral hydrate, to compensate for the opiate withdrawal. Second were emetics and purgatives such as antimony tartrate (also known as emetic tartar) and apomorphine, to be consumed with large quantities of water. Those were excruciating for the already exhausted body of morphinomaniacs, but they were prized for their cleansing effect. Finally, many recipes included tonics or stimulants, which were lauded for their invigorating virtues. However, they but often resulted in dangerous combinations of belladonna, strychnine, and digitalis, three potentially deadly plants. Also found in these decoctions were cannabis, capsicum pepper, quinine, cocaine, coffee and, more anecdotally, whiskey and beef brain. According to the physicians who subscribed to the neurasthenic diathesis, they could "revive the nervous system" (Crothers, 1902a, pp. 156-158). Those remedies, however, had to be taken under the supervision of a medical professional, ideally in a private institution–which was considerably more costly than home cures and other antidotes. The specialist would then monitor the *habitué*'s reaction and change the formula accordingly. This practice, which was no less than human experimentation, was commonplace in the late 19th century, the addicted body reduced to a mere vessel for scientific progress. It was not unheard of for patients to die from the treatment.

Antidotes and gold cures: "Addiction under a new name"[15]

However, self-proclaimed addiction specialists understood early on that pain was the enemy when it came to conceiving profitable remedies to manage opiate dependency. Actual efficiency was hardly an issue, since no one seemed to be able to design the "magic bullet" that would target and destroy the source of the disease.[16] Marketability, however, was a key element for many aspiring addictologists.

Various professionals and quacks soon began to develop *nostrums* and "specifics,"[17] hoping to suppress the cravings of "addicts," relieve their physical pain, and rejuvenate their nervous system. Some would administer the drugs in their practices, but many of them were not actual doctors.–(They had not completed medical school or joined a medical society following an apprenticeship–.) Rather, they preferred to sell their elixirs to potential patients without offering any kind of supervision. Self-medication was still its heyday in the 1880s to 1900s, and it continued to prevail until the early 1920s. This was despite federal regulations, notably the creation in 1906 of the Food and Drug Administration, which began policing the manufacture of drugs and gradually eliminated the most questionable products from pharmacy shelves (Young, 1967). Indeed, "home cures" for all possible and imaginable ills had a lasting appeal, especially to those whose means were limited and who could not afford long stays in sanitaria. This is discussed in the last part of this article.

In that context, it was not surprising that seemingly magical (and discreet) cures for "the secret leprosy of modern times" started to multiply in the 1880s, as the disease theory of inebriety was gaining momentum. Their main appeal was perhaps their comparative availability: although

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15   This expression, referring to fake opium "antidotes," was first used by Dr Jensen B. Mattison (1887, p. 25).

16   The reference to a "magic bullet" is sometimes used by historians, starting with H. Wayne Morgan (1981) and Nancy Campbell (2011), in relation to the search for a panacea in the treatment of addiction – a drug that could rid the patient of his or her sufferings permanently and painlessly. The term originated in the work of German physician Paul Ehrlich (1854-1915), one of the founders of immunology. In 1900, he formulated the idea of an antibiotic therapy which, with the help of a specific agent, could locate and destroy a particular microbe without affecting the rest of the body. It was like a bullet that would hit only its target.

17   A "*nostrum*" was typically a medicine of secret composition recommended by its inventor but generally without scientific proof of effectiveness. "Specifics," which were quite like *nostrums*, included remedies and drugs that were said to target a particular ailment rather than general symptoms. Both terms were frequently used with a negative connotation by inebriety specialists, who generally warned against their use.

they were not always cheap, they were cheaper than sanatorium cures, and they could be easily procured at the apothecary shop or ordered through the mail–. Second was the seemingly non-intrusive aspect of the treatment, which could be taken in the secrecy of one's home, unlike institutional therapies. Those miracle cures generally came in the form of large boxes filled with small vials, to be taken over several days or several weeks, each dose dutifully numbered to convey the impression of a progressive treatment. In actuality, tests conducted on a series of elixirs revealed that every bottle in a batch presented a similar content (Bradner, 1890; Mattison, 1887; AMA, 1911).

Marketing strategies were cleverly devised: the first home remedies often emanated from individuals who did not claim to be physicians, but rather recovering narcotic addicts themselves, inducing a sense of solidarity among struggling, misunderstood "morphinists". In the 1890s, however, as scientific medicine solidified and grew in popularity, it became necessary to convey an impression of medical authority. This usually meant the massive use of the words "doctor," "laboratory," and "professor" on labels and adverts (e.g., Dr. Meeker's cure, Professor Waterman's antidote, Dr. McMunn's Elixir). These antidotes usually vowed to cure *habitués* with little discomfort and great efficacy, putting forth outrageous claims and fanciful statistics, such as a 90% success rate and a "painless" and "vomit-free" recovery, or even a sudden improvement in sexual performance (White, 2014, pp. 90-91).

One of the most famous examples of this trend was Leslie Keeley's "gold cure" for inebriety.[18] Designed in 1880, this secret remedy was said to contain "double gold chloride," a universal, miraculous remedy for addiction:

> *The Double Chloride of Gold treatment for opium is equally effective in the cure of other toxic habits, such as cocaine, chloral, hashish, atropia, strychnia, … the remedy reaching any and all of these addictions as potently and quickly as that of the king of narcotics. Nor is age or sex any bar to the curative value of the treatment.*
> (Keeley, 1897, p. 91)

"After four days, the habit will be completely under control," wrote Dr. Hargreaves, Keeley's partner in 1880. "After a week, the desire to become intoxicated will have disappeared, after nine days, the slightest drop of alcohol or morphine will be rejected by the body" (Hargreaves, 1880, p. 26). Keeley developed a booming mail order business in the 1880s and early 1890s, sending his miracle cure to homes all over the country and making many an enemy among his peers in the medical community. Keeley's aggressive methods were deemed unethical, but the principal issue, as it turned out, was that there was no such thing as "gold chloride" and that the elixir itself contained no trace of gold whatsoever, although the presence of strychnine, scopolamine, aloe, ammonia, ginger, willow bark, and more rarely coca and morphine, could be asserted (Chapman, 1893). Despite this sizeable problem, the "gold scheme," as the AASCI referred to it, seemed efficient enough. Keeley had many competitors and imitators–Monroe's Gold Cure, the Baker-Rose Gold Cure, or the National Bi-Chloride of Gold Company, to name a few.

The most dangerous side of these miracle cures, however, was not the blatant fabrications and dishonest claims made by their patent holders. It lay in their actual composition. As early as 1877, a physician tried to warn his peers about the high opiate content of many *nostrums*,

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18   Keeley became a major, if controversial, figure of early addiction treatment. He made his fortune with his secret franchised formula and his worldwide network of institutions. In the mid-1890s, over 118 Keeley institutes for alcoholism and narcotic addiction had opened in the US, but also in Denmark, England, and Sweden. His claims would however be largely disproved and, after being accused of fraud, he died in relative ignominy in the early 20th century. For more on this fascinating character and his franchise, see Barclay (1964) and Hickman (2018).

including those that were supposedly designed to cure opiate dependence (McFarland, 1877). It was, all things considered, unsurprising. The easiest way to achieve a painless (and much appreciated) withdrawal was to not actually withdraw the drug. Habitués were understandably impressed with the efficiency of the antidote when they found that their cravings were indeed under control, unaware that they were still consuming opiates. Ten years later, Dr. Mattison (1887) published another paper on these same antidotes, still generously laden with opium and morphine. "The *habitué* thus only continues his addiction under a new name," he concluded (p. 25). In 1890, the *Quarterly Journal of Inebriety* published a list of tests conducted on drugs that supposedly combatted opium addiction. It was compiled by an officer of the Massachusetts State Board of Health. Of 21 remedies, only one–the famous Keeley Double Chloride of Gold–did not contain opium in one form or another– (Bradner, 1890).

These "golden cures" were not merely inefficient when it came to treating addicted Americans; they were actively nurturing, and may even have contributed to spreading narcotic dependence in a directly profitable form. The experiment on addicted bodies thus became not merely a scientific endeavor, but a capitalist one.–Sustaining or kindling addiction in opiate users under the guise of curing them was indisputably an efficient commercial scheme, as opium-based inebriety cures were among the best-selling products at the turn of the century. The irony of the situation was not lost on specialists: Thomas Crothers, one of the founding fathers of American addictology, repeatedly warned against such antidotes. "This is not curative in any sense; it is simply drug restraint, and masking of symptoms which break out with greater force when the restraint is removed," (Crothers, 1902b, p. 48). It was not until 1905, however, that the hunt for charlatans truly began. Progressivism led to a long and vigorous crusade against dangerous patented drugs; it came to fruition with the "anti-*nostrums*" provisions of the Pure Food and Drug Act.[19]

This relentless search for "specifics" to cure addiction, for a miracle in a bottle, was not the only option available to regular narcotic users at the turn of the century, however. Those who could afford longer, more expensive therapies had other alternatives. Indeed, many specialists, particularly those who had begun their careers as neurologists or, more rarely, psychiatrists, believed that merely detoxifying the body was insufficient. As one of them put it in 1910: "the patient must not be considered cured simply because he has been taken off the drug and brought to a condition in which he no longer wants or requires it. Discreet supervision during the period of convalescence is essential to the permanency of the cure," (Pettey, 1910, p. 1596).

Withdrawal had to be followed by a long period of nerve restoration and, ideally, personal rehabilitation, which should be performed in a sanitarium. Indeed, if addiction was the result of an unhealthy, modern life, then the cure must lie, at least partially, in substantially transforming that lifestyle. That meant altering not only the chemistry of addicted bodies, but their daily habits.

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19 Progressivism was a political doctrine in early 20th century America (1890–1920). It was a reform-oriented movement and a response to the challenges brought by modernization and capitalism. It was, among other things, invested in fighting corruption, regulating markets, and spreading social hygiene.

3. Rehabilitation through institutionalization: Toward a healthier lifestyle?

The sanitarium for *habitués*: A peaceful retreat

Much like today, treatment options available to well-off patients were different from those destined to lower-class citizens. While many had to contend with unscrupulous peddlers and dangerous *nostrums*, others could afford more pleasant (and perhaps more effective) stays in specialized institutions – a dichotomy that is not unlike the current two-tier treatment of people struggling with opiate addiction: State-sponsored methadone maintenance clinics for the underprivileged, mostly non-white users, and access to less invasive buprenorphine treatment and private "rehab" centers for wealthier–or better insured–Americans.[20]

In the late 19th century, a stark contrast in treatment philosophies was already starting to emerge. Withdrawing the drug, gradually or abruptly, and using stimulants, tonics, and/or anesthetics was almost universally accepted as the first step in treating *habitués*. However, inebriety specialists, especially those who were enrolled in the renowned AASCI, believed in a more holistic approach. Truly curing addiction, in their eyes, meant "rehabilitating" both body and mind. This rehabilitation–a word that started to appear in late 19th century medical literature in connection with treatment strategies for both narcotic abuse and alcoholism–was better implemented in remote, medicalized but welcoming institutions, part hospital, part retreat: the newly popular sanitarium (See Figure 1). Today the term, modern "rehabs," is widely used to refer to addiction treatment programs involving a residential setting, long-term therapy (several weeks to several months), and a mix of psychiatric and physical care. These institutions were closely modeled after these early sanitaria for nervous diseases.

"The most important treatment," Crothers (1902b) wrote, "is a change of surroundings and conditions of living" (p. 48). Like many of his fellow AASCI specialists, Crothers firmly believed that a tendency toward inebriety could be inherited and, as such, it could require lifelong treatment. However, dormant opiate cravings and subsequent intoxication and dependence were triggered by "irritating" or "exciting causes" (AASCI, 1893). These were minor exterior factors that would inflame the nervous system and provoke an intense, physiological need for narcotics. A stressful, urban environment was very high on the list of exciting causes and, therefore, physically removing the "addict" from his or her unhealthy surroundings was a priority–as was placing them under the direct and constant supervision of the specialist so they could be controlled (Crothers, 1902a, pp. 150-154). In sanitaria, addicted patients should ideally become objects to be watched and managed, "docile bodies," to borrow Michel Foucault's terminology, meant to be subjected, used, transformed, and improved (Foucault, 1975).

The idea that such cases had to be treated in an institution was not new, The asylum movement, which had pleaded for public psychiatric facilities to be built to accommodate mental illness cases all over the Unites States, had begun in the 1840s and developed considerably in the 1890s (Rothman, 1990). A few inebriety specialists intended to emulate this experiment as early as the 1860s, when the New York State Inebriate Asylum, the very first treatment facility in the world devoted to addiction, was founded in the "delightful" town of Binghamton. Its purpose was to "awaken and educate public sentiment on the view that inebriety is a disease" (Turner, 1888, p. 19). Located on the outskirts of New York City, the hospital opened in 1864 and, for fifteen years, would welcome thousands of patients for an unprecedented experiment: attempting to cure alcohol and narcotic addictions by mixing physical, moral, and psychiatric

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20   For more on current addiction management strategies see Novak et al. (2015) and White (2014).

therapies. With its remote situation, hundreds of acres of lawn, thousands of trees, and great expanses of farmable lands, the NYSIA, despite its untimely demise, inspired dozens of small and large institutions for decades. In 1870, there were only six medicalized institutions devoted to treating "addicts" in the country, all of them intended primarily for alcoholics. At the turn of the century, there were more than a hundred sanitaria specializing in the treatment of narcotic inebriety (Baumohl, 1987).
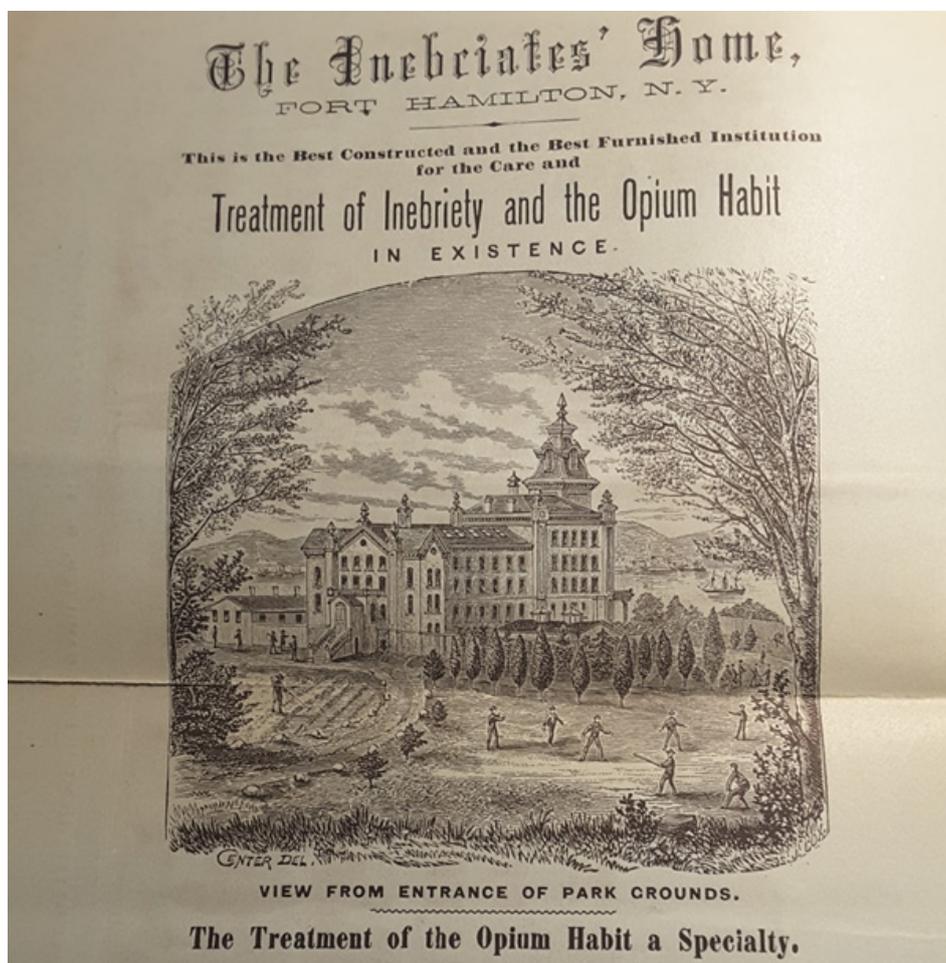
Figure 1 *Promotional pamphlet for the Kings County Inebriates' Home in Fort Hamilton (1888)*

Recharging the body

If modern life and unfortunate heredity had, as neurologists believed, depleted nervous energy and facilitated opiate addiction, then both mind and body had to be revived and strengthened to fight chemical dependence. A healthy, strong body made for a much better prognosis.

Once again, many addictologists were visibly inspired by neurologists, especially the "rest cure," designed for neurasthenic patients (Mitchell, 1879). It promoted isolation, rest, and feeding to increase the body's supply of "fat and blood," which were thought to be necessary to restore the nervous system. Almost all medical sources describing sanitarium cures, and even in the first correctional hospital treatments, stressed the importance of sleep and plentiful, healthy

food.[21] What would appear today as common sense was carefully rationalized in promotional pamphlets and medical treatises British physician and temperance titan Norman Kerr (1894), for example, thought that "simple, non-stimulating" food would bring "health, longevity and temperate living" (p. 323). In institutions for *habitués*, a three-meals-a-day routine, mostly fresh fruit, vegetables, eggs, dairies, and clean water, was advertised not only as a comforting feature of the institution, but as part of the cure itself. Eating too little contributed to the reduction of nerve vitality, and too much meat, bread and spirits could increase the production of harmful toxins and slow down the detoxification process (*Kings County Inebriates' Home*, 1879, *Dr. Barnes's Sanitarium*, 1900, *Walnut Lodge Hospital*, 1895).

A healthy diet and a good night's sleep, however, were hardly the only therapies promoted by institutions. Habitual opiate users also needed to "recharge" their nervous system in more assertive ways. At a time when the boundaries between science, superstition, and traditional medicine were still blurry, this metaphorical injunction was interpreted quite literally in most sanitaria: electrotherapy, hydrotherapy, and phototherapy were the most common physiological treatments for restoring patients to health.

"The vibratory action of electricity possesses the power to eliminate toxins and can restore deteriorated cells," wrote a specialist in 1910. "No drug is as promising as this treatment for addicts" (*Quarterly Journal of Inebriety*, 1910, p. 178). Such enthusiasm might baffle a modern reader.–The use of electricity to treat drug cases summons up rather sinister images of electroconvulsive or electroshock therapy, a violent and poorly mastered technique, which would become commonplace in the mid-twentieth century in the management of mental patients. However, a much less invasive version of electrotherapy became fashionable at the end of the 19th century. It was most commonly applied to nervous or "insane" patients, particularly to treat hysteria, neurasthenia, and epilepsy. It was believed that the local application of light electric shocks, or "galvanization," had the power to directly reload muscle energy, thus accelerating the physiological restoration of patients. "Tonic electrotherapy is indicated and is generally applied by me for its systemic effects, applied with a large pad over the abdominal region and the other electrode to the nape of the neck and spinal column," wrote another addictologist in 1905 (Pope, 1905, p. 138). He went on to recommend an "electrical baths faradization," which consisted in immersing the patient in a bath of warm water in which one of the electrodes of the faradic device was immersed. The other was applied to the neck or held by hand, out of the water (Zervas, 1888, p. 15).

These methods were usually supplemented by phototherapy. Some specialists believed that opiate intoxication caused tissues to break down, while light exposure "by allowing reoxygenation of hemoglobin, [was] able to reverse almost all metabolic perversions," (*Quarterly Journal of Inebriety*, 1907, p. 131). Most sanitaria had a *solarium* where patients could rest and "recharge" after treatments, taking advantage of natural sunlight. "Electric light baths" also were in vogue. This strange apparatus evokes contemporary tanning beds, which were modeled after it. Patients sat or lay down inside the machine, a cylinder filled with light bulbs, which bombarded them with light for 20 to 30 minutes (Bennett, 1907, p. 187), reversing, or so it was believed, cell degeneration (Figure 2).

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21 The resident physician at the New York correctional hospital on Rikers Island, opened in 1919, recommended that addicted inmates eat at least 4000 calories a day (Hamilton, 1922, p. 125).
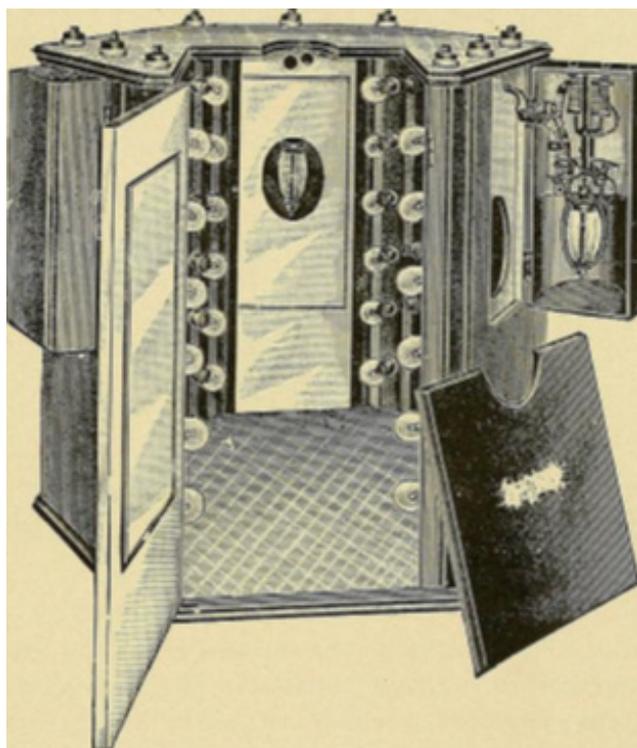
Figure 2 *Electric light bath (Bennett, 1907, p. 187)*

Finally, hydrotherapy, or hydropathy, another much-sought-after treatment in the 19th century, was almost always prescribed during demorphinization. As light and electricity seemed to hold the mysterious, part scientific, part magic power to restore energy, water could help purify and regenerate cells. Leading authorities in the field recommended treating morphine addicts with hydropathy for four to five weeks after the drug was withdrawn. The treatment consisted in several showers a day, starting with hot water jets that were gradually reduced in temperature until the water was ice cold. Many specialists were convinced that the shock produced on the skin acted as a tonic and revived blood circulation, while promoting the elimination of toxins (Crothers, 1902a, p. 178). Sweating in hot Turkish baths also was considered useful for cleansing the body of the drug, and many hot springs, around which several sanitaria had been erected, were said to have quasi-miraculous properties (*Quarterly Journal of Inebriety*, 1907, p. 127). Hydropathic treatment was especially welcome following withdrawal, when it could help with stress, aches, and fever: "nothing soothes the patient more completely and is more likely to contribute to his comfort and well-being than a neutral bath. … This will often aid materially in securing a good night's rest and in restoring the nervous system of the patient" (Pettey, 1913, p. 195).
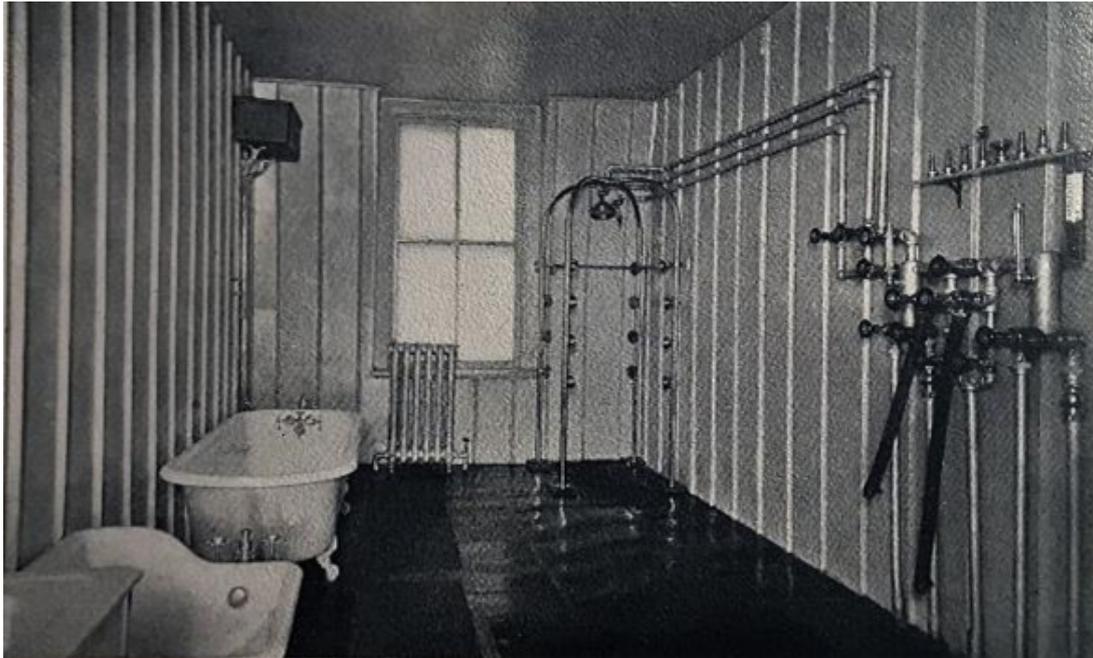
Figure 3 *Hydrotherapeutic installation in a sanatorium, (Dr. Bond's house, 1901)*

Thus, *habitués'* bodies were in turn purged and recharged, revived and soothed, shocked into rejecting the drug and coaxed into relaxing. The flesh, however, was not the sole focus of early addictologists. While few of them had a psychiatric background, the influence of 19th century alienists was palpable in many aspects of sanitarium treatment.

Cleansing the mind

Ultimately, a healthier, cleaner lifestyle could not be limited to changes in the patients' physical form. The "leprosy of modern days" was an ailment of the mind as much as a disease of the nervous system, and the addicted persons' spirits had to be healed as well, lest they fell back into bad habits once they were released from the hospital.

This aspect of treatment rarely involved anything resembling the "talking cure" theorized by Freud and implemented by Alcoholics Anonymous in the 20th century, or modern psychotherapy. Those methods, which started permeating the United States in the 1910s, were rarely used on patients with drug problems before the 1950s. The approach was, however, heavily inspired by French alienist Philippe Pinel's "moral treatment," which had been emulated in many American "lunatic" asylums in the 1880s and 1890s.[22]

Indeed, throughout the 20th century and into the 21st, mental reconstruction has been thought to play an important role in continued sobriety. Sustained contact with nature, away from the corrupting, pathological influence of cities, physical exercise and healthy hobbies were prescribed as part of the cure. They were the foundation upon which healthy living and self-discipline could be built, and cravings controlled. Fresh mountain air, a mild climate, mineral water, and the proximity of the sea were frequently cited as important curative elements in the process of detoxification. They helped to purify both mind and body of nefarious and

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22   Pinel's moral treatment, developed in the early 19th century, emerged against the inhuman handling of mental patients in late 18th century Europe. Pinel insisted on the importance of kindness, communication, moral self-discipline, routines, exercise, fresh air, and a sense of productivity in the management and potential healing of mental alienation.

exhausting influences. Almost all sanitaria and asylums had large, private parks, forests, ponds, and rivers. Some even advertised regular contact with animals, notably horses and birds, as a way to reconnect with nature.[23] Regularity and routine were also key to strengthening the will and reasserting the power of mind over flesh–. A daily rhythm and rituals would help recovering addicts return to a healthier lifestyle and facilitate their reintegration into active life after they leave the institution. Every day, patients had to observe a similar schedule scrupulously: get up and go to bed at the same time, exercise, socialize with other patients, eat three meals, and practice beneficial occupations–particularly reading, playing and listening to music, drawing and taking a walk outside (Crothers, 1902b, *Kings County Inebriates' Home*, 1879, *Dr. Barnes's Sanitarium*, 1900, *Walnut Lodge Hospital*, 1895).

Sanitaria typically had libraries, billiard rooms, chapels and even music and drawing rooms. Silent, creative, and intellectual–but not stressful–activities were thought to quiet the mind and soothe the inflammation of the brain and nerves (Beard, 1879). While actual art therapy would not become a staple of recovery programs in the United States before it was introduced in Lexington's Narcotic Farm in the 1960s (Campbell, 2008, pp. 145-146), cultivating patients' artistic and literary inclinations was seen as extremely beneficial. By the late 1910s, when more-advanced mental therapy and psychoanalysis started to make their way into the institutions, they were actively linked to the practice of the arts. Indeed, singing, painting, drawing and other crafts were regarded as ways to both address and sublimate the "abnormal libido" of "addicts," so they were strongly encouraged during treatment:

> *The reclamation of the addict will depend on the power he will have, under guidance, to direct this libido into higher thought and emotional levels. … The pain of the world can be expressed in music; the longing of the world in marble, in painting, and in other creative forms* (Report of the committee on the narcotic drug situation, 1920, p. 1328).

Whether it was to soothe the soul or to exorcize inner demons, artistic expression strengthened the spirit, and it was therefore a milestone on the road to a healthier lifestyle and continued sobriety.

Conclusion

Whether it was perceived as a harmful way of life or a debilitating medical condition caused by an unhealthy environment, narcotic addiction was linked early on, in its genesis and expression, to a certain lifestyle. In the late 19th and early 20th centuries, it was believed that, by cleansing the body, removing inappropriate surroundings, or promoting "healthier" habits–the nature of which would greatly vary over time–the compulsion toward intoxication would disappear, and patients would be freed from their ailment. Turn-of-the-century miracle cures and sanitaria, however, both failed to solve the problem of addiction. In fact, most of the 20th century would turn out to be a dark period for people suffering from addiction and its related.

The vast majority of American treatment facilities specializing in addiction recovery disappeared in the 1910s and would not re-emerge until the 1960s. First the Harrison Act (1914) made both selling and using opiates–even in the course of a medical treatment–extremely difficult. Then the Volstead Act (1919) established the Prohibition of alcoholic beverages. That marked a decisive shift toward criminalizing the consumption of narcotic substances.

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23 "Equine therapy," while sometimes denounced as a hoax, is still practiced in some rehab centers in the 21st century. See Cody et al. (2011).

Concurrently, as the risks of opiate habituation became more widely recognized and accepted within the medical community and narcotics more heavily regulated, iatrogenic addiction in upper- and middle-class patients declined, making way for younger and poorer users, who became increasingly associated with the criminal underworld. The apparent failure to heal most opiate *habitués* from their disorder discouraged younger physicians from pursuing a career in the field. Moreover, new diagnoses surrounding the narcomaniac diathesis, especially that of hereditary psychopathy, which became fashionable in the 1920s, made these patients less and less attractive to physicians–they had fewer means, were habitually reluctant (treatments were often court-ordered by then) and, since the prevailing theory was that addiction was caused by a genetic, mental disability, their prognosis was poor. The "disease theory" did not disappear, but specialists' enthusiasm for finding a cure considerably waned in the face of this "undesirable" clientele. Narcotic addiction was no longer considered to be a lifestyle or even the result of one: it was increasingly regarded either as an incurable disease or a criminal proclivity, one that did not warrant medicalization, but incarceration.

Late 19th century and early 20th century experimentation in treating addicted bodies and minds, however, was not entirely set aside and wiped away: since the reemergence of medical care for addicted people in the 1960s, it has become clear that it left long-lasting marks in the ways we manage drug dependence. Contemporary forms of treatment, such as rehabs, owe much to the "inebriates' sanitaria" of the turn of the century in both the philosophies of care and actual therapies. On the other hand, resilient dichotomies in the approaches to the issue that were devised in the 19th century (such as the vice/disease paradigm), have endured well into the 21st century. They have continued to propagate new forms of stigma that still weigh on opiate users today: they are either *bad* or *sick*, and their lifestyle must be urgently amended, regardless of their own feelings on the matter. The 19th century approaches have also helped to perpetuate the fallacy that some drug users are worthy (of social compassion, of medical help) while others are not, making them *de facto* incurable. Finally, early experiments in attempting to medicalize addiction have entrenched the notion that patients had to undergo painful, invasive, and lengthy treatments, willingly or not, where surveillance and control were described as a necessity.

The legacy of the first addictologists, however, is not entirely negative. Throughout the 20th century, they inspired many therapeutic efforts to improve the lives of people struggling with addiction and minimize the adverse consequences that substance abuse could have on their lives. Addiction medicine and addiction programs, including harm-reduction plans, have flourished in the last four decades, despite the absence of the long-awaited "magic bullet," repeated drawbacks, a generally hostile political climate, and the dangerous growth of a deregulated pharmaceutical industry. In the words of addictologist George Vaillant, "if you want to treat an illness that has no easy cure, first of all, treat it with hope" (Macy, 2018, p. 269).

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The Body is a Soft Machine: The Twisted Somaesthetic of William S. Burroughs

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Abstract: *This article explores the role of the body in William S. Burroughs's novels* Junky *(1959),* The Soft Machine *(1961, revised 1966 and 1968),* The Ticket That Exploded *(1962, revised 1967), and* Nova Express *(1964), of which the latter three comprise the Nova or Cut-Up Trilogy. The links between Burroughs's work and the fringe sciences and philosophies which he pursued for much of his life, are clear within his oeuvre. The fringe areas he studied most ardently include Alfred Korzybski's General Semantics, Wilhelm Reich's orgone theory, and the Scientology of L. Ron Hubbard, all of which examine control mechanisms of body and mind. This article shows that Burroughs's texts stand up not only as avant-garde literature but also as philosophical texts that outline a system to break free from control systems by exploiting the body/mind relationship. As such, this paper makes use of the tenets of Richard Shusterman's somaesthetics to provide a critical matrix with which to explore Burroughs's unique methods of investigating the body's role in achieving transcendence.*

Keywords: *somaesthetics, beat literature, general semantics, Orgone theory, William S. Burroughs.*

American avant-garde author William S. Burroughs's fiction, non-fiction, and audio-visual works set a clear course for a soma centered path towards breaking free of societal control. This vast interdisciplinary program took inspiration from the work of Alfred Korzybski, W. Grey Walter, and Wilhelm Reich among many others, in order to create an oeuvre that pushes the boundaries of the arts and genres they were created in. This forms the basis for a philosophical program in line with mid-century philosophies of the body and functions as a continuation of the American Pragmatist tradition. This article examines Burroughs's work, and places him firmly within the American philosophical tradition by linking his program to Richard Shusterman's somaesthetics as well as within the larger cultural zeitgeist of the 1960s and 1970s surrounding the role of the body and language. To be clear Burroughs did not seek the high-minded ideals that Shusterman espouses nor did Burroughs consider his project in any way a physically healthy endeavor. As such, Burroughs eschewed a straightforward approach to the soma/body-mind nexus and, as I propose, he engaged in what might best be described as a "twisted somesthetic" program.

To build the connection from Burroughs to Shusterman, it is wise to consider the brief

definition of somaesthetics as, "the critical study and meliorative cultivation of how we experience and use the living body (or soma) as a site of sensory appreciation (aesthesis) and creative self-fashioning" (Shusterman, 2008, p. 1). This definition can be applied to Burroughs's entire oeuvre. As noted, Burroughs's primary concern was liberation in the form of freedom from control; however, due to his psychonautical exploits with drugs and other means of altering consciousness he created a bodily centered approach to freedom. Burroughs articulated his thoughts on the body in "Journey Through Time and Space", chapter one of *The Job*, his book of interviews with Daniel Odier. Burroughs states, "I would say that free men don't exist on this planet at this time, because they don't exist in human bodies, by the mere fact of being in a human body you're controlled by all sorts of biologic and environmental necessities" (Odier & Burroughs, 1989, p. 22). On the surface this suggests that the body is a limiting factor in the pursuit of true freedom; however, what Burroughs is working towards is a version of ascetic practice that allows the practitioner to work with the body as a primary tool for freedom as he states, "Silence is only frightening to people who are compulsively verbalizing" (Odier & Burroughs, 1989, p. 22). These two phrases are essential to an understanding of Burroughs's approach to the body and his desire to illustrate a path out of the mechanisms that dominate modern life. This path and the aestheticism that Burroughs appears to espouse, align with many of the theories of Buddhism as well as those of western philosophers such as Michel Foucault. "Silence," in the way Burroughs uses it, is the primary tool for transcendence. Many religious orders and traditions have practices based on silence, and Burroughs's antagonism towards "compulsively verbalizing" is directly related to his ideas that the word, and language itself, is a virus. Turning again to *The Job*, Burroughs writes, "My basic theory is that the written word was actually a virus that made the spoken word possible" (Odier & Burroughs, 1989, p. 6). By aligning verbalization with a virus, Burroughs is highlighting the key importance of silent concentration and contemplation. As noted, these tools are important in many philosophies and religions as a means of achieving enlightenment or transcendence.

Silence then becomes golden in the alchemical sense of the word. Burroughs was asking his readers to silence their inner dialogue and to use that silence to transmute the lead of human existence into the gold of a higher existence. In many contemplative traditions there is an admonition to relax. Buddha once explained the path of mediation to one of his monks (Shrona) and likened mediation to playing a vina (a stringed instrument similar to a lute):

> *"Weren't you an excellent vina player when you were still in the householder's life?"*
>
> *"Yes, lord."*
>
> *"When the strings of your vina were tuned too tight, did they sound good?"*
>
> *"No, lord. They were squeaky and harsh and hard to work with the fingers."*
>
> *"When they were too loose, how did they sound then?"*
>
> *"Not good then either, lord. Slack and dull."*
>
> *"Was it when the strings were neither too tight nor too loose that they responded well to your fingers and made beautiful music? Is that right, Shrona?"*
>
> *"Yes, lord that is just the case."*
>
> *"It is the same in meditation, Shrona."* (Kohn & Chödzin, 2000, pp. 113-114)

Burroughs had a passing familiarity with the tradition of Dzogchen (a special system of mediation popular in Tibet) due to his friendships with Allen Ginsberg, Brion Gysin, and John Giorno in addition to his own retreat in 1975 at Karmê Chöling, a center founded by Tibetan Lama Chögyam Trungpa. In this system practitioners are similarly told to relax into the nature of their mind. To be clear, neither of these meditation instructions asks the practitioner to aim for total silence, they are however tasked with not grasping on to their internal verbalization. Relaxation then for Burroughs becomes a desirable state. This led to his early and lifelong interest in altered states of consciousness. To be certain, Burroughs was interested in almost any means of transcending the normative perception of reality; however, his primary intoxicants were opiates, cannabis, and alcohol, all of which serve (at least temporarily) to relax the body and perhaps depress the central nervous system. When describing a shot of junk, Burroughs writes, "The shot was a long-time taking effect. It hit slowly at first, then with mounting force. I lay back on the bed like I was in a warm bath" (Burroughs, 2012, p. 112). This description and the imagery of the "warm bath" shows the reader that, for Lee opiates are a tool for relaxation. Burroughs (and his characters) are often at their most effective when they are relaxed. For Burroughs, his addiction to opiates created a state of discomfort during withdrawal which causes an experience that is the exact opposite of a relaxed natural state. Thus Burroughs's characters (and the author himself) would induce a state of dis-ease that when alleviated by the introduction of opiates would create a false relaxation, allowing for greater introspection and body consciousness.

Much of the somatic consciousness in Burroughs's earlier works is centered on the ways in which stimuli (namely drugs or sex) are processed in different parts of the body. For example, in *Junky* a group of patients at the Lexington Narcotics Farm are spending time speaking about various drugs when one of the inmates notes, "Sure you can shoot cocaine in the skin. It hits you right in the stomach" (Burroughs, 2012, p. 65). In this way a drug (cocaine), which is often thought of as a central nervous system stimulant, is felt not within that system but in the stomach. The attention that one must pay to the body and its processes in order to sense what organ(s) and systems are affected first is staggering. The stomach and digestion play a key role in the attention to the self throughout *Junky*. Once Lee, the protagonist and fictionalized version of Burroughs, moved to New Orleans he is picked up by a local man. As they were walking through the streets, Lee states, "He was leading the way in the direction of his hotel, so he said. I could feel my stomach knot up like I was about to take a shot after being off the junk a long time. I should have been more alert, of course, but I never could mix vigilance and sex" (Burroughs, 2012, p. 74). Here we see again that the stomach and digestive organs are the center of Lee's somatic focus, not due to the stimulation of cocaine, or any other drug, but due to the excitement and stimulation caused by the promise of sex. Also, the somatic sensation in the stomach over the excitement for sex is compared to taking a shot of opiates. Many of us are familiar with the sensation of anticipation that rises in our midsection, and biology tells us that this is due to a surge of adrenaline. The beauty of Burroughs's prose in these instances is the central role he places on the embodied experience of his characters. The fact that these characters exist primarily in the mind of the reader and wield a visceral influence, is startling and serves to suggest that Burroughs is aware of the body-mind relationship and he intentionally exploits this for effect as well as to transmit his message more powerfully and completely.

Aside from the sense of anticipation that one feels in the gut, Burroughs also noted the physiological connection between opiate use and digestion. In two different sections of *Junky*, Burroughs mentions constipation. Early in the novel he is speaking about Bill Gains, his friend and opium dealing partner in New York. Lee was somewhat enthralled by Gains

and their partnership proved fruitful for a time. However, in *Junky* Lee notes that, "One of Bill's most distasteful conversation routines consisted of detailed bulletins on the state of his bowels. 'Sometimes it gets so I have to reach my fingers in and pull it out. Hard as porcelain, you understand. The pain is terrible'" and Lee notes, "There was no stopping him. When people start talking about their bowel movements they are as inexorable as the processes of which they speak" (Burroughs, 2012, p. 49). Here via the character of Gains we get a sense that the junkies that Lee is in contact with, and Lee himself are developing a deep somatic awareness. In this way, they are perhaps more attuned to their bodies than the average non addicted person. The constant states of addiction, withdrawal, expectation, anxiety, and pleasure that the characters (and no doubt many real-life addicts) experience puts them at a somatic advantage when it comes to focus. The addition of opiates into the system sets up a dependency and the addict will often note subtle changes in their soma that are indicative of withdrawal or stasis.

The idea of psychedelics, various mind-altering substances, and mental training is not new to Burroughs. In fact, many religions have techniques that involve the practitioner getting into an altered state of consciousness. One can consider Sufi whirling, fasting, physical yogas, or even sleep deprivation as some of the religious practices that are vital to altering consciousness and achieving a closer relation with the sacred. These techniques are given credence within the broad category of somaesthetics and the use of psychedelic drugs is explored in the work of Ken Tupper as footnoted in *Body Consciousness*, where Shusterman cautions, "I should note that my views on somaesthetics have in fact been deployed to recommend using strong mind-altering drugs, though in moderation and in carefully controlled contexts, to promote insights in education" (Shusterman, 2008, p. 39). Of course, both Shusterman and Tupper are considering the educational applications of entheogens. Throughout his life Burroughs often eschewed the role of teacher; however, his texts are in many ways instruction manuals for his readers, as links from Burroughs's thoughts on the body-mind and language, to psychedelia and entheogenic substances are common. Aside from referencing Burroughs's work with ayahuasca (yáge), author and psychonaut Terrence McKenna sounds practically Burroughsian when he writes, "From the point of view of the psychedelic shaman, the world appears to be more in the nature of an utterance or a tale than in any way related to the leptons and baryons or charge and spin that our high priests, the physicists, speak of" (McKenna, 1993, p. 7). The tale or utterance of McKenna, is however, more insidious in the work of Burroughs. For Burroughs, if the word or language is a virus then it stands to reason that one must "rub out the word" (Burroughs, 1992c, p. 164). This act, for Burroughs, erases the entirety of controlled existence.

Language and The Body

Some of Burroughs's earliest thoughts on language are codified in a 1966 interview with John Calder, where he states that words "can stand in the way of the nonbody experience" (Burroughs & Gysin, 1982, p. 2). This statement raises a natural question of authorial intent in the respect that Burroughs's writing is so deeply laden with images of the body (and of incredibly vivid descriptions of bodily processes, be they drug use and abuse, sexual imagery, or executions performed for the voyeuristic pleasure of an audience) that we must confront what, precisely, he meant by "nonbody." It seems that Burroughs as an author was, at the very least, interested in the body as the subjective site of cultural norms and practices, even if Burroughs the philosopher was (at this stage in his career) ready to "leave the body behind" (Burroughs & Gysin, 1982, p. 2). Relating to his concept of "nonbody", Burroughs cites a difference between his writing and that of Samuel Beckett: "Beckett wants to go inward ... I am aimed in the other direction: outward"

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(Burroughs & Gysin, 1982, p. 2). This idea places Beckett and Burroughs as the two heads of Janus, joined together yet focused in opposite directions. One way to rectify the disparity between these two points of view is to consider that Burroughs was driving at a new way of presenting a holistic view of the body-mind dichotomy. While it seems in these quotations that Burroughs privileges the mind over the body, his statements on Aristotelian philosophy (in the same interview) reveal that he was not so ready to accept the concept of a mind that is distinct from the body. Burroughs notes that "either-or thinking is just not accurate thinking ... I feel the Aristotelian construct is one of the greatest shackles of Western civilization" (Burroughs & Gysin, 1982, pp. 5-6). Hence, Burroughs must be struggling against the construct of body or mind in separation from one another. In a sense, when Burroughs suggests that he is working towards a "nonbody" experience, what he is actually moving toward (in an anti-'either-or' construct) is a recognition of the unification of the body and the mind in a way that subverts the role of language as a control mechanism. This also begs the question of the cultural construction of the body and of language, Shusterman notes that "whether we speak of the body-mind or body and mind, we are dealing with what is fundamentally shaped by culture" (Shusterman, 2012, p. 27). In that way Burroughs himself is working to both destroy and employ culture as a means of attaining freedom as he challenges "languages, values, social institutions, and artistic media" in the service of his battle with the forces of control (Shusterman, 2012, p. 27). This linguistic subversion allows the subject/reader to break free of conditioning and lead a truly fulfilled life. Further, Korzybski himself had very specific notions on the prefix non, "non-, mind you, does not mean anti-! Nobody has more admiration for Aristotle than I have" and he continues, stating that "Non-Euclidean geometries were a revolution. Non-Euclidean geometry, which did not deny Euclid, just made an alteration, a change in the premises, and the endless results followed" (Korzybski, 1990, p. 679). Thus, the idea of "nonbody" for Burroughs, following the Korzybskian model, would be to have a body (or a discussion about the body) which does not deny the body, and by implication does not deny its importance in the body-mind continuum. Rather, what Burroughs (drawing on Korzybski) is setting up is the idea of an alteration that is brought about via visceral communication and produces an aesthetic response in the audience or reader. This is a key element missing from other scholarship on Burroughs, specifically the work of Douglas Kahn author of *Noise Water Meat* (2001). While Kahn makes several connections and observations regarding Burroughs and Korzybski that are profound and, on some level, deeply esoteric, he misses this simple linguistic relationship. When we consider that Burroughs not only read Korzybski but attended his lessons while living in Chicago and promoted his works to everyone in his inner circle, it is clear that when Burroughs uses the prefix "non" he must be using it in this uniquely Korzybskian fashion. Hence, we must consider the cited work from Kahn and others in this light.

Burroughs's unique perspective on the body-mind-language problem and the underlying issue of control was informed by a lifelong interest in what would (during the mid-twentieth century) be referred to as fringe science: namely the work of Wilhelm Reich on orgone energy, W. Grey Walter's cybernetics, and Alfred Korzybski's general semantics. Reich's work enlightened Burroughs to the dual nature of orgone energy. As first postulated by Reich the orgone is a life energy, however, there also exists Deadly Orgone Radiation (DOR), which works to destroy rather than nurture. Burroughs's earliest experiences with orgones involve the sexual nature of the energy. In 1949 Burroughs and Kells Elvins (a longtime friend) built an orgone accumulator; of the experience Burroughs notes, "the Orgone box does have a definite sexual effect ... One day I got into the big accumulator and held the little one over my joint and came right off" (Miles,

1993, p. 54). In the late 1960s and early 1970s Burroughs began to clearly articulate some of the danger and promise of the converse side of orgone energy by pointing to experiments Reich conducted: "One experimenter nearly died as a result of exposure" (Odier & Burroughs, 1989). However, like many of Burroughs's interests, he also noted that the use of small amounts of DOR could lead to immunity to radiation sickness (Odier & Burroughs, 1989, p. 65). Finally, Burroughs noted that Reich's experiments with orgones with their sexual nature and inherent power pointed towards a way that different types of orgasms could be distinguished, "Reich started studies with electrodes attached to the penis, and found that actual electrical impulses were given off and that these could be graphed, and that pleasurable orgasms would show a different graph than unpleasant ones" allowing the individual to better understand their sexual desires in order to subvert societal controls (Burroughs, 1999, p. 47). Burroughs felt that this last piece of information could be used to liberate people from unsatisfying sex lives, thus eliminating one of the major mechanisms of control that society wields over its citizenry. In this way, Burroughs was utilizing and subverting the control mechanism of sexual desire as a way to help instruct his readership about possible solutions. By helping individuals live a more fulfilling sex life he felt that society might take a great step forward.

Burroughs and Biofeedback

Along with Burroughs's aforementioned pursuits into various means of subverting control, he became interested in the body-mind nexus and the ways in which one could use the body to retrain the mind. His interest in Korzybski and the latter's approach to an embodied cognition is summarized in the maxim, "You think as much with your big toe as you do with your brain…and a whole lot more effectively", showing that despite the clear linguistic trajectory of Korzybski's general semantics, the body holds a deeper role in every facet of the cognitive process (Burroughs, 2013, p. 97). As part of Burroughs's exploration into the manipulation of the body, he explored concepts of biofeedback and autonomic shaping in depth as a doorway to unlocking human potential which, according to Burroughs is stifled by the many faces of control. These techniques hold great potential, and biofeedback could hold great value in the linking of Burroughs's somatic theories with Shusterman's somaesthetics. Both rely on a heightened or attenuated focus on the various processes of the body in order to gain mastery or even control over them. Burroughs speaks of biofeedback and the necessity for dreaming in a 1982 interview with Jennie Skerl. He states that warm blooded animals must dream, or they will die (Burroughs, 1999, p. 126). The importance of dreams is also linked to Burroughs's interest in Scientology, or rather, his interest in Scientology is recorded in Burroughs's dreams. For example, in late 1969 Burroughs decided not to be bound by the Gregorian calendar and instead created a dream calendar. A few days after beginning this new date system, Burroughs recorded a dream where he tells L. Ron Hubbard, "You can't date yourself. Time is the presence of another being" (Wills, 2013, p. 159). In this way, somatic consciousness, the rejection of time, and the dreams themselves are all linked to transcendence and it is Burroughs's use of various biofeedback practices that unlocks these ideas.

This interest in biofeedback techniques is, no doubt, connected to Burroughs's early interest in Scientology. The primary technology for auditing (or even self-auditing) is the electropsychometer or e-meter. The e-meter is a device that measures the electrical conductivity of the user's skin and is a key tool (or as the scientologists call it "a religious artifact") for a person to understand how various images or thought forms can control or effect the physical body. Burroughs was an early adherent and promoter of Scientology and spent a great deal of

time performing self-audits as a method to uncover the many ways in which he (and as he felt, all of humanity) was being controlled and manipulated. In interpreting L. Ron Hubbard's (the founder of Scientology) methods, Burroughs notes that, "The Reactive Mind consists of goals so repulsive or frightening to the subject that he compulsively reacts against them and it is precisely this reaction that keeps these negative goals in operation. Negative goals are implanted by fear" (Odier & Burroughs, 1989, p. 25). To Burroughs's credit, he generally applied his keen analytical mind to issues such as the e-meter (e.g. orgones, infrasound, flicker) with a predisposition toward believing that the device or technique worked. The "Reactive Mind" (also written as RM) according to Hubbard, stores engrams or images that contain pain threats and recordings of past trauma (Wills, 2013, p. 59). Additionally, the Reactive Mind works in direct opposition to the "analytical mind", which Hubbard likens to the conscious mind. It is this tension that allegedly creates the physical responses measured by the e-meter. The subject of the audit can than zero in on buried trauma that is encoded within the engram, and by repeated exposure can then drain the power that this trauma or fear has to control aspects of the subject's mind. This open approach to fringe ideas allowed Burroughs to chronicle his experiences without prejudice. His view that a good writer is a recording device, allowed him to weave his experiences with fringe body practices into his essays, interviews, fiction writing, and multimedia work.

Regarding the e-meter and the Reactive Mind (RM) Burroughs notes, "Techniques exist to erase the Reactive Mind and achieve a complete freedom from past conditioning and immunity against such conditioning in the future. Scientology processing accomplishes this" (Odier & Burroughs, 1989, p. 28). In vouching for the efficacy of the method, he notes, "It may be necessary to run the entire R.M. hundreds of times to effect complete erasure. But it will erase. The method works. I can testify to that through my own experience" (Odier & Burroughs, 1989, p. 28). What Burroughs presents to his audience is a method of measuring the connection of the body and mind. The galvanic responses registered via the e-meter are (according to Scientology) a somatic response to this tension or opposition. Burroughs's idea of complete erasure manifests through the works of the Nova Trilogy (also known as the Cut-up trilogy). For example, Burroughs writes in *Nova Express*,

> *—Record for ten minutes on a tape recorder—Now run the tape back without playing and cut in other words at random—Where you have cut in and re-recorded words are wiped off the tape and new words in their place—You have turned time back ten minutes and wiped electromagnetic word patterns off the tape and substituted other patterns—You can do the same with mind tape after working with the tape recorder—(This takes some experimentation)—The old mind tapes can be wiped clean—Magnetic word dust falling from old patterns—.* (Burroughs, 1992a, p. 74)

The use of the tape as a metaphor for the mind is directly correlated to the techniques of Scientology, thus when Burroughs writes about "words wiped off tape" and suggests that "The old mind tapes can be wiped clean" he is clearly referring to the concept of "becoming clear" in Scientology parlance (Scientology, Church of). For Burroughs, his desire to rub out the word and erase the tapes was mediated through the body-mind continuum and assessed via tools that are clearly linked to the body.

Exploiting the Body-Mind Continuum in the Cut-Up

In earlier work I make the case for the ritual like aspect of consuming heroin as one way in which Burroughs is using twisted ideas to effect real change within his soma. Drugs, psychedelics or entheogens continue their central role throughout much of his oeuvre. With regards to all of Burroughs's output it is clear that his prose, poetry, interviews, and multimedia compositions are user manuals for the revolution. This revolutionary track, while present in his earlier work is most dramatic in the Nova Trilogy (also known as the Cut-up Trilogy), the first novels (in addition to two books of cut-up poetry that were published between the release of *Naked Lunch* (1959) and *The Soft Machine* (1961)) he published after the completion of Naked Lunch. The first novel in this trilogy, titled *The Soft Machine* is, from the title itself deeply connected to Burroughs's ideas around the importance of the soma in resisting control and achieving a state of transcendence. Also, this text leads off the trilogy and is largely made up of material that was part of the "Word Hoard" of leftover text that he could not use in *Naked Lunch*. As these are the first long form published cut-up works that Burroughs wrote, it is just as important to examine the links between the cut-up technique, the Nova Trilogy, and Burroughs's somatic philosophy as it is to view these works as the convergence of Burroughs's personal intellectual history and philosophy, culminating in the ideal presentation to educate the reader.

Partly as a response to this formulation (that humanity is being controlled and the word virus is one mechanism of that control), the Nova Trilogy is Burroughs's most explicit literary treatment of the cut-up as an artistic medium. In addition, the name of the first book in the series The Soft Machine (originally published in 1961 and substantially revised and republished in 1966) is another name for the human body; as such, this naming sets up a main focus of the trilogy, the body-mind and language-control relationships. The routines or sections of the text cover many areas familiar to Burroughs, including opiates and the body's need for them once addicted, as well as sexual scenarios that are taken to an extreme. For example, in the section "Trak Trak Trak" Burroughs uses language to approximate film (a medium he was exploring as a natural cut-up) when he writes,

> *Flash bulb monster crawling inexorably from Old Fred Flash--the orgasm in a 1920 movie...Flapping genitals in the wind--explosion of the throat from peeled noon drifting sheets of male flesh...flapping genitals of carrion--Our drained countess passed on a hideous leather body.* (Burroughs, 1992b, p. 36)

The first image we see is of a "flash bulb." Since flash bulbs are of the same intensity as the stroboscopic lights used in flicker experiments we can sense that this is the beginning of a textual flicker experiment. The intersections that Burroughs places within this passage would seem to suggest deliberate breaks, thus creating a rhythm that would be akin to the reader's alpha brain wave pattern if this were indeed a flicker session. Hence, we now start this passage under the influence (so to speak) of stroboscopic flash and its potential for consciousness expansion or perhaps evolutionary breakthroughs. Burroughs is repeating certain motifs "flapping genitals" within a heavily cut-up page, the "--" indicate the intersection points of the source material. These intersections are noted by Burroughs in *The Job* to be both "very important" and not random. This lack of randomness would then indicate that the placement of these points of intersection is a deliberate effort to dislodge the reader from the body-mind-language issue in order to generate a type of askesis that the reader can utilize to transcend the shackles of Aristotelian thought (Odier & Burroughs, 1989, p. 32). This repetition is also analogous to the

first repeated image sequence as reported by many flicker subjects. By creating intersection points that bring attention to the words "flapping genitals" Burroughs is drawing the reader's attention to this image, which in turn instinctively causes the reader to focus on his or her genitalia. As he changes the text (and subsequent points of intersection) from the benign image of "flapping genitals in the wind" to the much more ominous "flapping genitals of carrion" Burroughs connects the reader viscerally to the text and, in this way, he deliberately attempts to create an abject response in his readers.

Burroughs and the "nonbody" Somaesthetic

Abjection for Julia Kristeva is both a "process of becoming an other at the expense of [one's] own death" and a "place where meaning collapses" which for Burroughs's audience can then be transmuted into an experience (if the reader is sufficiently in touch with their body-mind) where the reader's corpus connects directly with the text via unclean or transgressive imagery (Kristeva, 1982, 2-3). This sort of interoceptive response is described by Oliver Cameron as "the ability of visceral afferent information to either reach awareness and/or to directly or indirectly affect behavior" (Cameron, 2002, p. 3). As such, with regards to interoception, when the viscera are influenced by external stimuli, their reaction to said stimulation reaches the level of consciousness in the experiencer. Hence, by becoming attuned to our bodies, internal processes and cognition, a person can have access to an enhanced field of experience and intuition. By expanding a subject's frame of reference and making them keenly aware of their body, Burroughs can attempt to communicate at a level that – for the receiver – may be beyond words (Cameron, 2002, p. 3). Cameron expands his definition to make clear that "methods to determine the occurrence of visceral sensory impulses that do not depend on indicators of awareness (such as verbal report in humans) will need to be developed" (Cameron, 2002, p. 5). When I examine the "Mayan Caper" section of *TSM* later in this article, interoception becomes an important tool to explore the transference of memory. An abject and interoceptive response to Burroughs's text aligns with the notion of limit-experience and transcendence developed by Michel Foucault who writes, "however boring, however erudite my books may be, I've always conceived of them as direct experiences aimed at pulling myself free of myself, at preventing me from being the same" (Foucault, 2001, 241-242). In this way, language, writing , and reading can wrest an author and their reader out of their normative subject position. Further, Cameron's assertion that nonverbal (or perhaps extra verbal) means of determination could be read to indicate that interoceptive responses are at the root of the Burroughsian "nonbody" experience (Cameron, 2002, p. 5). This rests upon a reading of Burroughs's utterance of "nonbody" as a unified way of viewing the relationship between mind and body. This idea may be thought of as not only anti-Aristotelian, but also as in opposition to Cartesian dualism in its holistic conception of human behavior and experience. Regarding the propriety of using interoception in this theoretical frame, I suggest that if methods can be developed to measure sensory impulses in a group of subjects to a certain set of stimuli, it may be possible to utilize those findings to create a means of communication that is both not word based and "nonbody."

Regarding the intersection of body and language in the text, it is important to note that Burroughs often returns to the use of flicker sequences and Reichian thought as a point of embarkation in the Nova Trilogy. "The Case for Celluloid Kali" section of *TSM*, for example, is densely packed with allusions to Reich's theories and deliberate flicker imagery. Burroughs briefly departs from his use of the flash bulb as a flicker signifier in order to utilize a more natural image, that of the "flickering Northern Lights" (Burroughs, 1992b, p. 69). However, the

Northern Lights in this instance are not, strictly speaking, the product of any natural phenomena; rather, they are the by-product of a pair of flickering goggles (Burroughs, 1992b, p. 69). By creating flicker (which is itself a natural phenomenon, as explained by Grey Walter in 1953) with artificial means, Burroughs links the natural with the manufactured in a way that suggests that man-made flicker can lead to a higher consciousness. This flicker sequence is followed by an explicit reference to the fact that Johnny Yen, a gender fluid performer in the text, was also a Reichian analyst (Burroughs, 1992b, p. 70). By framing this event in terms of flicker imagery Burroughs ties together two of his primary influences: stroboscopic flicker and Reichian theory. He turns to a more direct commingling of flicker and orgone theory when he writes, "In the Flash Bulb of orgasm I see that fucking clerk has stuck his head through the transom for a refill" (Burroughs, 1992b, p. 77). Burroughs uses the "flash bulb" to indicate a subject that is undergoing a flicker experience while simultaneously informing the reader, through the use of the word "orgasm", that the subject is being influenced by orgonic energy. This image directly addresses the need for sexual gratification to achieve a Burroughsian transcendence. Through elucidation of his orgone theory, Reich laid the groundwork for much of Burroughs's thinking on this matter. Reich writes, "Freud...held the view that they [various manifestations of neurosis and neurasthenia] were direct manifestations of dammed-up sexuality" (Reich, 1986, p. 88). The sexual imagery that Burroughs uses throughout these texts is clearly an effort to show the reader that sexual liberation is one of the key ingredients for subverting society's control mechanisms. Further, Reich concludes that, "it is not possible, nor is it admissible, to separate psychic and somatic processes" (Reich, 1986, p. 379). This is a key point where Burroughs's anti-Aristotelian philosophy finds a unique connection to Shusterman's somaesthetics. By linking the psychic and the somatic, Reich and Shusterman can provide some informed analysis of the role of the body in Burroughs's texts. Burroughs is subtly suggesting that his reader should investigate these areas of fringe science and also that his readers should look closely at the images that society generates for passive consumption. Additionally, Shusterman writes of the value of sexual practice as a part of his somaesthetic program suggesting that "we can think of the *ars erotica* as art in a truly aesthetic sense" as opposed to "the meaning of the word 'art' as any organized expertise, skill or branch of learning" (Shusterman, 2012, pp. 265-266). This reimagining of the role and value of the erotic could serve to break down the walls of separation between the artist and the audience or as Shusterman notes this will lead to, "challenging the presumption that art must be distinguished from performances in 'real life'" (Shusterman, 2012, p. 266). As Burroughs moved away from providing a straightforward, broadly linear, narrative in his texts he was fracturing the separation between himself and his readers and finding points of connection with them. Thus, when he writes about orgones and sexual practices, Burroughs is working to bring this knowledge directly to the public in order to challenge the ideas around the potential uses for such energy.

The Colonized Body and Time Travel

In "The Mayan Caper" section of *The Soft Machine* the main character discovers a way to travel through time and space. The concept of time travel, as Burroughs envisions it, is a highly somatic endeavor that involves all aspects of the fringe science that fascinated him during this time. As Burroughs is utilizing the medium of a novel to expound and conceptualize his philosophical outlook, it is no surprise that this chapter deals with these interests. Burroughs starts the section by connecting the body to the text when he writes: "I started my trip to the morgue with old newspapers, folding in today with yesterday and typing out composites" (Burroughs, 1992b,

p. 81). This quote places the practice of the cut-up (or fold in) in a setting (the morgue) that is most often associated with the body and the cessation of the relationship between body and mind. This quotation serves a dual purpose: the first is simply instructive in that he is telling his reader how to perform fold-ins with texts; the second is performing a linking maneuver between texts (old newspapers), the body (morgue), and time travel. In fact, Burroughs writes that "when I read yesterday's paper, that is traveling back in time to yesterday" and "I learned to talk and think backward on all levels--This was done by running film and soundtrack backwards" (Burroughs, 1992b, p. 82). Here, Burroughs suggests that backwards time travel is as simple as reading yesterday's news; this idea sets the stage for the function of texts and body in the time travel sequence in this section of the text. Second, Burroughs mingles the idea that systems and mechanisms of control that are functioning at any given time cannot be just altered or upended, but actually erased from the fabric of time. This is important because if someone were to simply dismantle the control machine it would still leave imprints on the psyche of the current population. Hence, it could be reactivated from memory and regain its status as a controlling entity. Burroughs also shows how entrenched the idea of a somatically based transcendence is when he notes that: "I must put aside all sexual prudery and reticence ... sex was perhaps the heaviest anchor holding one in present time" (Burroughs, 1992b, p. 82). In this way, Burroughs is bringing the theories of Reich into a discussion about the destruction, or erasure, of the reality script. Since it seems that Burroughs constructs a time travel scenario that is both corporeal and cerebral, he is adhering to Reich's admonition that one cannot separate the psychic and the somatic (Reich, 1986, p. 379). If the protagonist of this section is to successfully travel in time via a psychosomatic process, then the ideal candidate will be free of any sexual repression.

The experience of time travel becomes the perfect vehicle to convey Burroughs's philosophical postulates and interests. For example, his interest in flicker as a tool for radically altering one's consciousness and outlook is developed within this section in the shape of "the best transfer artist in the industry" that is characterized as "a thin grey man who flickered in and out like an old film" (Burroughs, 1992b, p. 84). By placing the transfer artist in a flicker experience, Burroughs demonstrates that someone who has mastered time travel has also been subjected to flicker experiments, hence expanding his mind and allowing him to perform a very delicate procedure. Further connecting this idea to Grey Walter, is the fact that the Mayan boy who the protagonist uses to undergo time travel is epileptic. Epilepsy is a condition that can be aggravated by stroboscopic flicker and was a condition that fascinated Walter, who also suggested that a flicker event might have been the catalyst for cognitive evolution in humanity's distant past. Burroughs also merges his cut-up technique with the concept of flicker when he describes the preliminary preparations for time travel: "He posed us naked in erection and orgasm, cutting the images in together down the middle line of our bodies" (Burroughs, 1992b, p. 86). By joining photos of two separate entities together, the transfer agent creates a living cut-up on both a corporeal and psychic level. Moreover, since the bodies of these two individuals are fused together, a commingling of the viscera of the two is highly likely. When considering the performative and somaesthetic qualities inherent in the art of photography, Shusterman suggests that "photography's dimension of somatic, dramatic, performative process…is occluded by our one-sided concentration on the photograph itself" (Shusterman, 2012, p. 241). In this way Shusterman states that the process of creating a photograph is as much a piece of art or an artistic expression as the object created. By focusing not simply on the subject of the photograph but on the process and, crucially, the photographer, Burroughs is drawing attention to "the larger complex of elements that constitutes photography as an activity and as an art" (Shusterman, 2012, p. 241). This level of detail around the process of taking photographs in order to create the

mold from which the new entity will be cast, helps the reader to gain a different perspective on the meaning and purpose of photography as a somatically imbued process that calls for great care and precise movements of all the bodies involved. The idea of photography as central to the entire process of time travel is integral to this section. This is demonstrated by the doctor/transfer artist's key assistant "Jimmy the Take" who is a photographer and took incredible care to get the photographs just right, having the subjects come to him "Three times a week" (Burroughs, 1992b, p. 86). Further, the photographer is described as a meticulous practitioner of his craft as "he looked through rolls of film his eyes intense, cold, impersonal" (Burroughs, 1992b, p. 86). This aligns with Shusterman's concept of the great somatic care that one must possess in order to create an artistic photograph with skills such as, "steadying the camera in one's hands … one's own bodily position, posture and balance" (Shusterman, 2012, p. 244). By linking the art of photography to the more dangerous process of time travel, Burroughs is telling his reader that film and photographic images are in fact tools of transcendence, freedom, and rebellion. Consequently, this would lead back to the idea of interoception and perhaps suggest that the organs of the two individuals contain intelligence and perhaps memory.

The use of a young man of Mayan ancestry for this time travel project leads to a complication regarding Burroughs's ideas of transcendence; we have a character from an oppressed minority population whose body and memories are colonized to facilitate time travel. Because the Mayan boy is never named and his interests are not addressed, we can see some evidence that Burroughs's somatic project (and his philosophy in general) is open to the criticism that it is self-centered, colonialist, and perhaps even imperialist. These concerns, with respect to the narrative, should take into account the mission of the time traveler – to dismantle the system of control that was in place in ancient Mayan civilizations in order to free future generations. In this way, Burroughs suggests that it is not morally objectionable to sacrifice one being in the service of the greater good, provided that the particular good being served is the destruction of a given society's power over its citizens. This in no way excuses the links of imperialism and colonialism to the story, it serves only to provide context with respect to the scope of this article. The fate of the young Mayan is not clearly revealed in the text and one can only surmise that he died, particularly as the protagonist notes: "I could see the doctor separate the two halves of our bodies and fitting together a composite being" (Burroughs, 1992b, p. 86). This serves as an apt metaphor for the genocide of indigenous people at the hands of European colonizers. Perhaps, since the time traveler's body is to be preserved "intact in deepfreeze" and he is told that he can, if he returns, have his body back, the same opportunity may have been afforded to the Mayan boy, although this is not clearly addressed (Burroughs, 1992b, p. 85). However, the repurposing of the bodily tissue from the Mayan boy should not be confused with the character's death. This is precisely because the protagonist mentions, "I came back in other flesh the lookout different, thoughts and memories of the young Mayan drifting through my brain" (Burroughs, 1992b, p. 86). For Burroughs it would seem that a person's memories are connected with the body rather than simply residing in the brain. In this way, he is playing with some of the core principals of Western thought. Many of the physical and medical sciences would advocate that our memories are stored in numerous parts of our brain. While it is possible that part of the Mayan boy's brain was co-mingled with the protagonist, given the description it seems highly unlikely. Hence, we must look to another source for the Mayan boy's memories: within the protagonist's combined soma. Thus, the Mayan boy's character is, at minimum, subsumed by the protagonist.

Shusterman's theory that the body is the "locus of sensory-aesthetic appreciation (aisthesis) and creative self-fashioning" can be utilized as one way of understanding what was happening to the time traveler in this section of the novel ("Somaesthetics and the Body Media Issue" 34).

Shusterman also notes that "any acutely attentive somatic self-consciousness will always be conscious of more than the body itself". In relation to Burroughs's somatic project of time travel, the days and weeks of being photographed naked and in various states of arousal would lead the subjects to a heightened consciousness of themselves and thus become "conscious of more than the body itself" (Shusterman, 2008, p. 8). By blending the flesh and tissue of two subjects into one new composite being, the transfer agent is facilitating an interoceptive response in the time traveler. This would then create the conditions for the muscle memory of the two subjects to mingle in a way that would reflect Shusterman's somaesthetic theory. Regarding muscle memory he writes, "muscle memory also makes manifest the mind's embodied nature and the body's crucial role in memory and cognition"(Shusterman, 2012, p. 92). This indicates that not only is muscle memory (or motor memory) important for day to day movements of the body, but that the body is central both in creating and retaining memories as well as for thinking and cognition. Shusterman also links muscle memory to the very concept of personal identity writing, "the most basic implicit memory is that of oneself, the implicit sense of continuing personal identity" he further states that when he awakes in the morning he has "an implicit memory (as an implicit feeling) of being the same person that went to sleep the night before" (Shusterman, 2012, p. 92). Hence when the time traveler awakens and has thoughts from the Mayan boy the "implicit sense of personal identity" would likely be complicated and perhaps challenging for this new persona. This then changes the "narrative ground" for the character which plays out not only in his actions, but how the character shifts perspectives during the remaining pages of this section (Shusterman, 2012, p. 92). Returning to the link between photographic process and somaesthetics, the character is now armed with a "vibrating camera gun…a small tape recorder and a transistor radio" (Burroughs, 1992b, p. 87). These items, especially the camera, are utilized because the traveler needs "not only the sound track of control but the image track as well before I could take definitive action" (Burroughs, 1992b, p. 91). Thus, the traveler is a composite of a person who has been somatically manipulated and someone who (as a photographer) has the knowledge and skill required to wield the equipment to its full capability in order to complete his mission. Thus, as the bodies are being brought together for the purpose of time travel, the somatic conditioning that each participant has undertaken is magnified by the effort of the other party via the retention of memory and cognition in their muscles and viscera (Shusterman, 2012, p. 91). Additionally, the photographic process is redeployed, both as a means of preparing the traveler for his eventual re-molding into a new person, but also as a primary weapon that needs to be carefully put to use so that the mission will be successful. The person wielding the camera gun is constantly cautioning himself to be careful, almost as if the narrative ground and implicit identity that he once possessed are altered into a being that has new and perhaps conflicting motives. In order for this process to be successful, the body must be sentient and receptive to its very core; the flesh must be conscious.

The Interoceptive and erotic body

Interoception, as it involves the response of the bodily organs to external stimuli, was first postulated and codified (along with the related terms exteroception and proprioception) by Charles Sherrington in the early twentieth century. Scientific discoveries that would lead to these neuroscience breakthroughs occurred as early as 1860 when "nerves were identified running with the carotid artery" (Cameron, 2002, p. 4). It would be a stretch to suggest that Burroughs was consciously writing in an interoceptive fashion, however he did attend medical school in Vienna for a short time and – as can be seen in his continued use of the virus as metaphor – he

was not shy about drawing on his reading knowledge in various sciences to make his writing more effective and incisive. Cameron further ties interoception to consciousness when he writes "it appears, however, that a great deal of processing of the sensory information is necessary before awareness occurs ... neural activity occurs outside of consciousness" and "processes that are potentially directly associated with interoception include classical conditioning and emotional learning" (Cameron, 2002, p. 265). What is important for a study of Burroughs is the connection between conditioning and interoception; this is mostly due to the very nature and message of his core philosophical and literary concerns: to show that "the human body itself is a very complex machine ... which is occupied by someone in the capacity of a very incompetent pilot" and to explore how "vested interests ... make sex difficult to obtain. In that way, they keep people always thinking about it, always worrying about it, and it keeps them from causing trouble" (Odier & Burroughs, 1989, pp. 115-116). Burroughs was very aware of the ways that society (and the vested interests in control) utilizes sex and sexuality to keep the masses placated.

This theory is similar to Foucault's views on the body and sexuality and their links to transcendence. Foucault realized that a "country had to be populated if it hoped to be rich and powerful" and that its "future and fortunes were tied not only to the number and uprightness of its citizens ... but to the manner each individual made use of his sex" (Foucault, 1990, p. 26). This is an important aspect in the study of Burroughs's work as a whole, and specifically for the works that he created during his cut-up period. He knew that those in control of society were aware that reproduction leads to economic production, which in turn creates wealth and continuous power for those at the top of the social strata. That is to say, that by privileging heterosexual intercourse over any other means of experiencing pleasure, those in control were ensuring that there would always be an abundance of workers that would toil their lives away in order to create wealth for those at the top. It is possible that Burroughs viewed his own sexuality as a way to resist the programming that society was attempting to foist upon him. While he may have been writing about male/male sexual relations (because that was his primary orientation) it is also possible that Burroughs (who had occasional relations with women) was attempting to place homosexuality (and specifically male homosexuality) at the nexus of his somatic program. However, unlike Foucault, who constructed a reasoned academic argument for his position, Burroughs approached this facet of his somatic philosophy through the use of exaggerated imagery and satire in the tradition of Jonathan Swift. Burroughs constructed routines in his text that showed extreme examples of homosexuality much in the same way that Foucault engaged in homosexual BDSM in pursuit of his philosophical aims.

Foucault felt that by engaging in certain practices one could achieve transcendence. He describes his notion of asceticism as, "not in the sense of abnegation but that of an exercise of self upon self by which one tries to work out, to transform one's self and to attain a certain mode of being" (Fornet-Betancourt, Becker, Gomez-Müller, & Gauthier, 1987, p. 113). Burroughs uses his cut-ups and word collages to explain that his textual images are both representations of the reader, as well as the reader themself when he writes "Hurry up see?-- Those pictures *are* yourself" (Burroughs, 1992b, p. 36). By creating a place in the text where Burroughs tells his readers that they are looking at themselves, the reader is directed to perform an "exercise of self upon self" to begin the work of transcending beyond social constructs and norms. This places the reader squarely within the disjointed narrative and creates a further bond between text, reader, and author. It is through these bonds that Burroughs hopes to destabilize the relationships of power between the individual and society and, more broadly, within society at large.

For Foucault, these ascetic exercises took a myriad of shapes and forms. Most famous was his

experimentation with homosexual BDSM. However, not unlike Burroughs before him, Foucault engaged in these practices as a means to a philosophical end. Considering Shusterman's reading of Foucault in which he notes "Foucault's declared aim is...to break our obsession with sex as the key to all pleasure" and Foucault's own ideas around de-privileging sexually based pleasure, specifically his notion that "the idea that bodily pleasure should always come from sexual pleasure as the root of all our possible pleasure--I think that's something quite wrong" (Foucault, 1994, p. 165). Referencing non-genital based pleasure, he states, "that we can produce pleasure with very odd things, very strange parts of our bodies" we can further place Burroughs's intentions within these contexts. While much of his work is focused on male genitals and homosexual contact, it is undeniable that his advocacy of consciousness-expanding drugs and a focus on deriving pleasure from "very strange parts of our bodies" fits the same mold as Foucault (Foucault, 1994, p. 165). We see that Burroughs, through his own struggle with his sexuality, was oftentimes critical of women in general and male/female sexual relations because he saw love as "a con put down by the female sex", a sex which he further claimed was "a basic mistake, and the whole dualistic universe evolved from this error" (Odier & Burroughs, 1989, pp. 97,116). These ideas play out in *TSM* with the frequent references to male homosexuality and in one of the few places that women appear in the text they are conniving, cannibalistic, and not to be trusted. While Burroughs envisions a war between the sexes in the "Gongs of Violence" section he also notes that the differing sides must come together in the "Baby and Semen market" in order "to exchange the basic commodity which is known as 'the property'" (Burroughs, 1992b, p. 153). The clear implication here is that if the sexes were to only interact in the interest of exchanging semen and ovum, there would be less of a need to seek heterosexual sex for pleasure thus de-privileging female/male sexual intercourse as the primary means of pleasure. Once this de-privileging occurs, at least in a Burroughs-constructed universe, men and women can enjoy authentic existences, thus freeing themselves from both societal and biological mechanisms of control.

Conclusion

The connections between the works of William S. Burroughs and Richard Shusterman's somaesthetics are clear. Burroughs's work, as explained in this article, is a product of the numerous philosophers, scientists, and charlatans that inspired him. The cultural zeitgeist of the mid twentieth century also lead to a great deal of exploration and experimentation for wide swaths of the population. These explorations in the arts and sciences as well as on the fringes of various disciplines provided fertile ground for Burroughs to forge his views of the body-mind as well as ample territory for his experiments. In much the same way, Shusterman synthesizes ideas from both eastern and western philosophical schools and draws on the work of diverse thinkers from across the knowledge spectrum. Thinkers, such as Moshe Feldenkrais and Wilhelm Reich, have demonstrable connections to both Burroughs's project and Shusterman's somaesthetics. This comes as no surprise as the body has always held a central role in western philosophy, as Shusterman notes, "philosophy in ancient times was practiced as a distinctly embodied way of life in which somatic disciplines frequently formed an important part" (Shusterman, 2008, p. ix). Additionally, both Burroughs and Shusterman are unbound by the constraints of their given fields. This freedom gives rise to borderless texts that draw upon, and have relevance across, a vast swath of disciplines thus making a somaesthetic interpretation of Burroughs's work and intellectual history not only feasible but, quite natural. In so doing, they illuminate the continued practice and need to disrupt systems of control via a somaesthetic approach, twisted, or otherwise.

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Suicide, Social Bodies, and Danger:

Taboo, Biopower, and Parental Worry in the Films *Bridgend* (2015) and *Bird Box* (2018)[1]

Heidi Kosonen

Abstract: In my article I study two Anglophone feature films, Jeppe Rønde's Bridgend *(2015) and Susan Bier's* Bird Box *(2018), from the viewpoints offered by visual cultural studies and the theoretical domains of taboo and biopower. Both systems of control respond to risks and dangers to society, taboo through ideas of contagion and biopower through normative, especially medical discourses by authorized instances of knowledge production. They are reflected also in the audio-visual popular culture seeking to make sense of suicide through entertaining and artistic means. The two films I study present suicide as a contagion that has supernatural (*Bird Box*) and social origins (*Bridgend*), and as a force of nature that threatens individuals from the outside yet also from within as madness (*Bird Box*), or as irrationality or vulnerability of youth (*Bridgend*). By analyzing suicide's representation in both films, I discuss the ways western thinking trying to fathom voluntary death reflects senses of danger attached to suicide under taboo and biopower and in response to the humane emotions of love and fear of loss. I also discuss how taboo and biopower can be seen to generate this threat to individual lives by their suppression of living and dying.*

Keywords: suicide, voluntary death, taboo, biopower, danger, suicide contagion, parental worry, contemporary cinema, Anglophone cinema, representation.

Introduction

As Colin Davis (2004) writes, death "curtails our dialogue with the deceased as it removes their ability to speak with us" (p. 77). This might be clearest in the way that Western cultural discourses make sense of suicide, which is a self-inflicted death and a personally felt tragedy to many, direly asking for a dialogue between the living and the dead. As a voluntary death and a form of reflexive violence (e.g., Pickard, 2015), suicide possesses a sense of mystery in life-affirming and death-denying Western thinking. For instance, Patricia MacGormack (2020) recognized the pervasion of Western thinking by a binary between life and death, which has been laden with value by life's intertwining with "affirmation" and death's with "negation" (p. 139). Both the

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loss of life represented by self-inflicted death and its incomprehensible challenge to the central axioms dominating Western thought are reflected in the discursive sphere.

In the modern era, the philosophical and theological discussions of suicide (e.g. Minois, 1999) have been largely displaced by the discussion of suicide as a public health issue and a societal risk (e.g., Marsh, 2010). This transition in making sense of suicide is reflective of biopower, the practice of normative techniques aiming at human bodies' subjugation, including normative biopolitical discourses in the medical world and other institutions of knowledge. To biopower, that seeks "to foster life or to disallow it to the point of death" (Foucault, 1990, pp. 138-139), suicide appears a dangerous form of resistance. For that reason, Foucault cites voluntary death as a key factor in the transition from sovereign power's "right to kill" to the dominion of the discursive and normative processes (p. 141). Thus, instead of appearing simply as a danger to self, suicide represents dangers to the "social body" (Douglas, 1970), and this is reflected in the ways that the Western imagination makes sense of voluntary death. Very often, this imagination bears traces of suicide's connection to contagion, which necessitates its regulation as a societal danger both in real life and in the sphere of fiction, as in the response to the Netflix series *13 Reasons Why* (Kosonen, 2020). Because of this contagious quality, suicide can also be related to the taboo, another system of control, as Douglas (1996, 2002) understands it.

Audio-visual popular culture also has been affected by fears of suicide and knowledges produced of its dangerous ontology. In this article, I consider two films, *Bridgend* (2015) and *Bird Box* (2018), which in different ways reflect both the individual and social danger surrounding suicide, including how they make visible the effects of biopower and taboo on how suicide is understood and made sense of. The two films, an art house rendition and a mainstream science fiction feature film, have differing plotlines, and they are dissimilar both in general and in their approaches to self-willed death. Yet they both offer an interesting way to reflect on suicide's relationship to danger, taboo, and biopower. The 2015 English-language Danish drama *Bridgend*, directed by Jeppe Rønde, studies suicide's uncontrolled transmission among the young of a dying Welsh town, despite the desperate efforts of the parents and institutions to find reasons for the deaths and a way to stop them. The 2018 sci-fi-horror *Bird Box*, directed for Netflix by Susan Bier, is an apocalyptic survival story of a young mother and two children in a dystopic wilderness where supernatural influence has caused humanity to self-destruct.

Both films interest me because they associate suicide with a contagion: in *Bridgend*, the contagion is social; the self-harm is transmitted by the vertical relationships of the young. In *Bird Box*, the source for the contagion is supernatural, with sweeping shadows and demonic voices carried by the wind that force people to see the invisible, and then, once they have seen it, cause them to kill themselves. In both films, suicide also takes the form of a mystery, reflecting the unknowable and fear-inducing qualities attached to the death and necessitating protection, as it is in varied ways related to madness, youth, religion, and addiction and in many places displaced to nature. In addition, what draws me to both *Bridgend* and *Bird Box* is the way they, in their depiction of societal protection and parental worry, not only reiterate the knowledges born out of suicide's threat to the social body, but also render visible the human forces that affect our understanding of self-inflicted death. Thus, the two films shed light on the human element behind the sense and discourses of danger emphasized in the taboo- and biopower-governed discursive sphere, and they show how lives can also be endangered by these structures' excessive suppression of the threats of self-harm and self-willed death.

My article is a discussion of the complex relationship of suicide to danger. From the viewpoint of visual analysis of suicide cinema, I discuss suicide's dangerous ontology through

the diegetic and aesthetic choices by which the two films make sense of self-inflicted death. In particular, I consider this ontology of danger in relation to biopower and taboo, two systems of control that seek to domesticate threats like self-inflicted death, and in relation to how suicide is represented elsewhere in contemporary Anglophone cinema as a contagious death pertinent to "vulnerable" demographies, like the mentally ill or the young. Yet I also reflect on the human reasons that render suicide a dangerous death to be feared and regulated.

Bridgend: Suicide's contagion among the young of a dying town

The 2015 Danish production, *Bridgend*, is a lingering study of suicide's contagion among the young people of a dying Welsh industrial town. The story follows a teenage girl Sara (Hannah Murray) who moves to the area with her father, Dave (Steve Waddington), a new police officer in the local community. The town is haunted by an unspeakable menace, a series of suicides by hanging, which is mysteriously transmitted among the local teenagers. Sara becomes involved with the young townspeople, befriending them, and even falling in love with one of them, Jamie (Josh O'Connor), while Dave tries to solve the chain of suicides.

In *Bridgend*, suicide's status is that of inexplicable and ominous death, appointed to it by the living. Reflecting the sense of mystery and danger associated with it in Western culture, suicide is depicted as an unstoppable contagion pertinent to the youth subculture. The spreading death has caused over 20 young people to kill themselves, and it has left the village and its structures, the parents and their institutions, powerless and stagnant. A suicide pact between the young townspeople is suspected, but there is none to be traced among them, which renders the deaths ever more ominous: there appears to be no reason or cure for the multiplying suicides. The sense of mystery and danger also pervades the aesthetic feel of the film, whose lingering shots of wild nature and the desolate, night-speckled town, displayed without dialogue or music with a dark color scheme, resonate with the threat and unknowability of suicide. In the diegesis, the deaths cause the parents to try to shield their young in ways that drive them further into their own compelling rituals. In addition, Dave tries to protect his daughter with authoritarian measures that only pushes Sara into the community of the local young with their cultist and forbidden ways.

The young meet in a wild and ominous gathering by the lake, in the darkness of the woods and near an old railroad, where they take to prohibited pleasures, drinking alcohol by the fire, skinny-dipping in the lake, and delving into polyamorous relationships where the girls are freely exchanged among the boys of the lot. In the course of the film, their suicides leave the community mourning for three more young people, Mark, Thomas, and Laurel, the twenty-third, twenty-fourth and twenty-fifth victims to the mysteriously transmitted suicide. Their suicides are solitary, but their mourning is collective and loud, as the gang members bellow out their loss in their meetings in the woods. Shielded by nicknames – Lonewolf, Maddock, Wildkid – they also discuss the suicides and death's eminence in euphemisms in an internet chatroom, leaving a feeling of a suicide cult, with death settled among them in a code language no outsider can understand.

In the beginning of Sara's stay, the strange customs of the young townspeople scare her and cause her to flee their company. Distanced from her father and integrated among them, however, she eventually takes part in their celebrations, embraces a pseudonym for herself, and participates in their online chatroom as the ultimate token of her inclusion and belonging. Things develop and escalate, and after fights with both her father and Jamie, Sara tries to hang

herself. Yet, discovered in the dark night of the town by her desolate father, she recovers in the hospital. In the last scene, Jamie comes for Sara despite telling her he never loved her, removes her oxygen mustache, and takes her away from the hospital. The town is in flames. When they get to the lake, Sara removes her hospital gown, walks into the lake and starts swimming toward the burning town. In the last image, we see all the young people, swimming in a flock, with their heads bobbing above the dark waves that reflect the towering flames of the burning town.

As Davis (2004) reminds us, the dead, who no longer possess voices to speak, cannot answer the questions of the living. Thus, the living are left without answers, and the stories of the deceased are replaced by narratives born out of the flawed self-understandings of the living and the discourses authorized for defining suicide (e.g., Minois, 1999, p. 321). *Bridgend* reflects many of these discourses, born in the amalgam of folklore, myth, and popular culture (e.g., Alvarez, 1970), theological and philosophical discourses with their focus on moralities (Minois, 1999), and discourses by the institutions of Medicine and Science (Jaworski, 2010, 2014). All these discourses strive to understand and prevent suicide. Yet suicide's perceived negation of life, considered also by MacGormack (2020), renders voluntary death bad and threatening, and it colors many of these approaches. Thus, many of the conceptions of suicide offered in *Bridgend*'s diegesis and artistic execution recur also in real life. Because of its contagious nature, its association with cultist mindscapes, and susceptibility to influence by technology or peers, suicide is connected to danger. The danger is often framed as a danger to self, to individual somas and individual lives, rendered ever more vulnerable by the victimization of the ones who suicide. However, as *Bridgend*'s collective dismay makes clear, suicide particularly endangers the so-called social bodies of communities, nations, and the human species. This is emphasized also in *Bird Box*'s vision of human extinction, discussed in the next chapter. Seen from Foucault's perspective, suicide's threat to the society is even wider: as an act of free will, and as a decision made by the individual, self-inflicted death threatens society's power.

These prevalent conceptions can be seen as pertinent to the regulation of suicide under modern biopower and to its status as an enduring Western taboo. In Foucauldian theory, suicide as voluntary death represents the transition from pre-modern sovereign power to secular biopower, whereas its taboo is reflected in its abject, stigmatized, and silenced status. In particular, suicide is treated through discourses of danger, prevalent in both biopower and taboo, which revolve around risks and dangers to society. Mary Douglas, in her career-long rethinking of the colonialist concept of taboo, reframes the magico-religious concept first to danger (2002, see also Steiner, 1999) and then to risk (1996; Douglas and Wildavsky, 1982) to society: "[T]aboo turns out not to be incomprehensible but an intelligible concern to protect society from behavior that will wreck it. … Danger in the context of taboo is used in a rhetoric of accusation and retribution that ties the individual tightly into community bonds and scores in his mind the invisible fences and paths by which the community co-ordinates its life in common" (Douglas, 1996, p. 4, 27-8). A similar focus on the social collective is reiterated in biopower, as well, seeking to control social bodies through normative discourses that encourage self-regulation, and which represents the power of the modern institutions of knowledge over individuals' lives and deaths (Agamben, 1998; Foucault, 1990, 2000).

The highest function of biopower and these biopolitical forms of knowledge production is, in Foucault's words, to "invest life through and through ... to foster life or disallow it to the point of death" (1990, p. 138-139). Thus, suicide's subjection to this normative power represents the transition from earlier systems of power to modern biopower (Marsh, 2010). Suicide's regulation under biopower and under taboo's rhetoric of danger, if anything, mark it a danger that is societal

as much as it is individual. Although the harm is to individual somas, it is the social body that is in danger, and it is the social body, its workforce and its values, that the taboo customs and biopolitical discourses seek to protect. According to Foucault, the purpose of biopower is the disciplinary optimization of the human body's capabilities, usefulness, and docility (1990, p. 139). The taboo, instead, seeks to protect society's mores and those immaterial things that are valuable for the society to remain as it is (Radcliffe-Brown, 1979, pp. 52–56; Steiner, 1999, pp. 107–109). Cinema not only reiterates the discourses birthed under these two systems of control, but it also renders them visible, and this is so in *Bridgend*.

In the cross-cultural commonplace, taboos are marked by and subjected to regulation through fears of contagion (e.g., Lévy-Bruhl, 1987, p. 292; Douglas, 2002). This can also be seen in the medical theories of suicide contagion (e.g., Phillips, 1974) that Gijin Cheng and colleagues (2014) have criticized for the misleading use of the affective metaphor of contagion. In Douglas's thinking of the taboo, these beliefs withhold the moral component pertinent to social dangers: "Thus we find that certain moral values are upheld and certain social rules defined by beliefs in dangerous contagion" (Douglas, 2002, p. 3). These fears are also associated with suicide, which has been seen to be transmitted through media discussions and representations (e.g., Phillips, 1974) and through both vertical and horizontal influence: from parents to children (e.g., Cerel et al., 2018) or within peer-groups (e.g., Randall et al., 2015). In particular, in considering the young individuals, the fear of suicide's contagion has been strong (e.g., Gould et al., 2003). In many senses, the vulnerability to suicidal influence might be stronger in youth, yet predisposition to self-harm and suicide is often represented as an essentialist, inherent condition pertinent to youth (Marshall 2006), or other victimized, marginalized and "othered" demography (Kosonen, 2017a; 2020, pp. 110-124). Tellingly, it is often related to girlhood (Gonick, 2006), homosexuality (Cover, 2013; Marshall, 2010), mental illness (Kosonen, 2020; Stack & Bowman, 2012), or any other qualifier marking divergence from the "universal human being" (Bauman, 1990, p. 8), constructed as white, middle class, heterosexual, able-bodied and -minded, grown-up, cis man.

Suicide's rampant contagion among the young is a fear made manifest also in *Bridgend*'s diegesis where it is mixed with the fear of new media's incitement of the young to violence. The chatroom of the teens of *Bridgend*, in particular, creates a sense of danger lurking in the Internet. This is a well-known danger to Western culture, where new media have for long been accused of real-world violence and death through ideas of imitation and contagion (e.g., Ferguson & Faye, 2018). With its false identities, its euphemistic code language, and its digital memorial altar of the suicided teens and RIP-messages, the chatroom appears as a source of death, danger, and contagion. As it is in a wealth of other recent suicide films, such as *Cyberbully* (2011) or *Unfriended* (2014), the chatroom in *Bridgend* is the most telltale sign of suicide's unstoppable contagion among the young. The same is true in real life, where it is precisely young audiences who are treated as the demography that must be defended from suicide's contagion, for instance, in the media controversy surrounding the Netflix series *13 Reasons Why* (2017) (e.g., Rhodes, 2017). In *Bridgend*'s diegesis, pervaded by the confusion and worry of the grown-ups, separated from the young by generational distance, youth suicide is glamorized and presented as essential. This is both manifest in the strange and transgressive community of the youth and in Sara's integration to their chatroom, where the pseudonym she uses (NakedChild) emphasizes her innocence, youth, and vulnerability to the death that is transmitted among the young with dangerous ease.

Bird Box: Voices no sane human can bear

Bird Box is a 2018 science fiction disaster film and a survival story directed for Netflix by Susan Bier. Based on a novel by Josh Malerman (2014), *Bird Box* is a fictional account of the end of the world in its current condition. It is set in the United States, where an inexplicable wave of suicides suddenly exterminates human civilization except for a few surviving communities scattered across the nation. The film follows Malorie (Sandra Bullock), a sharp-tongued painter and a single mother of two children, through two parallel narratives set five years apart.

The first storyline follows the primipara Malorie, preparing to give birth to her fatherless child, go through the apocalypse. In the apocalypse, an outbreak of mysterious origin makes people take their lives. The cause for the suicides is — as in *Bridgend* — unknown, with both biochemical warfare and supernatural causes under suspicion, with the supernatural causes appearing more likely than the geopolitical ones. There is something moving outside that forces people to see visions that cause them to take their lives, and lures them to look. As one survivor proposes, the genocide is divine punishment for failed humanity. Yet this threatened humanity still tries to prevail. Even stronger than in *Bridgend*, where suicide threatens the community by slaying the future generations, suicide here appears as a societal danger, as it takes the form of a supernatural and unstoppable pandemic that wipes away most of humanity and forces those who remain to seclude indoors with windows sealed tight. The threat of suicide forces all nations to avoid open air and public places, with life and its possibilities left outdoors with the demons. There is no solution but sensory deprivation; the survivors must adapt to live blindfolded or die.

The first outbreak of the suicidal apocalypse bereaves Malorie of her sister, her only remaining close relative. A band of stray individuals takes her to a place of refuge at a stranger's house, where the individuals' personalities and their survival mechanisms add tension and cause unusual relationships to burgeon among the desolate refugees. Malorie makes friends with a misanthropic old man (John Malkovich) and another pregnant woman, Olympia (Danielle Macdonald). She also starts a relationship with one of the refugees, Tom (Trevante Rhodes). The two of them survive to establish a family, after all the other people in their small community have fallen under the influence of the fatal visions in a tragic incident involving a fugitive from the mental asylum. He, a "madman" immune to the visions' suicidal effect, settles among them under the pretense of seeking refuge. Yet he soon opens the blinds, thus inviting the demons in and trying to force everybody in the house to see the horrific visions, too.

In the second storyline, gaining more emphasis towards the end of the film, Malorie as the only surviving adult of the house. She and her two children who are called only Boy and Girl, are traveling blindfolded through the wild. They make their way on a boat to find another place of refuge after Tom's heroic death in an attack by a pack of mad fugitives. Malorie and the children carry a bird box, with two birds in it, which gives the film its name. It helps Malorie navigate among the dangers of the wild. Death is carried by the wind and the sweeping shadows, and it takes the form of voices that tempt the travelers to look at that which will cause them to take their lives. But the birds' chirping gives away these demons as they approach. Malorie and the children are not only threatened by these voices but also by a handful of individuals, who, like the earlier fugitives from mental asylums, are immune to the temptation to suicide. These individuals have embraced the horrific visions as beautiful, and they try to force the blindfolded survivors to see the demonic visions, too. Yet despite these dangers, Malorie and the two children reach the safe place they have been traveling toward: a school for the blind, where they are integrated into the community with a tentative hope for a future.

Like *Bridgend*, *Bird Box* considers suicide's threat to the futurity of a human collective – a failed humanity instead of a conservative coal-mining town. Despite this, and despite the fact that suicide has been defined as a phenomenon pertinent to the human world through anthropocentric understanding of cognitive processes such as reflexive subjectivity, free will, intentionality, and awareness of death (Pena-Guzmán, 2017), in these two films suicide is displaced to nature or the nature in humans. This can be seen to reflect suicide's ontology of danger and its marginalization (Kosonen, 2020) under the normative and classificatory process of biopower and taboo. The aesthetics of both films emphasize this. In *Bridgend*, the thematic analysis of suicide contagion is conjoined by sweeping pans of nature: of railway tracks leading to the darkness of the forest, or of the curve of a misty river enveloped by evergreen trees. In the cinematography, wild nature steals in from the perimeters of the decaying coal-mining town, but it also threatens the community through the animality of the young, who are shown transgressing the community rules. Intoxicated and bestial, they are depicted yelling by the roaring fire, like the wolves in the woods, and floating in the water naked like strange vegetation.

In *Bird Box*, the demonic voices are carried by the wind, visually marked by sweeping shadows and swirling leaves. Next to this, it takes Malorie both the journey on the river and a climax set in the woods to wake up to a thematically central notion that she loves her children, who are at this stage wandering blindfolded and lost in the lush nature symbolizing the threat of self-inflicted death. In *Bird Box*, too, the demons are allied with the mentally ill, who are given a "less-than-human" status under the objectifying treatment of biopolitical institutions (Marsh, 2010). Their status in the film is marked by the bestial swirling pupils they show in the moment of their mad destruction. This happens also to the suicide victims who are exposed to the virulent supernatural: as reason evades them, their eyes turn into black swirls that are both inhuman and nonhuman. This madness in *Bird Box*, along with the vulnerability of youth to suicide in *Bridgend*, is reminiscent of the othering and exotizing binaries between nature and culture, primitivity and civilization, irrationality and reason, that differentiate Bauman's universal human being from its "others" and help marginalize suicide under biopolitical discourses.

Besides the aesthetic and diegetic means that displace suicide to nature and human nature, and *Bird Box*'s biopolitical storylines of madness, the two films feature cultist and supernatural explanations for suicide, quite familiar from their history and domestication as a taboo (Kosonen, 2018) and pertinent to suicide's representation in contemporary cinema (Aaron, 2014, pp. 42–47). In *Bridgend*, under scrutiny is a cult in which suicide is not just imitated by the young. This is implied by the ominous, affective resonance of the film and the strange ways the young are depicted. This suicide contagion appears to be generated, like a curse or a contagion, in their rituals and code language. Moreover, the chatroom is involved in the genesis of the suicide contagion and depicted through cultist imagery, where the young, lit with shamanistic neon colors by their screens, sit powerless against the pull of their digital community: each individual simultaneously hunter and prey. Cultist connections also prevail in *Bird Box*, where the connection to suicide is supernatural, and the mentally ill are depicted as worshipping the creatures. They see the visions as beautiful and as trying to "convert" the blindfolded to their faith through any means, including violent ones.

In both *Bridgend* and *Bird Box*, the cultist elements and the untamed qualities of human nature are intertwined in such iconographies that tease out from the narratives elements pertaining to addiction. In *Bridgend*, intoxication plays a role in the rituals of the young, and it is emphasized in the film's atmospheric depiction of life in the stale community. Also associated with youth is the fear of addiction to online technologies. Their addictive and cultist nature are

depicted in the imageries of the young logged into the chatroom, also representative of their own community, or "cult," and its death-bound fate, under the neon-lit pull of the computer screens. In *Bird Box*, the connection between addiction, cultist mentality, and madness is instead drawn by the frenetic, obsessive-compulsive behavior of the fugitive from the mental asylum. The madness of the one who invades Malorie's community is especially marked by the art he spreads out on the furniture before he opens the blinds: similar drawings in uncountable numbers, representing the demons, drawn with frantic lines. In this sense, the dangerous and mysterious nature of suicide is, in the two films, enhanced through references to nature and lack of reason, as it is depicted in relation to madness, intoxication, youth and cultist mentality, and their many addictive and neurotic qualities that participate in suicide's marginalization (Kosonen, 2020). Suicide's threat is also enhanced when it is, through the lingering shots of untamed nature, given the sense of being a "force of nature." That metaphor frequently pervades discourses related to other socio-cultural threats such as migration (Arcimaviene & Baglama, 2018). Suicide's threat appears ever more dangerous, as it is depicted in both *Bridgend* and *Bird Box*, as threatening the archetypally vulnerable and often passivized figures epitomizing the futurity of the society – a young heterosexual woman and a single mother of two children – who eventually prevail against it.

If these elements mark self-inflicted death as an irrational mystery under the life-affirming and death-denying Western values, it could be argued suicide's position as a death regulated by biopower is especially visible in its widespread connection to mental illness. This is reiterated in *Bird Box*'s demonization of the mentally ill as the villainous accomplices of the supernatural creatures. Ian Marsh (2010) notes the wealth of different kinds of discourses that present suicide as the "tragic act of a mentally unwell individual" (p. 27), as a manifestation of suicide's knowledge production under Western biopower. This biopower works through normative discourses produced by jurisdiction and punition, university, military, writing, media, education, and healthcare (Foucault, 2000, p. 131). In a variety of discourses, the suicidal persons are characterized, in the words of Timothy Hill (2004) "as in some way morbid, anguished, isolated and driven to end their life by some peculiarly internalized torment" (p. 2). Katrina Jaworski (2014) recognizes suicide's increased connection to depression under "psy-knowledge" (Rose, 1998), that complex of discourses produced by the various professionals of the mind, where suicide is often represented as the "most serious sign and consequence" of depression (Jaworski, 2014, p. 95).

Similar depictions of suicide also permeate Anglophone cinema: most films *with* or *about* suicide (Aaron, 2014, p. 47; see also Kosonen, 2015) have adopted the medical institutions' view of suicide as proliferating diagnoses and as assignment of these diagnoses to "the vulnerable" (Kosonen, 2020). A wealth of movies portray suicide in medical terms. They frame suicide as an anomaly of the mind through diagnoses and stereotypical – even pejorative – depictions of a variety of mental illnesses from depression to psychopathology (Stack & Bowman, 2012), institutional settings, survival stories aided by medical professionals, and juxtapositions between reason and its lack (Kosonen, 2020). Also, *Bird Box*, with its stereotypical depictions of the mentally ill who are immune to suicide, and with suicide's genesis in the hallucinations caused by the supernatural creatures, and causing unbearable pain to the characters who see them, reiterates suicide's connection to depression and psychopathology. Of course, unlike films such as *Sixth Sense* (1999) or *Girl, Interrupted* (1999), the depressed or the mentally ill in *Bird Box* are not particularly vulnerable to suicide. Instead they endanger the passivized figures and the social body to self-inflicted death as pejorative epitomes of villainy.

Addressing dangers to self and society, from the prison of parental love

Both *Bridgend* and *Bird Box* are interesting in their manner of reiterating the dangerous ontology of suicide, created and reinforced under taboo and biopower, but also in their manner of studying the senses of danger and mystery related to it beyond their influence. In some sense, they even reflect the dangers *of* subjugating life under biopower and restricting suicide's representations under biopolitical knowledge formation. These two films present suicide as if as an epidemic and a contagion – with supernatural (*Bird Box*) or social origins (*Bridgend*) – and as a force of nature that threatens individuals from the outside yet also from within as madness (*Bird Box*), or as irrationality or vulnerability of youth (*Bridgend*). Mystery and danger are painted over both films: diegetically, there are no reasons and thus no rescue, and the ominous atmosphere of the films, created by the soundscapes and the looming imagery of nature, emphasizes the unknowability and unstoppability of self-inflicted death. In both films, suicide is surrounded by a general sense of incomprehensibility and dismay. In particular, it is expressed in *Bridgend* through the adults' confusion over their children's suicides: there is a language of death that is beyond knowing and decoding. As Sara recovers from her attempted suicide in a hospital, next to her bedside the local priest prays for guidance and understanding: "Ask him forgiveness, ask him for meaning, ask him why, please, please help me, help us all." There is no meaning offered in the diegesis of the film, which paints life in *Bridgend* as incomprehensible and purposeless as death.

As proposed in the earlier chapters, marked a demographic threat and a social danger, suicide is prevalently defined, represented, and understood through such proliferating discourses that seek to confine suicide's threat by medicalizing it (Marsh, 2010). That can be traced back to Foucauldian biopower, which seeks to "invest life through and through" (Foucault, 1990, pp. 138-139). Suicide is also surrounded by discourses of risk and danger. Mary Douglas (1996, 2002) recognizes them as pertinent to taboo and able to help explain the fear of contagion that both manifest as key dangers in suicide and to explain the regulation of both voluntary death and its representations. There are many such elements in *Bridgend* and *Bird Box* that speak of the influence of taboo and biopower on the dominant truths in defining and making sense of suicide (e.g., Jaworski, 2014; Marsh, 2010). Both the contagious genesis of suicide and the objectified and passivized demographies suicide tends to "stick to" – in the words of Sara Ahmed (2014) – from the vulnerability of youth to the danger of mental illness, are reiterated in their dieges. Both these choices and suicide's depiction through natural cinematography also speak of the rendering of suicide as something not entirely human (if humanity is defined through its ideal form), which might express its dangerous, fear-evoking, and unthinkable ontology.

Critically analyzed, suicide's ongoing displacement to this "less-than-human" status, which permeates *Bridgend* and *Bird Box*, illustrates biopower's paradoxes, with particular types of bodies rendered more valuable than others. Giorgio Agamben (1998) has made sense of biopower's functions by distinguishing between "privileged" and "oppressed" life with the Greek concepts *zoe* and *bios* – "bare life" and "qualified life" (pp. 1–12). Agamben discusses the *homo sacer*, someone who has *zoe* yet not *bios* and that "can be killed but not sacrificed" (pp. 111-15, see also Radomska & Åsberg, 2020, p. 41). Moreover, in cinema it appears suicide is made visible – partly as an act of denial, partly out of the spectacle of the forbidden – through these types of "thanatopolitics" (Esposito, 2014), where society's rule over individual deaths is made knowable by expending lives invested with lesser value. In cinema, suicide is frequently displaced from Zygmunt Bauman's white, male, middle class, heterosexual, cis, and able-bodied and -minded "universal human being" (1990, p. 8) to the "less valuable" bodies: feminine, homosexual, objectified by medical institutions (Kosonen, 2020). Rendering suicide "mad" and "feminine"

(and also juvenile) through these cinematic thanatopolitics is apparently intended to counter the glorification and romanticization of suicide (e.g., Samaritans, 2002, pp. 10–11). Yet these strategies for representing suicide are not without problems. They might enhance prejudices and make it harder for those living with mental illness to seek medical help (e.g., Shapiro & Rotter on video games, 2016). Some reviewers have – for good reason – criticized *Bird Box* for its pejorative and hurtful stereotypes of the mentally ill (e.g., Russo, 2019). There are, so to say, dangers also in some of these prevalent ways of taming suicide's socio-cultural danger by means of cinematic fiction.

This also pertains to warding off suicide's dangers by associating it with youth, which, like childhood in looking at the less fatal societal dangers, enhances the perceived threat of self-harm by pairing it with epitomes of vulnerability and threatened futurity (e.g., Edelman, 2004, pp. 2–3; Jenks, 1996). Here, suicide's representations sacrifice to this death not only the abject outcast (the "madmen," who "can be killed but not sacrificed"), but also the prime sacrificial victims – the young, whom the social bodies most try to protect and that also make the social body vulnerable in representing its uncontrollable future. The young, too, could be seen as part of the thanatopolicital strategy in which suicide's thinkability and desirability, and thus its threat, is diminished by calling out figures devoid of reason, closer to nature and an animal state. In the ongoing discourses, their vulnerability often justifies the need to contain suicide and its dangerous contagion (e.g., Bridge et al., 2019; Gould et al., 2003). In that case, youth appears as instrumental to the systems of control that seek to keep voluntary death at bay (see Douglas, 1996, p. 13, Kosonen, 2017b, for similar use of childhood innocence elsewhere). There is a similar case with femininity and the two childbearing mothers in *Bird Box*. But reducing youth to vulnerability, or madness, or femininity (see Kosonen, 2017a), can also be considered objectifying and passivizing. In the representation of queer youth suicide, Daniel Marshall and Rob Cover criticized similar victim tropes, where suicide and queerness as vulnerable conditions produce "an essentializing notion of victimhood" (Marshall, 2010, p. 70), and where their resilience and survival are rendered "external and to be fostered socially" (Cover, 2012, p. 3). As Joan Meyer (1996) argues, these types of representations have "the tendency to remove any sense of agency from that group as a whole" (p. 102). Suicide's connection to youth, however, is quite easy to understand: to those worrying over them, the threat never ceases to be real.

Both of these aspects connecting suicide to youth – its instrumentality and worry – are reflected in *Bridgend*'s diegesis and in its reception. The film is a loose rendering of a real-life occurrence of a wave of suicides in *Bridgend*, a real industrial town in southern Wales, where, after January 2007, 79 people –mostly teenagers between 13 and 17 years old – took their lives by hanging (e.g., Luce, 2016). In in its premier, Rønde's art house drama was deemed spectacular, exploitative, and lacking truth (e.g., Bevan, 2016) in its portrayal of the tragedy personally felt by the Bridgenders. By contrast, a 2013 documentary of the same tragedy, directed by John Michael Williams and similarly named, gave voice to the parents and peers of the suicide victims. Both films deal with the traumatizing effect of suicide on parents: the frequent uttering "my child would never have committed suicide" in Williams's documentary and the diegetic and cinematic choices of Rønde's fictional film both emphasize suicide as an inexplicable tragedy no parent wants to face, underlined by a sense of threat that necessitates protection. Yet in William's documentary, the suicidal youth are absent – quite different from their centering in Rønde's depiction. In the documentary, as in Davis's (2014) and Marsh's (2010) analyses of biopower, the suicidal and the dead are muted under the objectifying and passivizing gaze of the institutions of knowledge. Rønde's *Bridgend*, by contrast, approaches parental worry by focusing on the

terrifying agency of the young. It is no wonder the art house film had a bad reception, although it conveys of the same heartfelt tragedy and sense of danger that the documentary gives voice to: it appears that the crux of the issue lies on whose point of view is centered – that of the parents or that of the young – instead of truth. And this same danger, slightly external to the ones defined by taboo and biopower, which are involved with protecting the symbolic body, also stands out in *Bird Box*.

Thematically, *Bird Box* is a study of the fear of loss and of living, whose dangers the demonic voices and the suicidal apocalypse represent. These fears are manifested in Malorie's unwillingness to love and give proper names to the two children whom she might lose any minute. Her inhibitions are mirrored from her opposite, Olympia, the other pregnant woman, with whom Malorie shares her last months before birth and from whose conservative values and romantic worldview her own wariness and insurgence towards the heteronormative family values are reflected. At the start of the film, just before the apocalypse, Malorie's fears about motherhood are revealed at an appointment with a doctor who points out the tension between her sharp-tongued escapism and the reality of her pregnancy. The doctor reminds her about the option of giving the child she does not want for adoption. As we learn from discussions between Malorie and her sister, their relationships with their own mother has been difficult. However, her romance with co-refugee Tom allows Malorie to experience a family life she did not know in her dysfunctional home. The narrative here is notably similar to another disaster film where humanity is threatened by suicide: in M. Night Shyamalan's 2008 science fiction feature film *The Happening*, a quirky young wife to Mark Wahlberg's math teacher, Alma (Zooey Deschanel), learns to settle down in an apocalyptic event in which a survival mechanism by the vegetable kingdom causes humans to suicide.

Yet in *Bird Box*, there is more than a heteronormative lesson to learn for fearful Malorie. In the film, Malorie tries to shield her children by keeping them in a figurative bird box, like the two birds she carries with them on the river. Under Malorie's strict loving, the children cannot experience the world in its highs and in its lows. Excessively she tries to protect the children; she denies them even the dreams of a better world with play and laughter and no demons threatening their lives. Her fears of losing the children she has learned to care for hinder her from communicating lovingly with them, the girl birthed by deceased Olympia and her biological son. They fear her because of her strictness, and they call her by her first name instead of mother. Similar to *Bridgend*'s allegorical interpretation of life, penetrated by a thematic focus on parents' inability to protect their children, the lesson in *Bird Box* also pertains to fear-driven parenting and suppression of living. By the end of the dangerous journey that Malorie and the two children make, Malorie learns, after a lesson offered to her by Tom: "Surviving is not living. Life is more than what is: it's what it could be, what you can make it." At the end of the film, Malorie and the children reach a haven from the dangers they have faced, an institution for the blind where they may relax in a safer environment.. The doctor from the beginning of the film finds Malorie there and delights in seeing her alive. She asks Malorie for the names of her unnamed children, and Malorie names them, as if finally accepting both her responsibility and the children's individual subjectivities: "Your name is Olympia. Your name is Tom. And I am your mother." Her gesture, allowing the two children individual identities, implies her acceptance that she must love something that she cannot protect or keep, and that she must allow to live in the dangerous world as autonomous beings.

There is a connection between *Bird Box* and *Bridgend*, where an authoritarian police father tries to cage her daughter in her room and in a boarding school to keep her from bad company

and from the looming suicide connected to the mystery of youth. In *Bridgend*, a curious dynamic reigns between Sara and her father, a family of two. There is no mother, not even to speak of or to mourn, and as Dave parents Sara, Sara parents Dave: in an early kitchen-table discussion, Sara tells Dave to drink his milk, and Dave tells Sara to wipe off her make-up. Caring is here contrasted with protecting, which Dave tries to do, as he tries to shelter Sara by containing her in childhood through locked rooms and prohibitions. In both films, suicide epitomizes the dangers of the wide world to children: It appears as a form of reflexive violence, of violence towards the self, and it represents mental suffering no parent can shield their children from because it pertains to life that cannot be left unlived, a theme familiar from *Sophie's Choice* (1982). In *Bridgend*, the culture built by the adults is everywhere surrounded by nature where the young go to escape the strict community, and in *Bird Box*, the visions the demons force the people to see are both beautiful and horrifying – and cannot be unseen. How may a parent ever shield a child from such: the temptations and horrors of the world? Thus, suicide appears as a loss greater than no other, and it warns that the dangers interpellated by the usual strategies of taboo and biopower – seeking to protect the social body and the individuals from themselves – are built around the danger of losing a child, losing kin, losing a loved one.

These systems of control encourage self-regulation and the containment of individuals through normative discourses and knowledges, and through ideas of danger and uncontrollable contagion. That these strategies are fragile is what probably draws me to *Bridgend* as a researcher of suicide cinema and of these two systems of control. There is an element in the film, expressing the worries and dangers related to suicide, that renders institutional biopower visible and questions the parents' diegetic measures. As the film proposes, the institutions of the conservative coal-mining town – police and religion – representative of the community and life built by the older generations, are all helpless in trying to understand and stop the deaths of the young. "Why have we lost another vibrant young man? Why are the youth so troubled in our community?" they ask in *Bridgend*'s dialogue, but they cannot find an answer. Against the easy causes considered by the parents and police, the life these instances represent is even depicted as part of the problem. Falling in love with Jamie, Sara wakes up to the dangers of staying in the decaying town, with the cult of the young townspeople responding to the lack of prospects in the stale and pressuring community. In the rose-tinted reverie of the young couple, "leaving town" is their dream and an escape from the imminent death that is the only prospect *Bridgend* appears to offer them. Here, no contagion through new media or a cult causes an individual to take their life, no matter how young or vulnerable. However, a lack of futurity and the pressure of the customs and restrictions of the old generations may do that.

"Leaving town" is also a euphemism used by the young for killing oneself, in *Bridgend*'s diegesis. In this aspect, suicide has an element of resistance that marks it as a threat to disciplinary biopower in Foucault's theory – the same resistance that makes it a danger to the social body to be addressed (Foucault, 1990, pp. 138-139). In the film, suicide appears as subcultural resistance to the ways of the stagnant community to which the young are expected to comply. For Sara, alienated by her father's strict rule over her, its pressure makes her vulnerable, leading to her eventual suicide attempt. The same dangers prevalent in the cinematic fiction's pejorative and victimizing stereotypes of suicide are also evident in these diegetic counteractions against the power of the community, which seeks to protect the young from suicide by making them vulnerable. As Chloe Taylor (2014) proposes in her Foucauldian analysis, biopower also produces the suicidal subjectivities it seeks to contain, and Rønde's *Bridgend* reflects this view. The dangers to self and dangers to society are in this sense joined by the dangers by the society

– and by one's own kin, as the suppressive element of parental love in *Bird Box* and *Bridgend* is studied. It is also the social body that fatally endangers the individuals in various ways.

Conclusion

In the unthinkable denial of life that suicide represents both to the systems of power and many people, there are both dangers and senses of danger, created by love and warred against by taboo and biopower. They are even generated by their suppression of living and dying. Studying *Bridgend* and *Bird Box*, two quite different Anglophone productions, offers ample illustrations of the cinematic ways making sense and seeking to contain self-inflicted death in continuum with and in relation to two systems of power that deal with dangers to bodies that are both corporeal and symbolic, individual and social. With the films' diegetic and aesthetic references to contagion, madness, youth, religion, and the terrifying wilderness, both *Bridgend* and *Bird Box* can be seen to reflect the biopolitical, normative discourses and representations making sense of suicide and reiterating such conception of suicide that are related to its history, ontology, and status as a taboo. In both films, the human component related to loss and the fear of it also is present. This makes them interesting instances to discuss, as suicide's intermingling with danger is considered.

As an example, the recent scandals in the reception of the widely discussed Netflix series *13 Reasons Why* (2017-) suggest that the sense of danger surrounding suicide and its artistic and entertaining representations make it hard to speak or "repeat" against the grain. There is a persistent truth-value appointed to the authorized ways of containing this danger, which often appears as an unstoppable contagion that – it is feared – will be unleashed when representations stray from the authorized, often medical frames for discussing and depicting suicide. Ian Marsh (2010) presents a similar notion in the introduction to his book about the knowledge production of suicide, where criticizing the medical (biopolitical) knowledges about suicide is rendered difficult "as the 'truths' of suicide tend to feel particularly real" with death and suffering in question (p. 6). This sense of danger is also reflected in both films, as they reiterate the parents' and institutions' confusion over voluntary death and display their struggle, where suppression ensues from love and fear of loss. The dead are not there to explain themselves, and the reasons to take one's own life cannot be fully known, so the parents are left to protect their young, sometimes by desperate means.

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Care of the Self, Somaesthetics, and Men Affected by Eating Disorders:
Rethinking the Focus on Men's Beauty Ideals

Henri Hyvönen

Abstract: This article focuses on men affected by eating disorders by examining the autobiographical narratives of six men from the perspective of the concept of care of the self. Recent studies of men's eating disorders have focused on men's endeavors to comply with gendered beauty ideals in relation to which men feel themselves to be inadequate and stigmatized. I argue that for the participants, eating disorders were processes through which they affirmed self-stylizations that conformed to the norms of social taste groups in multiple localities such as in the work and school. In their discussions of these encounters, the men described the identity work and positive self-understandings achieved through behaviors attached to eating disorders. This article challenges research on men's eating disorders to focus its analytical gaze on men's agency and the usefulness to them of a wide variety of disordered eating behaviors in different social contexts.

Keywords: agency, body, eating disorder, masculinities, men, qualitative, self-care.

1. Introduction

The often-repeated assumption that eating disorders (EDs) among men are rare has hindered the drive for gender equality in research on EDs (Cohn et al., 2016; Murray et al., 2017). Sociological and feminist approaches to EDs, not unreasonably, often link them to motivational factors associated with unequal social structures that demand women to be thin to satisfy ideals of feminine beauty (Bordo, 2003; Piran, 2010). These societal demands and meanings of EDs have been seen as unlikely to appear in men's lives: thus, adolescent girls have become "the face of a disorder" (Cohn et al., 2016). Because of this narrow understanding of EDs as predominantly a women's problem, men do not only delay seeking help because of fear of stigmatization (Botha, 2012; Delderfield, 2018; Murray et al., 2017), but they also find it difficult to identify their behaviors as EDs and to participate in studies addressing the theme (McCormack et al., 2014; Robinson et al., 2012; Räisänen & Hunt, 2014).

Based on a comprehensive review of the literature on men's EDs, Murray et al. (2017) pointed out that in the 2000s it has become clear that EDs are not uncommon among men and that in some types of ED up to half of those affected are men. In the wake of these findings,

ED research is slowly abandoning the premise that EDs predominantly affect women: Darcy and Lin (2012) argued that most ED assessments have not been "asking the right questions." Based on the conception that conventional measures of ED symptoms may lack sensitivity and specificity with regard to men, increasing interest in muscularity-oriented disordered eating has emerged since the late 1990s (Murray et al., 2017). Research into men's experiences of EDs has particularly focused on how men affected by EDs actualize social ideals connected to men, such as self-control, stoicism, competitiveness, dominance, aggression, risk-taking, and strength (Arnow et al., 2017; Drummond, 2002; Griffiths et al., 2015; Robinson et al., 2012). Moreover, beauty ideals have been seen to organize hierarchies among boys and men (Arnow et al., 2017; Cohn et al., 2016; Drummond, 2002; Drummond & Drummond, 2015; Griffiths et al., 2015; Kotzé & Antonopoulos, 2019; Monaghan, 2002; 2014). Differences between men have rarely been noticed, although non-heterosexuality has been found to be a risk factor for ED in men (Botha, 2012; Cohn et al., 2016; Murray et al., 2017).

Murray et al. (2017) argued that by linking the persistent restriction of energy intake with women and conflating muscularity-oriented disordered eating with the male experience of EDs, the research on men's EDs has renewed rather than dismantled a strong gender dichotomy in ED research. Here, the discussion around body-shaping is set up around a gender binary that leans on and reproduces two categories of normalized sexed bodies that can develop through "improvements" and either meet or fail to meet the standards (Heyes, 2007, pp. 6–9). Here the contents of beauty are understood as essential and self-evident, rather than socially negotiated. This has resulted in a significant lack of research regarding men's relationship with EDs characterized by persistent restriction of energy intake (Botha, 2012).

The approach stressing hierarchy between men and a singular idealized masculinity tends to exclude the subjectivity and agency of men (Waling, 2019) as well as the plurality of men and their social surroundings (Gough, 2018; Matthews, 2016). Murray et al. (2017) point out that only a few studies of men's EDs have addressed the relationship between local cultural standards and body image. However, in his seminal work on men's lived experiences during their period of acute ED, Delderfield (2018) began this discussion by suggesting that men affected by EDs might use other people to legitimize extreme dieting (p. 49), reach out to others for help with weight loss (pp. 74–76), and express a drive for a body shape that would benefit them in their everyday environment, but which does not stem from ideals associated exclusively with men (p. 68). Concurrently, Delderfield (p. 128) focused mainly on men's bodies as "the nexus for the assault from others" and men's selves as depleted, colonized, and stigmatized. Because of negative life experiences, participants in Delderfield's (2018) study had had little opportunity to practice agency in their social relationships or engage in positive identity work during their period of acute illness. Delderfield argued that individuals could pursue and achieve goals in their lives, such as a personally satisfying career, despite an ED (p. 84), but not through practices related to their EDs.

Men affected by EDs tend not to consider themselves as ill, and they find it difficult to see themselves as having an ED (Cohn et al., 2016; Murray et al., 2017; Robinson et al., 2012; Räisänen & Hunt, 2014). Moreover, many men's body-shaping practices, such as long periods of dietary restraint interrupted by pre-planned high-energy "cheat meals," bear a resemblance to behaviors previously associated with EDs (Murray et al., 2017, p. 3). Therefore, I find it important to analyze the connections between men's EDs and their everyday routines, social lives, and participation in their working lives. I contribute to theoretical discussions about men's bodies by rethinking the meanings of EDs in men's lives through focusing on the plurality of localized

lived experiences. A qualitative design is pursued, using empirical data gathered from six semi-structured one-to-one interviews with Finnish men who experienced being affected by an ED at some point in their lives. The onset of their EDs took place before graduation from secondary education, and periods of acute ED continued into adulthood.

The present article makes use of Shusterman's (2000; 2006; 2012) somaesthetic framework and the Foucauldian concept of care of the self (Foucault, 1986; Heyes, 2007) to rethink men affected by EDs not only as individuals who aim to represent normative aesthetic qualities such as beauty, but also as subjects who perceive these qualities in themselves and experience pleasures through creative self-stylization and social interaction. I am not claiming that EDs are not illnesses that cause suffering and can require treatment. Rather, I wish to temporarily shift the focus of analysis to the agency of men affected by EDs. In line with Shusterman (2006), I analyzed the structure of somatic experience, the sources of meaning, and the significance and goals of these behaviors. This agency is practiced through bodies, which constitute the essential medium or tool of these practices (Shusterman, 2012, pp. 62–63). The body is "where life's interests, pleasures, and practical purposes are realized" (p. 2), but these interests, pleasures and purposes are shaped in cultures that, in the context of late modern societies, are increasingly "steeped in the ideology of lifestyles and saturated with a bewildering variety to choose from" (Shusterman, 2000, p. 282). This study addresses the following question: How do men affected by EDs make their eating habits and exercise meaningful in relation to other people and their social surroundings in autobiographical speech?

The findings of the present study indicate that some men affected by EDs practice self-care through their symptoms to achieve a somatic style "conforming in some way to the norms of some social taste group" (Shusterman, 2012, p. 324). This self-directed aesthetic work is motivated by "the desire to please others" (Shusterman, 2000, p. 275), by which I refer to certain individuals in the social environment of the participants. I argue that general gendered beauty ideals are too broad a framework to explain all the meanings and behaviors related to EDs. Such beauty ideals should be rendered as socially constructed, context-specific, and providing only a partial explanatory framework (Gough, 2018; Mears, 2014). Moreover, bodies that can be perceived as unbeautiful should also be seen as having strategic potential in certain social encounters.

The remainder of this article is structured as follows. I begin with a brief discussion of the possibilities of men's agency, care of the self, and somatic self-stylization in the context of current western societies. Thereafter, I discuss the study's data and methods. Findings of the study are then presented, followed by three sections illustrating them in more detail. The findings contribute to analytic somaesthetics (Shusterman, 2000, p. 271) in that they describe the nature of some bodily practices and their function in social life. I end with a summarizing discussion and conclusions, which also contribute to pragmatic somaesthetics in that they offer normative accounts for remaking society (pp. 304–305).

2. Plural "Beauties"

The postmodern period has seen individuals as inhabitants of a plurality of inadequately integrated roles and self-representations, rather than fulfilling distinct functions (Shusterman, 2000, pp. 241–242). In line with Gough (2018, p. 9), I adopt a critical position toward the idea that certain health behaviors grant men power and status. To begin with, contemporary men face an ideological dilemma, in that the beauty ideals of men can be achieved through body-shaping, but body-shaping is often associated with femininity. This dilemma, as well as the question of how the body should be shaped, play out differently in the lives of men inhabiting different localities, bodies, and experiences. The keen focus on men's endeavors to achieve dominance also ignores other forms of social interaction, such as the possibility of relating to others horizontally through popularity (Delderfield, 2018; Matthews, 2016).

Waling (2019) argued that the focus on inequalities between groups of men prevalent in earlier men's studies did not illuminate men's agentive and affective encounters with the plural expectations set on them in their everyday social surroundings. In line with her, I detached my research from the keen focus on masculinities. My analytical framework builds on previous somaesthetic research on somatic self-stylization. I understand somatic self-stylization as an act of shaping and decorating one's body to conform to the norms of some social taste group. Such a group can also constitute a subculture that resists mainstream tastes, and yet maintains individual expression to put themselves in a favorable light (Shusterman, 2012, p. 324).

Drawing on previous somaesthetic analyses of eating habits (Cargill, 2016) and addiction (Perälä, 2018), I suggest that conceptions of the body as a biological machine with physiological needs and the mind as a locus of free will that is limited by addiction tend to exclude the self and lived experiences. Somaesthetics is a discipline focusing on the experience and use of one's body as "a locus of sensory-aesthetic appreciation and creative self-fashioning" (Shusterman, 2000, p. 267). This "body-mind" (Shusterman, 2006, p. 2) is, however, fundamentally shaped by culture. Culture gives it social institutions, vocabularies, norms, and systems of judgment, including diet and exercise, through which it thinks, acts, and expresses itself aesthetically (Shusterman, 2012, p. 27).

Heyes (2007) argued that body ideals in contemporary western societies are fragmented. Despite governance through, for example, health education that encompasses the whole population, ideal shapes and uses of the body are maintained in social settings that have mutually incompatible belief systems. To maintain membership in a group of people that shares a body ideal, one must practice agency through conscious introspection (Gough, 2018; Waling, 2019). Numerous subcultures, created in local social networks and/or through media, are formed around, for example, psychology and nutrition (Cargill, 2016; Delderfield, 2018, p. 85; Gough, 2018; Heyes, 2007) or fashion (Hall, 2014). Such communities might be centered on cultivating the body and mind (Korpelainen, 2019) or be work organizations that favor a certain body shape and behavior (Kelly et al., 2007; Kotzé & Antonopoulos, 2019; Mears, 2014; Monaghan, 2002). Instead of free choice in a hypothetical free market of lifestyle choices, individuals are thrown as subjects into local norms of health, skill, and beauty (Heyes, 2007, p. 8). These plural conceptions of beauty stem from the social norms of a certain group of people, for example, a work organization (Mears, 2014; Shusterman, 2000, p. 241).

In men's lives, this diversification has been caused in part by the blurring of boundaries between the social roles of men and women and by contemporary post-industrialized working life. Since the 1980s, male bodies have emerged as objects of desire across a range of media, and

consumption has turned into an activity suitable for men (Bordo, 1999; Gough, 2018; Murray et al., 2017). Increasingly, men's job opportunities lie in fields such as the service sector in which appearance is part of one's market value (Mears, 2014).

To address meanings and agency, I analyze symptoms and behaviors related to EDs through the concept of care of the self. Care of the self, or self-care for short, is an activity that requires regularity, methods, and objectives given by an external guide, authority, or example memorized earlier in life. As such, self-care also constitutes a practice that enables an individual to become part of a group of people he or she wants to belong to. In this article, I focus on practices in which individuals scrutinize themselves and intentionally decide to change, maintain or otherwise affect their bodies (Heyes, 2007, pp. 82–86). Self-care can aim at increased both wellbeing and physical performance and to garner positive attention from other people (pp. 64–65). As my participants suffered from plural symptoms that changed over time, I regard all these symptoms as forming a repertoire of self-care practices with different intended ends. According to Heyes (pp. 74–76), a shared aim to control eating could also become a practice that unifies a group of people and sets the conditions for group membership. These memberships can turn out to be valuable through social interactions with other representatives of that group, but also with people who do not belong to it. This "iterative citation of identity" (p. 75) may contribute to a gender performance intelligible to other people (Butler, 1990) but also to other aspects of life as well.

Gough (2018, p. 11) emphasized agency in research on self-care: individual agency does not always demand particularly strong or explicit resistance, but self-care may also be in conformity with external norms. EDs are socially constructed as disorders because they can damage, for example, cardiac, neurological, and bone health (Botha, 2012; Murray et al., 2017). Gough (2018, pp. 19–23) points out that in a consumerist and individualistic society where designing the body is a key strategy for designing identities, relating to one's appearance and the feelings the body engenders constitute a way for men to protect their mental health against distress. My approach mirrors previous ED research which pointed out that there is no clear qualitative difference between suffering from EDs and other forms of body dissatisfaction. Body-shaping activities, such as excessive exercise, may turn into EDs, understood as behaviors fulfilling the diagnostic criteria of an ED or eating habits that weaken one's wellbeing (Arnow et al., 2017; Bordo, 1999; 2003; Cohn et al., 2016; Delderfield, 2018; Griffiths et al., 2015; Murray et al., 2017; Robinson et al., 2012).

3. Research Setting and Process

This article is based on six interviews originally conducted to analyze the meanings men attribute to their EDs and the actions connected to them in relation to gender identity (Hyvönen, 2016). The participants recruited for the original study were people who identified as men and experienced being affected by an ED at some point in their lives. Thus, I followed Bordo (1999; 2003) and Botha (2012) in that I detached my analysis from the diagnostic criteria of EDs. The participants were all adults, aged from their early 20s to their early 50s. All the participants were white ethnic Finns. All the participants lived in southern Finland. They were recruited through the Eating Disorder Association of Finland and its member organizations and through my personal contacts. In line with standard practice for research in the humanities in Finland, this research adheres to the ethical principles developed by the Finnish National Board on Research Integrity (TENK) (Finnish National Board on Research Integrity, 2019). Participants were provided with details of the research and informed consent was obtained.

In the semi-structured interviews, the subjects provided autobiographical narratives about their lives with EDs. The themes covered in the interviews were subdivided according to five periods: the time before the participants were affected by the ED, the beginning of the illness, thoughts during the illness, the time they felt they were suffering from an ED, and recovery from the illness. All participants had identified that they had an ED and sought help a few years before the interview. Their age range, initial symptoms and symptoms that appeared later during the period of acute illness are presented in Table 1. All names are pseudonyms.

Participant	Age	Age at onset	Immediate symptoms	Symptoms that started later
Jesse	50–54	15	Binge eating	Emaciation Excessive aerobic exercise Food restriction
Alexander	45–49	5	Binge eating	Desire to grow more muscle mass Emaciation Excessive weight training
Kristian	40–44	7	Binge eating	Emaciation Excessive aerobic exercise
Jasper	30–34	16	Emaciation	Binge eating followed by purging
Daniel	20–24	18	Food restriction Emaciation Excessive aerobic exercise and weight training	Desire to grow more muscle mass
Sam	20–24	20	Food restriction Emaciation	–

Table 1 *The age ranges, the age at onset of ED, and the symptoms*

After analyzing the original data set, I noticed that all participants described intentional, meaningful practices of self-stylization that contributed to their social life without being entirely reducible to their gender identity as men. Interviews were then reanalyzed through coding references to ED and those practices.

Theoretically driven thematic analysis was used to analyze the data (Braun & Clarke, 2006). The theoretical viewpoints that affected the analysis included (1) intentionality of practices of self-care in that they aimed at certain outcomes, (2) somaesthetics as a viewpoint that includes bodily practices and self-stylization that cannot be reduced to the visible surface of the body but also appear as pleasure through uses of the body, (3) the plurality of subcultures in which ideals of beauty and self-stylization were produced, and (4) an understanding of personally meaningful social life as a phenomenon that is not limited to leisure but also appears in, for example, working life and education.

The data were read and coded for themes related to my research question. The analysis began with coding the data manually with descriptive content analysis. This meant dividing the data into units of meaning. One unit consisted of an utterance, which held a single thought, opinion, or idea. Then, similar codes were organized under thematic categories. Finally, all the categories were reviewed and named. Only themes that I considered strong enough are presented in the following section. These themes were constructed around at least one code that was present at least once in more than half of the six interviews. Also, less commonly occurring codes were included under these themes as long as they supported and deepened the ideas of more prevalent codes.

4. Findings

I identified three repeating themes related to my research question. First, participants reported self-stylization through an ED. The participants reported that the self-stylization led not only to improvements on the surface of the body or in its physical capabilities. Instead, eating habits and exercise were also understood as parts of visible self-stylization. These self-stylizations were not exclusively related to gendered norms or identity. Self-stylization through emaciation, food restrictions, and exercise were sometimes used to compensate for the undesirable effects of binge eating, which helped some participants cope with certain backlashes in their social life. Second, through self-stylization, participants pursued and received peer support and feedback. The participants reported that their self-stylizations met the expectations set by other people, such as a group of close friends. Third, personally meaningful social life in which an ED was beneficial was not limited to leisure. Certain self-stylizations and self-care practices also appeared meaningful in the context of working life. The themes, subordinate themes, and the participants who made reference to each theme are presented in Table 2. The following three empirical sections, 5–7, address the three themes in greater detail.

Theme	Subordinate theme	Participant
Self-stylization	Desired body shape was compatible with one's external style choices	Jesse, Kristian, Jasper, Sam
	Eating habits and/or exercise were part of one's other hobbies and lifestyles	Jesse, Alexander, Daniel, Sam
	Emaciation and exercise compensated for excessive energy intake because of binge eating	Jesse, Alexander, Kristian
Peer support	Body shape helped one to affiliate with a certain subculture	Alexander, Kristian, Daniel, Sam
	Eating habits and exercise were shared practices of a certain subculture	Jesse, Alexander, Daniel, Sam
	Body shape impressed and/or intimidated other people	Alexander, Kristian, Jasper, Daniel, Sam
Working life as part of self-stylization	Eating habits and/or exercise supported staying in a particular job	Jesse, Alexander, Kristian, Daniel
	Job enabled certain eating habits and/or exercise	Jesse, Alexander, Kristian, Daniel
	Eating habits and/or exercise helped one to pursue a certain career	Alexander, Kristian, Daniel
	A job or a career aspiration supported one's self-stylization that gave one credibility in front of other people	Jesse, Alexander, Kristian, Daniel, Sam

Table 2 *Theme and superordinate theme structure*

5. Self-stylization

In addition to and instead of "experiential" pleasures (Shusterman, 2000, p. 275), the participants reported that during their period of acute ED, they had deliberately shaped their bodies for "representational ends" (p. 275) as part of self-fashioning (pp. 267–275) and self-stylization (pp. 323–324). The aspect of fashion was made visible by reference to ideals and bodily disciplines that arose from the field of commercial beautification products and clothing (Gough, 2018; Hall, 2014) and commercial markets of fashionable foods (Cargill, 2016; Heyes, 2007). The self-stylization used fashionable clothes, leisure activities, and eating habits as well as one's body as raw materials for developing a style. A distinct style helped participants to impress other people by both conforming to the norms of a certain group of people and by standing out from other people (Shusterman, 2012, p. 324).

For Jesse, Alexander, and Kristian, the need to shape one's body arose from self-observed obesity caused by binge eating, which had provided comfort from loneliness and bullying:

> Jesse: *There were a lot of sick and dark relationships: virtually every relationship in the school. The so-called "gang" in my street was all the same. … I began to empty our freezer. I took cakes and buns and ate them secretly at night. Although it was not out of control yet, something changed. I did not pursue acceptance anymore. I gave up and focused my energy on eating.*

> Alexander: *I had very few friends. Eating was a nice way to pass the time. … I didn't have any hobbies. … Children usually have some rules about what they are allowed to eat. Parents leave them food. For me, it was snacking. I didn't have any rules, so I ate sausages and jelly during the day.*

> Kristian: *I ate myself to the point of bloating. Sometimes the bullies waited for me around the corner and I got beaten up. It didn't hurt me anymore at that point, because I had already gotten my drug fix. During that euphoria, I just laughed at it.*

Echoing the somaesthetic analysis of overeating by Cargill (2016), food compensated for the lack of other pleasurable experiences. Thus, behavior typical of an ED first constituted a temporary solution (Delderfield, 2018; Robinson et al., 2012) to personal problems. Jesse, Alexander, and Kristian said that they eventually wanted to learn to control their binge eating by self-care and self-stylization to avoid further backlashes in social life. Delderfield (2018, p. 42) pointed out that agency in disordered eating develops in stages that are reactions to previous stages. At the age of 14, Kristian experienced himself as obese. Concurrently, he wanted to achieve an "androgynous" style by mimicking glam rock musicians and fans:

> Kristian: *The images in those magazines, those pop stars, turned into a god before me. It was not only about being a fan, but mimicking them. I focused on their weight and height. I wondered how they were able to weigh 60 kilograms and be 180 centimeters tall. It's impossible! I was 166 centimeters tall and weighed 65. There was no other option but to start dieting. … At the time, in the year '85, the norm-minded 95 percent of people wore regular so-called fashionable clothes. The other five percent were punk rockers, Hanoi Rocks fans, or Madonna fans. Those people were either loved or hated. A middle-aged guy came up to me and called me a frigging whore. I was so proud! I didn't mind at all. I had become something that stands out, something that cannot be defined or categorized. I found it pleasurable that other people didn't know if I was a boy or a girl. I was always asked that question.*

Kristian's self-stylization was not about beauty stemming from normalized ideals of masculinity. However, it was still gendered in such a way that it constituted a disturbing performance (Butler, 1990) that aimed to confront the duality of gender that was present in his youth. Gough (2018, pp. 20–21) pointed out that men's possibilities for incorporating performances and identity elements associated with femininities as well as intended and possible outcomes of such actions vary depending on the sociocultural context. By intentionally annoying other men, who listened to mainstream rock and wore "Lee Cooper jeans and a denim jacket," Kristian could to affiliate himself with "other freaks." This solved the problem caused by insecurity and self-doubt that arose when he experienced himself as being unable to conform to the prevailing norms of masculinity. The femininity that he identified with thinness (Bordo, 2003; Heyes, 2007) did not conform to shared norms of feminine beauty or intelligibility to other people. Instead, being perceived as a freak was aimed at irritating other people.

Some participants reported doing the exact opposite. They connected their past self-stylization to ideals that they perceived were the most prevalent and shared – in "a society where image matters" (Gough, 2018, p. 20). Jasper's self-stylization involved both his bodily features and its surface, which he could improve with the right choice of clothes that were, according to him, both "classic and trendy" (see Hall, 2014).

> Jasper: *Nobody set any demands on me, but instead I had my own vision of my own style and what I wanted to look like. … It was related to my clothes and my hair. I think that by the time this perfection project started I was in a situation in which I could no longer concentrate on anything else but my body. … I think that weight loss itself was not that big of a deal, but that others noticed it and it was considered positive. Then I noticed it and found it enjoyable. … In [school], everybody noticed it.*

Jasper became an object of other's people's gaze and lived his life according to the norms he attributed to that gaze (see Heyes, 2007, p. 25). By conforming to the most commonly shared ideal of what a young man should look like (Shusterman, 2012, p. 324), Jasper was able to impress others and feel complacent by receiving positive feedback. Jasper practiced emotional reflexivity and agency (Waling, 2019) in that he conformed to the norms of men's fashion. However, he did it to maintain the positive feelings he had achieved in local social surroundings, such as school. By aiming at a "classic," "trendy" and highly individualistic self-stylization, Jasper distanced himself from other people and was intentionally careful not to belong to any subculture in his social surroundings.

6. Peer Support

In the previous section I focused on practices of self-stylization that participants had interpreted as a means of achieving self-esteem and self-satisfaction. However, self-stylizations and self-care were also valuable in that they offered possibilities for success in single, identifiable social encounters. On these occasions, representational elements of self-stylization did not appear only on the surface of bodies, but also in what those bodies did. Alexander reported that he eventually experienced benefiting from excessive eating:

> Alexander: *I have really happy memories [from kindergarten]. I was tall and stocky. I ended up in confrontations immediately, but I handled myself well. I was the strongest child there. In a boys' world that is obviously a good thing. The strongest one usually gets many friends, which he would not have got otherwise. I think that I realized back then that when I eat a lot, I'm strong.*

Positive feedback from other people shaped the way he cared for himself from then on (see Waling, 2019). During primary school, Alexander joined a group of boys that appreciated strength: "During breaks we tried to break our bench press records, and we exercised after school. In our class, there were a few boys who were good at it. It was an immensely important thing to me." In the excerpts, Alexander does not cite beauty ideals stemming from "gender role strain" (Gough, 2018, p. 3) or "masculinity norms" (Murray et al., 2017, p. 6) as motivators of his actions. The representational aspects of his self-stylization (Shusterman, 2000, pp. 275–276) did not aim at conforming to the general beauty ideals of men. Instead, companionship with his friends motivated him to grow bigger and stronger. This becomes even more evident when his efforts to gain status are compared to those of an individual who was surrounded by a different set of fashionable lifestyle choices.

Jesse moved to a city to study at university at the age of 20. There he found other people among whom his expertise in spirituality, metaphysical thinking, low-energy vegetarianism, and organic food was appreciated. Behaviors related to EDs take time and are not always compatible

with other people's perceptions and expectations (Delderfield, 2018, pp. 74–76). Jesse made friends in the city by spending time in commercial environments with people who shared the same interests (see Korpelainen, 2019), and whom Jesse described as also having been affected by EDs:

> Jesse: *It took me six months to get into the right circles. Half of the people in my new group of friends were anorectics. … We pretended it was healthy, although it was just a very ascetic diet. It allowed us to lie to ourselves that we were not affected by eating disorders.*
>
> *…*
>
> Interviewer: *How did you meet these new friends?*
>
> Jesse: *I think it happened in shops where you could buy freaky vegetarian food. There were all kinds of oddities, and you had to ask the person standing next to you "how do you use this?" or "what is this for?"*
>
> Interviewer: *Were there other core ideals in that group besides healthiness?*
>
> Jesse: *Yes. It was not about healthiness after all. It was not orthorexia. We shared an interest in the arts and thinking as well as interesting religious thoughts and weird artistic visions.*

From the viewpoint of peer support, these eating habits had two distinct meanings for Jesse. First, echoing the analysis of Weight Watchers meetings by Heyes (2007, pp. 85–88), the membership in this group was a forum for togetherness. Here the aim of practicing self-care by following shared "theories for improving the use, health, and experience of our bodies" (Shusterman, 2000, p. 277) unified a group of friends and set the conditions for its membership. Second, following the shared conception of healthy eating also helped Jesse compensate for binge eating by restricting his energy intake.

The theme of peer support was also apparent in references to participants' efforts to impress other people and pursue support and care from other people by making themselves more interesting through self-stylization. Sam reported that during upper secondary school, he had discussions with his peers that convinced him that "it was necessary to follow a vegetarian diet" because of their shared loathing of "the meat industry and killing living creatures." He felt that by practicing more visible and distinctive self-stylization he could make himself appear more intellectual in a group that appreciated intellectuality:

> Sam: *Vegetarians examine what they eat and are aware of the animalistic basic necessity of eating. In the same way anorectics are aware of eating. Both conditions address the same arrogance. … I started to do it. Soon it was not game anymore, and I was not able to stop.*
>
> Interviewer: *Why did you want to have anorexia?*
>
> Sam: *Because it is cool. You want to represent the myth of a suffering person. It is another form of self-harm. For example, if you cut yourself, you want other people to see your scars and ask what is wrong with you. I wanted it to show. It was twisted self-expression. "Hey look everybody, I'm suffering!"*

> Interviewer: *What are you suffering from when you become emaciated?*
>
> Sam: *Self-loathing, obsessions. Endless perfectionism is part of that imagery.*

Instead of thinness and the looks related to it, the weight loss itself was rendered meaningful by Sam. Through the iterative citation (Heyes, 2007, p. 75) of the symptoms of "anorexia," Sam was able to experience his body as one of a self-loathing, obsessive and perfectionist intellectual (see Shusterman, 2012, p. 27). These actions included the aim of being perceived as an interesting person in a social group that he assumed appreciated these traits.

7. Working Life as Part of Self-stylization

The changing nature of working life is an important sociocultural context that enables and delimits men's opportunities for shaping their bodies even if they are affected by an ED (Delderfield, 2018, pp. 72–73). Most of the participants referred to a workplace or a career aspiration, such as a desire to become a singer (Kristian) or a writer (Sam), in which they could make use of their self-stylization. For the participants, the practices of self-stylization and self-care were time-consuming. Therefore, some participants also wanted to have a job in which they could practice the self-care they found beneficial for their wellbeing and self-stylization.

Daniel's ED began at the age of 18 as a spontaneous investment in exercise. Eventually, he started to see himself as a long-distance runner. This also satisfied his need for a career plan after upper secondary school:

> Daniel: *For the first time, you notice things you're good at. It could be the only thing in which you could achieve something. You want to invest in that and be noticed. … I got depressed in upper secondary school, because it was difficult to come up with an idea of what to do after that. I was frustrated, and unfortunately it affected my grades. I noticed that one thing gave me good vibes. I was pretty good at running and thought that it would be great if I developed this thing further. I thought that I should get into long-distance running. … I should have been preparing for my matriculation examination, but that didn't interest me.*

Daniel felt that people in social surroundings like school appeared to revere the kinds of special achievements that he had yet to attain. For Daniel, his body was a resource for advancing his career aspiration, which constituted an asset for social returns (see Mears, 2014, p. 1334). Here Daniel was engaged in what Gough (2018, pp. 25–26) understood as the pursuit of personal satisfaction: he actively attributed meanings to his emaciation, such as having a thin appearance and being seen as a runner. They gave him a reason to ignore the things he found uninteresting, such as his matriculation examination. In line with the findings of Delderfield (2018, p. 84) and Murray et al. (2017), Daniel agentively reserved time to maintain routines related to his ED. Echoing Robinson et al. (2012) on men's self-assessed benefits of ED, Daniel saw that training was originally a solution to a problem: His vague, unattached position was replaced by an attachment to being a long-distance runner and being seen by others as one. Therefore, his agency was not oriented toward mere beauty; this beauty had a specific function as a part of his career aspiration.

In his mid-20s, Alexander was employed as a doorman at a popular bar. That job supported Alexander's perception of himself as strong, since it included carrying heavy loads and handling aggressive customers:

> Interviewer: *Was weight training valuable in your work as a doorman?*
>
> Alexander: *Probably yes. Although I didn't develop as much as I wanted to because of my substance abuse, I was probably more muscular than normal, and that was part of your credibility in that work.*
>
> Interviewer: *What was it like to be a doorman?*
>
> Alexander: *It was awesome. In the early 90s, doormen were still kings. There were lots of situations in which I could have used it to my advantage. I could have picked up a waitress or a female customer. … I felt stressed and threatened at work. It was nice to drink a lot (laughter), as it made you to forget it all. On the other hand, there were also great moments, and it was easy money.*
>
> Interviewer: *How would you compare your income to the normal income level of that time?*
>
> Alexander: *It was many times bigger.*
>
> Interviewer: *Even considering that you only worked two nights a week?*
>
> Alexander: *Yeah! Even so.*

However, for Alexander, the competent identity of a doorman (Monaghan, 2002) required continuous self-care (Kelly et al., 2007). Here beauty got its content from the needs of the particular workplace, where his employer bought credibility and a body communicating strength from him (Mears, 2014). Gough (2018, pp. 39–45) located men's contemporary body projects in a situation where the supply of jobs isolated from social interaction is decreasing. Men increasingly work in the service sector, which requires social, emotional, and communication skills. This does not necessarily render recognizable masculinity worthless. Instead, gender performances valued in a particular context, consisting of a certain appearance and controlled expressions of certain emotions, need to be intentionally constructed and maintained through self-care (Mears, 2014). Drinking helped Alexander to tolerate the stress that came from the fear of violence that was constantly present in his work. Binge eating compensated for the weight loss that occurred during drinking periods and, Alexander believed, it supported his training by making him stronger. Alexander described a multi-faceted strategy consisting of rules and regularity (Delderfield, 2018, pp. 82–83) through which he simultaneously aimed at managing stress and maintaining physical strength and a muscular appearance:

> Alexander: *I never ate anything when I drank. I drank for a week, but I ate practically nothing. Thus, my weight decreased. Although I lost muscle mass, I could afford to lose some of my muscles. As an end result, I was quite fit and in really good shape.*

Alexander's work enabled him to employ these self-care practices, as he worked as a doorman only one or two nights per week. His self-care practices, which included binge eating,

weight training, and drinking, brought him aesthetic pleasure in being strong and the possibility of benefiting from this form of bodily capital in both his working life (Kotzé & Antonopoulos, 2019; Mears, 2014) and in his free time, for which he got activities from the bar where he worked.

Like Alexander, Kristian reported that he cared for himself to achieve a combination of self-oriented pleasures and self-stylization that helped him to succeed in work, which in turn made it possible for him to show his stylized body to other people:

> Kristian: *I worked at a kiosk. I decided that I was going to be the freakiest freak on the planet. If you could have seen the clothes I was wearing! There was a primary school next door. When I was working there the first day, the kids told everyone in the school that there was a funny man there. All the kids came to see what I looked like. I was so flattered. And besides, there was a lot of money flowing into that kiosk because the word spread that there was a creep working in that kiosk. Adults came there to queue so they could stare at a real-life freak. They were spitting on my face or throwing snowballs or they just called me faggot and told me to kill myself. I didn't mind at all because I was working at a kiosk, which has a back room and a tremendous amount of chocolate. I was able to escape there.*

For Kristian, too, work constituted an arena for displaying his competence, which did not mean being beautiful. Instead and by intention, it meant being perceived as unbeautiful (Mears, 2014). This competence did not arise from the customer service work at the kiosk, but rather from being a "freak" and irritating other people. Nevertheless, it made his self-stylization meaningful. Self-care through binge eating enabled him to continue working despite the stress he experienced daily.

8. Discussion

Through interviews with six men affected by EDs, I addressed the social aspects of men's EDs, in particular, self-stylization and conforming to norms of social taste groups. My findings showed that there are deep interrelations between the symptoms of EDs—interpreted here as self-care—and the impact and relevance of self-stylizations in social life and local subcultures. The analysis demonstrates that behaviors attached to, or eventually leading to, EDs were often reactions to conditions in the participants' social lives. In line with Delderfield (2018), Heyes (2007), Shusterman (2012), and Waling (2019), I aimed at recognizing agency and introspection in bodily self-care practices. The present analysis contributes to contemporary discussions of agency in men's EDs (Delderfield, 2018; Murray et al., 2017) by connecting the EDs to self-stylizations that conform to the norms of some social taste group. These norms are constituted as the social group is exposed to the media or participates in shared practices of consumption or other leisure activity in a commercialized environment (Gough, 2018; Hall, 2014). In addition, workplaces, where individuals try to benefit from their self-stylization, measure individual value and offer opportunities for individuals to change their self-stylization through self-care to better suit the needs of the job (Kelly et al., 2007; Kotzé & Antonopoulos, 2019; Mears, 2014; Monaghan, 2002).

Echoing Heyes (2007, p. 70), I suggest that my analysis has provided a richer perspective on EDs and their related social aspects than simply understanding the participants as following a stable gendered ideal of beauty. Moreover, the power relations to which the participants were subject were not entirely or even mostly repressive, as Delderfield (2018) implied. Rather, they

were also productive in that they produced identity work and positive self-understandings (see Murray et al., 2017). For my participants, EDs were meaningful self-care practices that concurrently constituted an illness. These different combinations of self-care practices and their meanings were fourfold, and they appeared in different combinations in each case: binge eating was a coping mechanism that aimed at pleasure and coping with negative feelings; body-shaping practices developed a particular body shape, understood as credible or useful in a certain social setting; special dietary habits connected the self to a group with such preferences; and a combination of bodily self-care practices, working life situations, and self-stylizations that contributed positively to quality of life.

During their periods of acute EDs, most of the participants either worked or wanted to work in a field they found credible in one or more subcultures they belonged to or in which they could show their self-stylization to other people. Most of the participants reported that their lifestyles affected by EDs included mechanisms that maintained, rather than decreased, their ability to work. The ability to work and to make sense of their eating and exercise seemed to prevent them from understanding their behaviors as EDs, as suggested by earlier research on men's EDs (Cohn et al., 2016; Robinson et al., 2012; Räisänen & Hunt, 2014). Even binge eating was not solely a coping mechanism that occurred in isolation from one's drive for a certain body shape. Instead, coping mechanisms that helped individuals control their emotions, along with a certain body shape, contributed to self-stylizations that were useful in a certain job. Thus, most of the participants could understand their EDs as meaningful actions for a long time.

My participants did not understand their EDs as striving to represent a beauty stemming from a narrow social ideal of masculinity. Instead, they claimed that during the period of acute illness they pursued an experience of cohesion with other people through membership in a subculture. Following Matthews (2016), I argue that research on men's health should not begin by presuming masculinity as "the measuring stick" against which men regulate their health-related behavior. Instead, I argue that other salient practices of social life, such as the opinions and approval of peer groups and friends, shape men's health-related behavior. By focusing on the lived experiences of men, I sought to avoid a static understanding of masculinity as the explanatory key to their behaviors. Even Alexander and Daniel, who identified their self-stylization with strength, muscularity, and hierarchy associated with masculinity, differed in their audiences for this desired credibility and in their understanding of what kind of body was needed for success (see Waling, 2019). I do not suggest that beauty should be abandoned as an explanatory framework in studies of men's EDs. Instead, I suggest that the values and meanings attached to beauty should be analyzed in their particular social contexts, in which investing in one's looks is rewarded (Mears, 2014).

I suggest that future research should recognize men's own agency in health-related practices. This is not to mean that people experiencing themselves as affected by EDs should not receive treatment. Instead, I stress three points: First, some forms of self-care perceived as meaningful by their practitioners can eventually turn into an ED and retain those meanings even during periods of acute illness (Murray et al., 2017). Second, as suggested by Bordo (2003), Gough (2018), and Heyes (2007), we should not overemphasize the distinction between self-care leading to personal wellbeing and submitting the self to surrounding norms, as personal wellbeing is often dependent on the acceptance of other people. Third, men's perceptions of the meanings of their EDs do not always stem from social ideals connected to men, so masculinity is not the only discourse positioning men (Waling, 2019). Another theoretical implication of my study is that the meanings of men's EDs are constituted through lived experiences in particular

social contexts. Here I follow the recent theoretical discussion in studies of men and masculinity (Gough, 2018; Waling, 2019). This expands the findings of Robinson et al. (2012): as participants identify EDs as solutions to problems, when social surroundings change, those problems and eventually the symptoms of EDs also are subject to change.

One limitation of this study is the small number of participants, which affects generalizability, as is often the case in qualitative research on men's EDs (Delderfield, 2018; Drummond, 2002; McCormack et al., 2014; Robinson et al., 2012). Many questions remain about the prevalence and forms of men's EDs, and their impacts on health, social life, and work. One way forward for further research could be to include larger data samples that focus specifically on the interconnections between EDs and work in men's lives. Such research may enable further understanding of how practices that allow, reproduce, and demand behavior typical of an ED could be questioned and critically scrutinized in working life.

Shusterman (2000, pp. 272–273; 2012, p. 188) called for a pragmatic somaesthetics that could contribute to improving bodily self-care practices through changes in the surrounding society. The findings of this study elucidate several practical implications regarding men's EDs. I suggest that men's EDs should not be interpreted only as issues of masculinities but as related to the wish to be accepted in particular subcultures, such as in workplaces and schools. Thus, services specifically aimed at men should notice that friendship, acceptance, and being part of a social group, rather than actualizing social ideals connected to men, play a much stronger role in men's EDs than has previously been understood. Therefore, it would be important to organize activities that include all kinds of boys and young men, and to offer support from responsible adults, which could help to prevent EDs. Moreover, both localized and mediated subcultures should be monitored to identify unhealthy collective practices.

Acknowledgements

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What the Drug Culture Meant

Crispin Sartwell

For American kids in the 1970s, the term "drugs" referred to more than chemical compounds or plant extracts, more than a disease or a relief. Drugs, particularly marijuana and psychedelics, had cultural and counter-cultural meaning; they were, for us, symbols of the fact that we were different sorts of people than our parents and principals and political leaders: more open-minded, as it were, and more adventurous. Drugs were aesthetic (they affected our music and design arts and our heads fundamentally) and they were political, signaling anti-authoritarianism or an entire rejection of "the establishment." The term 'drug culture' is a sensible representation of the scope of the symbolic and economic activity; the drug culture was our native land. It was a resistant ethos, with rituals and sacred texts (by Abbie Hoffman, Timothy Leary, and Carlos Castaneda, for example), an underground world featuring, let's say, a third of the American population. We staked way too much of our lives and identities on substance abuse, I admit, gave drugs a symbolic weight that they cannot and really should not bear. But the power of the drug culture was in large measure derived from the sheer fact of illegality. In being part of it, each of us was a criminal, and we were all criminals together. That what we were doing was illegal is part of what made it seem, for a time, like a form of resistance.

I grew up in DC, just off Connecticut Avenue in upper NW, a leafy and lily-white neighborhood of detached early twentieth-century homes on the outskirts of "Chocolate City." I and my circle of friends started smoking pot when we were thirteen or so, circa 1971. We accounted ourselves younger hippies, junior members of the counter-culture, baby revolutionaries. "Boomers," of course, entered and left the 1960s at very different ages; it was quite different to be, say, 18 or even 16 in 1968–as the streets of Chicago and Paris exploded, and Martin Luther King, Jr. was assassinated–than to be around 10, as I and my cohort were. Neither I (at 11), nor my parents (in their forties) were going to head to Woodstock in 1969. As we went on, kids around my age and demographic lived in and embodied, or maybe just were, the decline of '60s idealism and optimism. We lost our naiveté early and ended up punks; we were born into consciousness as the peace and Civil Rights movements lost momentum or disintegrated, for example. We embraced the values, but with distance or a touch of scathing irony. By '75, we were wised-up post-hippies. You weren't going to keep selling us "flower power," which looked like wishful thinking and also an overwhelming flow of merchandise. It just hadn't worked out, but did you really think flowers were a reasonable reply to napalm?

As the decade and our teenagerhoods went on, hippiedom lost momentum, disco and punk replaced psychedelia, cocaine infiltrated the brains of potheads, and the peace and civil rights movements faded. We couldn't tell if "the youth movement" or "our generation" had emerged victorious or not. The US government kept muddling around in Vietnam until it lost, but it lost partly because it realized that there was not domestic support for any sort of major

offensive. Jim Crow laws were gone, but it was hard not to see that DC was still segregated and in a continual condition of racial tension. Maybe half-victories were all we could have reasonably expected, but the failures felt more salient; we started seeing hippie culture as something well over, the Grateful Dead as passé. Young me had considerable sympathy for groups such as the Weather Underground; for at least a moment, it seemed like "the movement" could go further toward societal transformation only by violence. By the time Weathermen were blowing themselves to smithereens, it had to occur to us (perhaps I should stick to 'me'; I'm not certain whom I'm speaking for, really) that the whole thing was over and that we had sort of missed it. Being in "the counter-culture" started to lose its meaning; it really signified little but that we did drugs, of certain kinds on certain occasions (or perhaps all occasions). Perhaps our parents poured cocktails at 5:00; we smoked dope all day. Indeed, the drugs were partly, or allegedly, an expression of '60s idealism, but also had their role in its end; serious potheads, to say nothing of actual junkies, are unlikely to be effective revolutionaries.

Chevy Chase DC seemed like a cliché version of what the hippies hated: a neighborhood of bungalows, suited to '50s-style Cold War domestic bliss in a close-in, or street-car, suburb, infested by white, "nuclear" families. I was the older of the expected two kids, born in '58, my brother Adam in '60. Our parents split up when I was 10 or 11, and Dad disappeared into the state hospital in Virginia to dry out. Mom re-married a year or two later, to a fellow high school teacher with two problematic sons a couple of years older than Adam and me. Jim, at 15, was already in and out of the Sheppard-Pratt "mental hospital" and juvenile detention facilities: rather a psychopath, as he frankly averred in later years. Bobby was worse, really, if less criminally flamboyant, at least for a while. When our parents got together, the four of us had a meeting and resolved to refer to one another as "brothers" rather than "step-brothers." I continue to call them my brothers here.

So, as we got into our mid-to-late teens, Bobby and Adam were dealers (Jim too, maybe, but he was usually elsewhere). Adam was better than Bobby, because the latter did all the drugs before he could sell them. They were small-scale, relatively, but the person they usually bought from was just another high school kid who lived down on Nevada Avenue, with obscure but useful connections, able to wall off the Chevy Chase region with bricks of terrible Mexican weed. Early on (call it '72), we'd gather in Bob's room in the attic, cast black light over a Hendrix poster, listen to the Jefferson Airplane, and pass the joints around, taking ourselves to be having experiences, though the moment at which this was more than a ritualistic throwback or tribute had passed some years before. Nevertheless, as desired, or as was already traditional, when the emphasis shifted to acid and mescaline, the experiences seemed to us to grow more profound: we saw through the whole pathetic conventionalized reality of our parents and of Richard Nixon. That last sentence is, I admit, unfair to my mother, now 95, who had plenty of progressive tendencies, but I'm talking about the cultural symbol-system in which 'parents' were the establishment, 'the man' in our very own houses.

Drug culture was, of course, characterized above all by its secrecy. It created two worlds, the surface world of conventional appearances, and the covert criminal underworld, in every neighborhood in the city. We delighted in a situation in which parents, school administrators, and so on had little idea of what was going on under their noses (though sometimes they picked up a little scent). By the time I was 16 or so, I was embedded in an alternative economy. People had jobs in it, were figuring out how to invest (or even bury) their money. It had its own laws, institutions, and values, the first commandment of which was "Thou shalt not snitch." It's true that we more or less thought that someone who'd go to the authorities did not deserve to live,

though at our low level we never physically harmed anyone, just issued dire threats. We took our extreme anti-police emphasis this to be a kind of anti-authoritarianism, our permutation of the peace movement or something.

I got kicked out of the DC public school system at 16, not for drugs, but for what I deemed to be political activities, specifically for "disrupting" an assembly by seizing the microphone from an assistant principal to call for student liberation from compulsory attendance and grading. By then I had been suspended many times, for distributing an "underground" school newspaper and co-leading a student walkout; I was trying to be a real pain in the ass. And I was living in a whole anti-authoritarian youth culture. We were all felons, and that drove us toward anarchism, a dedication to evading and undermining authority that went well beyond the drugs. We were bourgeois white kids, and we were criminals, and we were proud of that. Also, we were DC, where power and politics seem like the very air; no wonder we interpreted our criminality through that medium.

Indeed, in the extremely racially polarized DC of my youth, two of the few things that crossed the line were narcotics and fandom for the Redskins (that is, black and white folks could agree on using a slur for a third group, which is really how you bring people together across racial and ethnic lines; the entity is known at the moment as The Washington Football Team). Black and white druggies and dealers definitely visited each others' neighborhoods, quite unusual at the time, though not entirely undangerous in either direction. Alice Deal Junior High and Woodrow Wilson High School, where Bobby, Adam, and I were going in different grades, were in a bit of a race war, but dealers and potheads reached across the line. Bob and Adam both developed connections "downtown," the sort of thing that led to an influx of PCP and heroin into upper Northwest, and maybe of cocaine and meth into Southeast.

Post-expulsion, I ended up at a "free school" known as Bonzo Ragamuffin Prep: 20-or-so "bonzos" above a storefront in the Adams-Morgan neighborhood. We were kids who couldn't make it in the public schools for a variety of reasons, including petty crimes, mental illness, being a chronic runaway, being gay, or, in several cases, being straight-up acid or PCP burnout cases. We came out on the other end with transcripts claiming that we'd taken classes, but the only ongoing programs were group therapy and drug use. The staff were potheads too, and the therapy was necessary for everyone involved.

My "senior year" (in Spring, '76) we took a class trip for three days to Chincoteague Island in Virginia. We may have been kind of noisy. On our last night, at 3:00, twelve Virginia state troopers stampeded in through front door. They made a pile of drugs in the middle of the living room (though they also included things like soap powder, asserting it was coke), and demanded that people say which was whose. We agreed among ourselves that we would, so that they wouldn't drag everyone off to jail simultaneously. I had managed to drop my vial of hash oil through a hole in the floor, so none of it was mine. But they did arrest the whole staff and a bunch of the kids including my girlfriend and her sister (who was Bobby's girlfriend). They charged the kids with possession for sale and every member of the staff with contributing to the delinquency of a minor. They found the headmaster in bed with one of the students, for example, an arrangement that we all knew about and approved. (Sometimes in later years I paused to reconsider how we were thinking about the sexual side of liberation; like, liberation for whom to do what to whom?) That was the end of my school. I took it merely as another sign of idiotic evil of the powers-that-be, which was pretty much my conclusion from any data set in that period.

I moved out of the childhood home at 18, or was kicked out, and, maneuvered with some skill by my schoolteacher parents, started college at the University of Maryland (unlike most

of my friends, and maybe unlike any of the other bonzos). I moved into a group house (not quite a commune; it was a year too late for that) out near the National Institutes of Health in Bethesda, where Bobby was already living. Bob himself by this point was the sort of person who took a shot of Jack Daniels before he got out of bed in the morning. He conceived the DC region as a Formula 1 race course, trying to set a new record every week for how fast he could get downtown through Rock Creek Park in a Karmann Ghia or a Mustang. The numbers he was reporting seemed fictive until I took the ride, one of the most harrowing experiences of my life. Bobby had crapped out as dealer by that time, or was merely an assistant dealer: a delivery guy, for one thing. His job as a mechanic allowed him to obtain, rehabilitate, and then total cheap cars. For example, he managed to flip a blue Chevy Suburban up a tree on Chevy Chase Circle (he claimed to have been doing 90 MPH). The vehicle, bent like a banana, inhabited our driveway in Bethesda for some years, and a decade later you could still see the scar on the tree, some ten feet up from street level.

Then there was Carl, a mustachioed reactionary whose Harley Electroglide was always parked in front, and who entertained strippers in his room upstairs, sometimes two or three at a time. He was also a gun nut, and it was hard to say what he had up there, really. He didn't like the street light outside his window, so he kept shooting it out until they decided not fix it anymore. Indeed, on several occasions he shot out lamps in his own room, not wanting to get out of bed to flip the switch. After it happened the second time, we had a house meeting and requested that he be more circumspect. But his mere presence, though liable to kill any of us on a bad night, also secured us against home invasion, which was indeed a concern. You'd have to think twice before invading Carl's house.

The penultimate guy bar me was a three-hundred pound bouncerish fellow named Phil, who had worked in "collections" (repossessing cars, for example) but soon became rather useless security- and other-wise because debilitated by depression. He didn't leave his room for months on end, except to go to the bathroom. We brought him sandwiches. He lost a hundred pounds in a year and ended up in a psychiatric hospital. Then there was me, living on the nominally-enclosed back porch, playing the blues harmonica and reading philosophy books. I seemed to myself and to my housemates to be the straightest and least interesting and macho of the bunch, and for a long time my self-understanding was perhaps tilted by comparison with my housemates at this era. How bad could I be, really?

At any rate, the house was owned by its fifth resident, initials JT, who must have been one of the biggest coke dealers in Bethesda. There was a constant stream of all sorts of people through that house: bikers and strippers, weird repo men, black and white dealers, hilarious party people and desperate coke addicts. We were worried about the bust moment by moment, of course, but JT seemed to have some sort of arrangement. That he was living in a bedroom in a house with four other guys and working every day as a car mechanic (he owned the shop where Bobby worked on Volkswagens) was part of the strategy: JT had a spot in the woods near his uncle's house where he stashed his own vintage cars and his boat. He had hundreds of thousands of dollars buried there too, or so he claimed. I believed him completely, because I saw the commerce and the extremely modest lifestyle (and the boat, from time to time). It was a very slick approach, really, and almost no major dealers have that kind of self-discipline. And really, JT, not me, was the quiet one in that house, just another post-hippie with a little blond ponytail, driving a Bug.

So we never did get busted, but that's not to say that there weren't problems. Indeed, my drug culture went terribly terribly wrong. Living in that house in Bethesda, particularly after the freebasing started, got to be something of a nightmare: it seems that once you base you

can never think about anything else again. Pretty soon my brother Adam, who lived over in Hyattsville, was in the house every night; he stopped even saying hi. He favored Bombay gin, as well, and by the time he was in his mid-twenties was being treated for pancreas problems. That was wickedly painful, and he went over to opiates. Adam worked as a lab assistant at NIH, and managed to steal thousands of Demerol pills and process them into a giant jug of pure liquid Demerol. Jim told me later that they both shot up out of that bottle for years. By the early '80s, Adam worked as a "New Wave" deejay at a club called Poseurs down in Georgetown, and maybe as a heroin dealer as well. Within a couple of years, he was writing bad checks from my parents' bank account, going in and out of rehab. He got a break from his last rehab for a court date, went down to 14th street and scored, shot up in my grandmother's apartment downtown, and died. I still don't know whether it was an accident or a suicide.

My oldest brother Jim, an inveterate heroin addict from an early age, did five years in the state pen in Hagerstown for armed robbery in the mid-'70s. Legend (recounted by himself) had it that he robbed a hotel, then walked out front and hailed a cab for home. After a subsequent run as a crackhead (I spent a couple of extremely unedifying days long about '86 doing crack with him, the only time I ever smoked coke), he got sober, and was something of a 12-step activist and guru even through a series of relapses. Jim died in 2004, in his early '50s, of the long-term effects of a number of addictions, with hepatitis, diabetes, lung and heart disease; I'm not even sure what killed him, really. The two packs a day of Kools probably didn't help.

My mother and step-father retired as teachers in 1984, and moved to rural Virginia to set up as organic vegetable farmers. On a Sunday in June, Bobby was helping them move, and he brought a couple of friends with him to help haul furniture. I was in the caravan too, carrying some things in my own little Datsun. In Bob's panel truck on the two-hour drive, they were smoking PCP; they'd showed me their little canister of it before they left. When we got down to the new place, one of Bobby's friends kind of freaked out (I was watching this from the driveway, having pulled in ahead of them) and demanded that they turn around and drive back to DC without unloading the furniture. Bob refused, and his friend pulled out a gun (a .357 Magnum, the police told me). They drove off, but we heard the shot a few seconds later. I ran out onto the road and saw Bob's body slumped by the side of the road. I grabbed and lifted him; his chest was caved in, blood running from his mouth. He was...unnaturally relaxed. The shooter (a kid, really), wrapped Bob's truck around a tree a mile or two up Rock Mills Road, and died as well.

Myself, I got sober in '91 in 12-step programs, my basic problem being alcohol by that time. I relapsed in 2004 for a couple of years. You'd think that what happened to my brothers (and many other people I knew) would make it perfectly obvious that I'd better steer clear of all of this mess. But that's a complicated matter. By the time we were teenagers, my relationship with my brothers was centrally concerned with drugs and alcohol. Stopping almost felt like a betrayal, and in the midst of grief and desperation, you can still express loyalty to the dead by imitating the people you've lost, even by imitating what killed them, which is, after all, sort of what they died for. And once drugs are conceived as a culture, as your own culture, they open up larger affiliations encompassing your friends and siblings, now the occasion of nostalgia.

But though I was perhaps attracted to the drug culture initially as a cultural affiliation or a way to achieve a hippie identity, I didn't experience drugs, as I went on using them, primarily as a cultural or political phenomenon. Drug use became for me an internal psychological and somatic condition. If my drug use was initially social and expressed some kind of public identity, affilation with a sub-culture, it wound up trapping me in my own head. It turned even us brothers into atoms: it is never beyond thinking that an addict will rip you off, not show up,

not love you as much as he loves opiates. The political and legal drama shifted scenes into our individual bodies, where it imposed internal self-divisions as well as divisions between groups or generations.

One might well think that addicts are characterized by lack of self-control, and of course this is true in a fundamental way: to be addicted to x is to be unable to control your desire for x and unable to control even your ingestion: that is, you lose control of your body in a profound way, or lose the illusion of control of your body, at least with regard to the substance to which you're addicted. But for me at least, drug use has been an attempt to impose or re-impose control over my body. I experience myself – I think I have since I was a small child – as an a priori addict always awaiting a substance. At any given point in my life I've been a kind of congress of addictions: to caffeine, nicotine, sleep aids, THC, or whatever else might be in play at a given moment. Or I could say that I've experienced my life as a kind of negotiation with my addictions: trying futilely to limit intake, or trying to find things to be addicted to that won't kill me, or that will kill me slowly rather than immediately (nicotine gum as opposed to cigarettes or dip, for example). Largely, this drama has been internal; I try to keep it from leaking, even to the people I love. My addictions have driven me inward or imposed a little gap between me and everything and everyone else.

But what drives it in my experience or in my case is not primarily the desire to abandon self-control (which can indeed be a liberating experience), but to impose it. I want to wake up fully, instantaneously; it'll take a quick triple espresso. I want to go to sleep on demand and control how long I sleep. I want to be energetic sometimes and lazy sometimes, and I want to be able to impose that on my body by an intentional act. I want to be self-contained sometimes and able to "let myself go" at others. That is, I experience substance abuse as a kind iron imposition of will, the attempt to make my whole physical self intentional, or make it the result of intentional action. My addiction problems, in other words, place my self in relation to my body as a Cartesian mind: the captain and navigator of my physical ship, and another thing I have been addicted to is exercise, trying to re-shape my body by impositions of will. The mutation of drugs from unevenly-produced-and-shipped farm products to standard-grade pharmaceuticals – from street heroin to oxycontin, homegrown pot to medical marijuana – enhances the controlled aspects of ingestion, or suggests, perhaps misleadingly, that one can control how one feels with a sort of perfect precision, down to the milliliter.

It is not even ironic, I suppose, that the impulse to control one's own body perfectly is precisely what leads to the collapse of self-control, because we are just not the sorts of creatures who create ourselves or the conditions we face; fundamentally, we are going to be forced to accept our bodies, not transform them utterly and continually. If addiction shows anything, according to me, it is that the idea of us controlling our bodies is going to be futile and counter-productive in the long run. Addiction separates you from your body in imagination: turns it, i.e. you, as you experience yourself, into a sort of external object you are trying to control. It suggests, if I could formulate this quickly, that we should try to re-merge with our bodies, or lose the false sense of separateness which alienates us from ourselves. I think that neither cocaine nor God will actually permit us to transcend embodiment. Well, that is obvious in the cocaine case, where you are really doing nothing that is not biological, not aimed at your own body as lord and victim.

I swore off alcohol again after my early-2000s relapse, but kept smoking pot, which seems to keep me a bit steadier than I am without it, even if it also detaches me slightly from my environment (well, that might be necessary too in some respects). Now I've got my medical card,

and I can be a pothead without being a criminal, without even really getting high, though there is THC and CBD in my bloodstream. I've settled into a pretty stable state: not entirely sober, and not entirely insane, still obsessed with controlling the way I feel, and still unable to. But I also feel remarkably staid, deeply boring. After that youth, I got sucked entirely into the establishment. What I'm doing now isn't even as bold as cocktails at 5: it's a doctor's prescription; it's healthcare.

Nothing quite like my youthful sub-culture can happen except in the context of demented authoritarianism of the sort that led to mass incarceration. The secretiveness, the inward-turning culture, the potent symbolism associated with drugs: these all depended fundamentally on their illegality and the brutality with which the laws were enforced in that era. It's no surprise that Jim came out of prison more of an addict than when he went in, nor that his experience hovered in the background for his brothers. American authorities circa 1972 declared war on their own people, and made us into practical anarchists. Even if we ended up doing the wrong drugs, we ended up believing the right politics. I guess we have the police to thank for that. But if the drug war is finally easing (still a question, of course), the drug culture is becoming impossible.

One thing that hurt my head about all the death and destruction was that it more or less confirmed Nixon's picture of drug abuse, which was used for decades after as a justification for the "war" on young people, black people, and so on. Nevertheless, I'd be lying if I said that the whole thing was really fun and great; it definitely didn't end that way, not for Hendrix and not for us. The whole disaster was collaborative, of course: the police and the dealers and the users accomplished it in together. The authorities' many achievements in this regard included thinking that prisons made reasonable treatment facilities, or just not giving a shit about what happened to the wrong sort of people. That made it doubly clear to us, the wrong sort of people, that we should try to do whatever those assholes were telling us not to do. But the whole thing ended up driving us each of us inwards, and all of us away from one another, and it killed a bunch of us; I'll just admit that drug use has been no solution to anything; it has done little to alter the social divisions or the internal divisions that we were trying to treat.

But the drug culture nevertheless left me with some things I'm trying to hold on to. I'm still basically opposed to snitching, and to all hierarchies of power, and to prisons. I surprise myself, even now, by having an almost preternatural sensitivity to the proximity of police ('that's an unmarked car'), even though it's been some years, I think, since I committed a felony. I've tried, hard, to maintain the basic anti-authoritarian turn of mind—or really, of viscera—that the drug culture and the war on drugs gifted to me I feel that prescription Adderall, anti-depressants, therapeutic microdosing, and medical hash oil don't have the same sort of meaning. The sub-cultures of now are on Instagram, not hidden away in blacklit attics or coke houses. So for obvious reasons, I wouldn't want to go right back to '70s drug culture, but I think kids never lack good reasons to mistrust or despise authority, and I'm sure the little rebels are cooking along somewhere. I hope they, and the people they're rebelling against, are cooking up something less destructive this time round, however.

I'm not sure how or why, but I've slowly come to accept that perfectly controlling my own body is not possible and not desirable, and even though I will never not be an addict, I take myself to have learned something important about all of us and to have found a measure of acceptance. Or, through the experience of a sort of separation from myself and the people around me, I have learned to yearn across the gaps, or come to awareness of the illusions, personal and political, of the self and of the state, that I cannot even yet escape.

Urban Aesthetics and Soma-Politics:
On *Bodies in the Streets: The Somaesthetics of City Life*

Book Review

Stefano Marino

Bodies in the Streets: The Somaesthetics of City Life, published in August 2019, is the second book in the series edited by Richard Shusterman "Studies in Somaesthetics. Embodied Perspectives in Philosophy, the Arts and the Human Sciences," published by Brill Publishers. The first volume, entitled *Aesthetic Experience and Somaesthetics* (2018),[1] represented a very interesting, although quite "classical," contribution in somaesthetics. By this I mean it is a "classical" contribution to a "non-classical" and somehow "unconventional" (in a positive sense of these terms, of course) branch of contemporary aesthetics *par excellence* such as somaesthetics, about which Shusterman had written in *Pragmatist Aesthetics* (1992[1]; 2000[2]) that it is "best situated within an expanded discipline of aesthetics" capable of giving "more systematic attention to the body's crucial roles in aesthetic perception and experience, including the aesthetic dimensions of body therapies, sports, martial arts, cosmetics, etc., that remain marginalized in academic aesthetic theory" (p. 283). Therefore, "to incorporate somaesthetics' practical dimension, the field of aesthetics must also expand its notion of disciplinary attention to actual, hands-on training in specific body practices that aim at somaesthetic improvement," and while "[i]nclusion of such body work may make aesthetics more difficult to teach or practice in the standard university classroom, … it certainly [can] make the field more exciting and absorbing, as it comes to engage more of our embodied selves" (p. 283). With its 12 chapters articulated in 3 parts dedicated to "Embodiment in Philosophy and Aesthetic Experience," "Somaesthetic Approaches to the Fine Arts" and "Somaesthetics in the Photographic Arts and the Art of Living," *Aesthetic Experience and Somaesthetics* connected back to the question of aesthetic experience that has always played an important role in Shusterman's thought – at least since *Pragmatist Aesthetics* and his seminal paper "The End of Aesthetic Experience" (1997). In that first volume, Shusterman expanded aesthetic experience in the direction of somaesthetic investigations of various aesthetic questions and topics, with connections to thinkers from the present and the past.

Now, in comparison to the very interesting but, as I said, somewhat more "classical" first book in the series "Studies in Somaesthetics," *Bodies in the Streets: The Somaesthetics of City Life*, represents a more original and stimulating work, offering a significant contribution in imposing

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1 See my review of this volume on the online journal of aesthetics *Studi di estetica* (http://mimesisedizioni.it/journals/index.php/studi-di-estetica/article/view/635).

somaesthetics as one of the most open and pluralist fields in contemporary philosophy. The book advances Shusterman's philosophical investigation of various phenomena with a "critical study and meliorative cultivation of the body as the site not only of experienced subjectivity and sensory appreciation (aesthesis) that guides our action and performance but also of our creative self-fashioning through the ways we use, groom, and adorn our physical bodies to express our values and stylize ourselves" (p. 15) – following Shusterman's definition of somaesthetics.

A simple look at the book's table of contents clearly shows this. In the long and complex introduction, Shusterman explains clearly and in detail the origin, general meaning, and structure of the book. This structure is articulated in four parts: "The Soma, the City, and the Weather," "Festival, Revolution, and Death," "Performances of Resistance, Gender, and Crime," and "Bodies in the Streets of Literature and Art". The simple titles of the book's four parts, and then the titles of the contributions gathered in each part, show how the general aim and, as it were, the very spirit of somaesthetics – as a philosophical discipline attentive to *both* theory and practice – is open, interdisciplinary and pluralist. At the same time, somaesthetics avoids the potential risk of falling into a variety of relativism thanks to its strong and coherent pragmatist background and thanks to its very clear and specific focus on the body, understood in its complexity and its irreducibility to simplistic patterns of explanation (be it philosophical, scientific, theological, etc.).

As Shusterman (2012) explained, his "aesthetic research… began to look beyond the analytic aesthetics paradigm (valuable as it is) to incorporate ideas from pragmatism, phenomenology, hermeneutics, post-structuralism, and East-Asian thought:" "striving for some kind of new philosophical synthesis, a new remix (in rap terminology)," he would soon realize that "aesthetics can be more usefully pluralistic" than it has usually been. (pp. 105, 112). This plurality applied to both a *plurality* of complementary approaches and a *plurality* of objects of inquiry, neither excluding "the most elevated fine arts" nor devaluating "the most commonday everyday aesthetic practices and popular artistic forms" (p. 112). *Bodies in the Streets* bears clear traces of all this. It is a valid successor to Shusterman's previous books as author, his collections as editor, and the research in somaesthetics developed in recent times in the specifically dedicated journal, *The Journal of Somaesthetics*. At the same time, the book also extends and expands in a fascinating way the sense and scope of somaesthetic research, not limiting itself to inquiries into aesthetic subjects (no matter how broad, articulated, and complex is the concept of "aesthetic" assumed and used). Rather, it broadens the horizon of somaesthetics to cover a variety of phenomena and subjects that range from the study of urban development and life, to ethics and politics, to the philosophical investigation of art, literature, and culture inter- and multi-cultural perspectives.

The inter- and multi-cultural perspective is especially the case in the three interesting contributions included in the fourth part of *Bodies in the Streets*: "*Terrae Incognitae*: The Somaesthetics of Thomas De Quincey's Psychogeography," "The Empty Spaces You Run Into: The City as Character and Background in William S. Burroughs's *Junky*, *Queer*, and *Naked Lunch*," and "The Somaesthetic Sublime: Varanasi in Modern and Contemporary Indian Art," authored by Evy Varsamopoulou, Robert W. Jones II, and Pradeep A. Dhillon, respectively. The study of urban development and life is especially at the core of the three significant contributions in the first part of the book: "Bodies in the Streets: The Soma, the City, and the Art of Living," "The Weather-Worlds of Urban Bodies," and "White on Black: Snow in the City, Skiing in Copenhagen," authored by Richard Shusterman, Mădălina Diaconu, and Henrik Reeh, respectively.

These six contributions are all of great interest, in general, and quite often original in the way in which they interpret from a somaesthetic perspective very different phenomena. Diaconu

considers the relationship between "human settlements [and] physical atmosphere," "urban 'sensescapes'…, the practices through which, intentionally or not, urban spaces are experienced, appropriated, modified and produced," and the many ways in which "atmospheric factors influence in a positive or negative way and in various degrees our human well-being, behavior and performance" (pp. 38–39). Reeh reflects on the experience of "urban snow [in Copenhagen] and skiing as a somaesthetic environment" (p. 62). Yet Varsamopoulou studies "the ways in which the body, dreaming, drifting and opium transform the cityscape in Thomas De Quincey's *Confessions of an English Opium Eater*" in light of "the recent reformulation, or redirection of aesthetics toward an awareness of the body and its cultivation in everyday life by *somaesthetics* [that] has opened new and wider lenses through which to read De Quincey's autobiographical narratives" (pp. 249, 252). Jones attempts to combine "the theories of Alfred Korzybski, Wilhelm Reich, W. Grey Halter and Vladimir Gavreau" with "the theory of somaesthetics" to interpret "[William S.] Burroughs's intellectual and artistic interests, including a wide-ranging philosophy of the body, mind, language and control" and the depiction of life in the "mid-twentieth-century cities… portrayed in his novels" (p. 271). Finally, Dhillon examines the relationship between "Burke's conception of the sublime," "the Kantian treatment of the concept," the "turn to the somatic" that we find in Shusterman's work on this topic, and "the use of examples of the body in the city drawn from Indian modern and contemporary art" aimed at demonstrating that, "without a turn to somaesthetics, we could not reasonably extend the notion of the sublime to the social and political dimensions that postmodern thinkers like Lyotard have sought to do," i.e., "without the turn to somaesthetics, the sublime would be of little use in understanding the role of art in moral and civic education" (p. 312).

Shusterman's long and rich essay "Bodies in the Streets: The Soma, the City, and the Art of Living" plays a decisive role in the book because of its capacity to explain in general, and then investigate in detail, several fundamental aspects of the body/city/art-of-living relationship that also make it possible for the reader to understand the many connections present in the other essays. Other essays in parts one and four seem at times to suffer from a certain heterogeneity and variegation that may disorient the reader and lead him/her to ask whether the relation to the basic somaesthetic framework of investigation is fully consistent or a little too vague. To be precise, this is not necessarily a problem or a deficiency in the book, because variety, openness, inter- or multi-disciplinarity, and pluralism correspond to essential and distinctive features of pragmatist aesthetics and somaesthetics as such. So, a problem may arise only if the heterogeneity crosses a certain line, so to speak, and causes the sensation of a loss of philosophical unity and consistency. This feeling, if it arises, clearly also depends on the reader's experience, expectations, and interpretations.

This possible problem of heterogeneity that might arise in some of the essays, surely does not apply to the chapter "Bodies in the Streets: The Soma, the City, and the Art of Living" and the essays in parts two and three that powerfully link somaesthetics with politics. Starting from a few "etymological connotations" of the English, German, and French terms for bodies, sidewalks, and streets, Shusterman introduces the idea of "city streets [as] a theatre for dramatic action, a stage with multiple scenes for spectacles of performance in the art of living, an art necessarily performed with the soma (the sentient purposive body) and most typically performed in scenes involving other somatic selves or bodies in the streets" (p. 14). On this basis, Shusterman then develops some important observations on the complexity of the human experience of the body and, in relation to the complexity of the soma "as both subject and object in the world," also on the complexity of the human nature as such: as Shusterman writes, "[o]ur experience and

behavior are far less genetically hardwired than in other animals. The soma reveals that human nature is always more than merely natural but instead deeply shaped by culture" (p. 15). In doing this, Shusterman relies on some phenomenological-anthropological insights into the dual nature of our body experience as both *Körperhaben* and *Leibsein*, thus connecting in a fascinating way American pragmatism with 20th-century German philosophical traditions.

Shusterman offers a general presentation of the somaesthetic conception of the body as expressing "our ambivalent condition between power and frailty, dignity and brutishness, knowledge and ignorance" (p. 16) and as "a single, systematic unity that however contains a multiplicity of very different elements (including diverse organs) that have their own needs, ailments, and subsystems that frequently trouble the functioning unity of the somatic self as a whole" (p. 17). Then he shows how this complexity "is also shared by the city, whose dynamic unity contains a diversity of neighborhoods, organizations, populations, activities, and interests that are often in tension and threaten to destabilize the city's unity" (p. 17). In the remaining sections of the paper, Shusterman goes into more detail about the body/city/art-of-living relationship through an elaboration in various steps of "the analogy of soma and city" (p. 17).

Drawing on reflections on the body, the city, and also the State ("the body politic") from such thinkers as Plato, Aristotle, Rousseau, Poe, Baudelaire, Nietzsche, Engels, Simmel, and Benjamin, and using them in a creative but not unfaithful way to create "a useful background for exploring the somaesthetics of city life" in its many features, Shusterman introduces the reader to various "key characteristic[s] of the city that ha[ve] an analogy with the soma" (p. 22). Those range from the dialectic of size and growth (p. 18) to the ambivalences of both the soma and the city as "site[s] of desire" (p. 20), to the condition of being defined by limits yet capable of extending beyond them (p. 22), to the fact of being sites of both freedom and constraints and dependencies (p. 22), to the dialectic of commonality and individuality (p. 23). Finally, turning in a more explicit way to the somatic experience of the city in our times, Shusterman offers some intriguing philosophical observations on the relationship between the crowd and the individual (pp. 24–29), on current phenomena of "intoxication and alienation from the city streets" (pp. 29–31), and on the significance of "drama, art of living and somaesthetic self-fashioning" in our globalized and aestheticized contemporary experience of the city through our bodies (pp. 31–35). Shusterman especially focuses on the way in which this may also lead us to rethink our ideas on the relationship between aesthetics and politics today. As he explains indeed in a pragmatist and meliorist spirit,

> [t]he large presence of foreigners circulating in the city streets provides the metropolis with more possibilities for varied somaesthetic experience and an enriched aesthetic education in cultural, racial, and ethnic diversity. Unfortunately, some citizens regard the introduction of such diversity as unwelcomely transforming the city's (or nation's) prior aesthetic "feel" and thus calling for solutions to this discomfort that are politically problematic. Ghettos are a traditional response to this fear, as are expulsions and xenophobic violence. … Cities, as Musil remarked, have their distinctive aesthetic identities or particular qualitative "feels" that lovers of those cities cherish and do not want to see changed in any way. On the other hand, change and diversity are an essential part of the dynamism of development and innovation that defines city life and distinguishes it from the familiar steadiness and slow pace of village or country life. Like the body, the city needs to balance change with constancy, harmonize stability with movement and growth, in a manner that is not

rigidly mechanical or prescribed by strict conformity to predetermined rules but instead sensitively flexible and adaptive. … How do the streets themselves contribute to this somaesthetic social drama where individuals develop and manifest their work of self-stylization in interactive engagement with others? One might specify three modes: as physical space, as structured social space, and as narrative space. … Benjamin's notion of "the streets [as] the dwelling place of the collective" in which the city's many classes, cultures, and ethnicities move and mix suggests the promise of a dynamic, hybrid social group that can be politically potent but attractively open and comparatively free. Its constitution can be flexibly voluntary, since the same streets can be used to walk away, not just to come together. A collective or crowd in the street need not deny free individual expression but can, as we argued earlier, even stimulate and nurture it. But despite such liberty, a collective can nonetheless manifest its commitment and its power by occupying the streets with its throng of communicating, dynamic, and sentient somas. Such crowds are more lively and energizing than the mere virtual presence of texts and images shared through digital networks. Bodies in the streets still matter, aesthetically and politically (pp. 30–31, 33, 35).

The relationship between aesthetics and politics, which is at the core of the second and third parts of the book, is investigated in *Bodies in the Streets* from a somaesthetic perspective. This represents, in my view, one of the most intriguing, stimulating, and original characteristic of the book. In particular, I consider the connection of somaesthetics and feminism that emerges, powerfully and convincingly, in these parts as one of the most promising aspects of this new direction of somaesthetic research, also given the recent rise of a new wave of radical feminism, testified for example by Arruzza et al. (2019).[2] Shusterman (2003) had already touched on the connection of pragmatist aesthetics and feminism. However, this new context might make it possible to intersect the somaesthetic examination of the body "in the street" (and hence the network of social relationships that play such an important role in determining, among other things, our body consciousness both at the individual and collective levels) with critical developments in contemporary feminism against the growing objectification, reification, and even commodification of human bodies (and most noticeably of women's bodies) and how they are controlled.

The second part of the book, entitled "Festival, Revolution, and Death" includes the following contributions: "Body Politics: Revolt and City Celebration," "Bodies in the Streets of Eastern Europe: Rhetorical Space and the Somaesthetics of Revolution," and "From Dancing to Dying in the Streets: Somaesthetics of the Cuban Revolution in *Memories of Underdevelopment* and *Juan of the Dead*," authored by Matthew Crippen, Noemi Marin, and Marilyn G. Miller, respectively. The third part, entitled "Performances of Resistance, Gender, and Crime," has four chapters: "'Street' is Feminine in Italian: Feminine Bodies and Street Spaces," "Bodies in Alliance and New Sites of Resistance: Performing the Political in Neoliberal Public Spaces," "East End Prostitution and the Fear of Contagion: On Body Consciousness of the Ripper Case," and "Toward a Somaesthetic Conception of Culture in Iran: Somaesthetic Performance as Cultural Praxis in Tehran," authored by Ilaria Serra, Federica Castelli, Chung-jen Chen, and Alireza

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2   On this ground-breaking contribution to the definition of a new form of radical feminism both in theory and practice, and also its connections to, for example, Angela Davis's intersectional approach to feminism and social criticism, see the interviews with Cinzia Arruzza and Nancy Fraser available at http://mimesis-scenari.it/2018/05/31/donne-razza-e-classe-intervista-a-cinzia-arruzza and https://jacobinmag.com/2019/10/nancy-fraser-feminism-anti-capitalist-99-percent-majority.

Fakhrkonandeh, respectively.

It is impossible to do justice, in the limited space of a review essay, to the richness and depth of the ideas in these seven papers both from a strictly theoretical point of view and a trans- and multi-cultural perspective. The authors offer stimulating somaesthetic observations, originally intersecting aesthetics, politics, and feminism, with a focus on such different historical contexts and cultural events – as emphasized in the introduction by Shusterman– as "the politically directed Mandalay Water Festival that wildly floods the city streets and drenches those who use them [and] the streets surrounding Cairo's Tahrir Square during the Arab Spring Protests of 2011" in Crippen's chapter (p. 4), the "spontaneous bodies-in-the-streets revolt [in Romania] that sparked the revolution of 1989 and its execution of the communist despot Nicolae Ceasescu" in Marin's chapter (p. 4), "Cuban films that… reveal the tensions between… Castro's revolutionary government's… demands on the bodies of citizens (who are called to a self-sacrificing commitment to the government's aims) and, in sharp contrast, the somaesthetic needs and desires of those bodies in the city of Havana" in Miller's chapter (p. 5), and then "woman's subjugation on the streets, focusing on Italy" in Serra's and Castelli's chapters (pp. 5–6), the "viciousness of violence women suffer on the streets through an examination of the notorious case of Jack the Ripper" in Chen's chapter (p. 6), and finally "the complex history and multiple levels of body-shaping and city-shaping ideologies in contemporary Iran" in Fakhrkonandeh's chapter (p. 7).

It is important to emphasize the significance of such complex, brilliant, thought-provoking, and original contributions. It is also important to stress the role that such an opening of somaesthetic research toward a new connection of aesthetics and politics, with a focus on such relevant phenomena, may play for future developments of somaesthetic investigations. In recent decades, Italian society and mentality have undoubtedly made great progress with regard to women's rights. Nevertheless, there persist sexist stereotypes and serious problems concerning the condition of women. (There has, in recent times, been widespread use of the term "femminicidio" ["feminicide"] in newscasts, newspapers and TV shows to call people's attention to the emergency situation of too many Italian women suffering from gendered violence and being killed by males). So, as a reader I was particularly impressed by Serra's and Castelli's chapters.

The former starts from the etymological observation that, although "[t]he word 'street' – *la strada* – is a noun of feminine gender in the Italian language," "Italian public spaces are historically places of misogyny" (p. 153). She then explains that her aim is to address "a watershed moment in Italian history that opened a discussion on the somaesthetics of the street: the 1970 wave of feminist struggles," emphatically defined by Serra as "a time in which Italian women took possession of Italian streets as they intensely reflected on their bodily experience of such spaces. … In those years," as Serra further explains, "the street developed into a stage and even an instrument of the struggle, a walkable space that offered visibility but one that also became a matter of discussion involving bodies, actions, and sensations. The specific intersection of 'soma-esthetics' discussed in this article is one where *soma* is the feminine body and *aesthesis* is women's sensorial perception of the city" (p. 153). Serra's contribution thus is to provide "a specific Italian declension to Richard Shusterman's proposition for a socially minded, pragmatic somaesthetics, capable of turning self-awareness into social action. … Feminism was a turning point in women's history that included a redesigning of the experience of city life for women," and it also involved "a deep realization of the 'somaesthetic dissonance or disharmony' perceived by [women's] bodies in the street that became a fierce refusal of their beleaguered state, a political

resistance to oppression" (pp. 153–154).

Next, Castelli focuses on "the link between politics and urban space from a situated, embodied, gendered, intersectional, and feminist approach" (p. 177). She aims to offer a reflection "on bodies through a focus on embodied practices of performing in public space" and to explain, through a specific reference to the feminist movement, that "taking bodies into account means entering a political dimension that says something about our existence – as human beings – in the world" (p. 177). Bodies, as Castelli correctly points out,

> *are not just something about which discussions can be held and knowledge can be produced, but they are means of political creation. … On one hand, the feminist intersectional approach allows me to take into account differences among* embodied subjectivities *in all their possible forms, and leads me toward an analysis of the processes of construction of identities and different modulations of the relationship between the individual and the collective. On the other hand, my embodied experience with feminist collectives and protests provides me with important interpretative tools* (pp. 177–178).

I found this way of connecting the study of embodied subjectivities and feminist activism through the use of one's own body in the street to protest against persisting patriarchal structures, mentality, and values (or better, disvalues) to be quite original. Not only is it an intriguing reinterpretation and further development of somaesthetics' basic aim to be a discipline of both theory and practice (which here means political participation and praxis), but it is also a very promising path for new somaesthetic research in connection with, for example, Angela Davis' intersectional approach to feminism, Judith Butler's performative conception of assembly, and Nancy Fraser's anti-capitalist feminism "for the 99%" (see Marino et al., 2019). Continuing to develop somaesthetics in the direction of connecting aesthetics and politics, i.e., exploring the role that an embodied aesthetic can play in political debates and struggles (with a particular focus on feminism, with its undeniable significance today and the specificities of the questions concerning women's bodies in society), might lead to original, stimulating, and even surprising new acquisitions of somaesthetic knowledge. It would mean expanding our body consciousness in the broadest meaning of this term, thus encompassing both the individual and the social, the private and the public, and the theoretical and the practical.

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Vinod Balakrishnan and Swathi Elizabeth Kurian, *Somaesthetics and Yogasūtra: A Reading through Films*

Book Review

Noora-Helena Korpelainen

Can somaesthetics bridge the Eastern and Western philosophical discourses and practices? This interesting question, I believe, motivates Vinod Balakrishnan's and Swathi Elizabeth Kurian's *Somaesthetics and Yogasūtra*. The polarities are great in the book's ambitious examination of the correspondences between a relatively recent, mainly Anglophone philosophical spin-off from American pragmatist philosophy, and the ancient Indian collection of tightly intertwined aphorisms in Sanskrit. The book's point of departure certainly excites a student of yoga and aesthetics, and I can only join in the chorus with the book's general statement, that we need to value the lived body as the site of experience and development, the critique repeatedly argued by professor Richard Shusterman (e.g. 2012). The book focuses on Shusterman's and Patañjali's ideas about practice, performance, mindfulness, and cultivation, and it uses four characters from four feature films as leverage to claim that these counterparts have "a similar ideology" (p. 9). While the book's contemporarily relevant, albeit ubiquitously affirmative elaboration does encourage the reader to retire into the Gymnastic school of philosophy, the book should be read regardless of the title as a narrow survey.

The book appears, by and large, unfamiliar with its own limitations. While being somaesthetically well-considered, the book doesn't take into account the *Yogasūtra* as an individual and well-discussed text. The book equates the *Yogasūtra*, without justifying or spelling it out, with yoga teacher B. K. S. Iyengar's (1993) influential modern interpretation, which only the book's third chapter hosts explicitly. Especially based on this equation, I find the book's analysis generally unsound. Although somaesthetics may elucidate practicing yoga (Korpelainen, 2019), the relationship between somaesthetics and the *Yogasūtra* is, I believe, far more complex because of the relevance of isolation (*kaivalya*) in Patañjali's system. Unfortunately, the book is not likely to shed much light on this complexity, since Iyengar's interpretation remains uncritically considered, and other treatises on the Yogasūtra, such as modern yoga research (e.g. Baier et al., 2018), are neglected. Furthermore, yoga's exhaustively numerous traditions and embodiments remain unregarded, except for a brief mention in the Foreword by Richard Shusterman. In addition, somaesthetics is approached almost without any opposing critique, and the book beholds, without justifying it, only Shusterman's own works in somaesthetics. The book presents somaesthetics and yoga as solutions to our individual, social, political, and cultural problems that come from separating the mind and the body in both theory and practice. Yet Balakrishnan

and Kurian situate the elaboration in the overall philosophical discourse mainly with secondary sources, such as Shusterman's own works and Barry Allen's *Striking Beauty* (2015). Confusion inevitably follows from the book's ambiguous scope and because the book brings together, uncritically, concepts and ideas from the partially contrasting areas of kung fu, yoga, *Kāmasūtra*, somaesthetics, political theory, and the films being analyzed. Furthermore, the book's main argument, that a yogi is a soma, raises doubts about their understanding of both Patañjali's and Shusterman's conceptions.

The book's upholding topic, the body, "is read as a site for humanistic improvability with perfectibility as an ideal" (p. 18). In the introduction, Balakrishnan and Kurian promote the ideas of yoga as profoundly based in bodily practice and practice as a means for cultivating the soma. The book's four chapters explain the body's progression through practice, empowerment, and mindfulness towards cultivated ability. The *Yogasūtra* also forms four parts (*pāda*): *Samādhi* (immersion), *Sādhana* (practice), *Vibhūti* (powers), and *Kaivalya* (isolation). *Somaesthetics and Yogasūtra* is, however, structurally independent. It deals unsystematically though illustratively with the *Yogasūtra*'s somaesthetically favorable concepts and *sūtras*. The result is that the *Yogasūtra* seems to function much like the films, "as a subtext which convincingly argues for somaesthetics" (p. 35). The field of film studies is unmentioned in the book, and the reading of the selected positive psychology films (Niemiec & Wedding, 2014) remains uncontested. The book's conclusion merely repeats the message that we need to pay (more) attention to everything we, as bodies, do in our everyday lives. I welcome this valuing of the everyday.

"Chapter One: Body as a Channel for Empowerment" considers the nature and significance of practice by considering Haṭha Yoga and the kung fu film *The Karate Kid* (2010). The chapter interprets the protagonist Dre's development in performing everyday action to argue that Shusterman's conception of mindful repetition and Patañjali's conception of *abhyāsa* (practice) are characteristically and structurally similar. Balakrishnan and Kurian hold that both conceptions capture the dynamics of practice leading from repetition to mindful awareness and facilitating the simultaneous development of both the mind and the body. Following Iyengar's interpretation of the *Yogasūtra*, which can be read as contrasting Patañjali's conception, Balakrishnan and Kurian regard both the development in the practice and its goal as fundamentally based on the union of the body and the mind (and the soul). As Broo (2010), among others, points out, for Patañjali, the unquestionable purpose of all yoga practice is *kaivalya*, *puruṣa*'s isolation from *prakṛti*. These metaphysical concepts, which the *Yogasūtra* shares with *Sākṃhya*, are not explicitly discussed in the book with the result that, considering the book's general topic, perhaps the most relevant Patañjali's conception, namely that of the body, remains ambiguous in the book.

That being said, the elaboration in the first chapter is, however, developed. However, the book's discussion about body consciousness is hardly convincing, because of the selective reading of the *Yogasūtra*, which retains only a supportive role in "Chapter Two: Body as a Work of Art." The chapter presents Shusterman's work in line with the ideas from the ancient Indian book of love, *Kāmasūtra*. Through reading the historic and erotic film *Kamasutra: A Tale of Love* (1996) and its protagonist Maya's social empowerment (from being born to a king's courtesan to being a king's courtesan (!)), Balakrishnan and Kurian describe body consciousness as a means to cultivate aesthetic sensibility which is taken to influence one's present experience as well as one's life course. Unfortunately, Patañjali's essential pairing of practice and non-attachment gains too little attention in the chapter, since the discussion of *vairāgya* (non-attachment) remains introductory, like the intriguing discussions of *pratyāhāra* (withdrawal of senses) and the *Guṇa* theory. Furthermore, considering the film and the discussion of empowerment,

the absence of both the concept of *brahmacarya* (chastity) and the discussion about *Siddhis* (perfections) described in the *Vibhūti Pāda* is surprising. In addition, I find the argument of Maya's transformation into a yogini mainly disturbing. Maya's overall detachment after her beloved is killed can be read also, for example, as a sign of depression, especially since the film doesn't explicitly consider Maya a yogini. In using the same dialectics to both yogi and yogini, the book fails to regard Maya on a par with a yogi and the other protagonists discussed in the book, as well as to address the relevant question of the female body.

If the question of the body in the considered correspondence remains open, the question of the mind is left in the fog of interdisciplinarity since too many concepts, like self and *citta*, are treated ambiguously, especially in "Chapter Three: Body as a Self-Expressive Unit." The chapter discusses mindfulness and the *Yogasūtra*'s epistemology, which however seems to be mixed with the epistemology of Advaita Vedanta because they follow Iyengar's interpretation. The chapter claims to analyze the drama film *The Peaceful Warrior* (2006). However, a significant part of the analysis is based non-transparently on the book *Peaceful Warrior: The Graphic Novel* by Dan Millman (2010). Still, the comparison of the bodily grounded mental ability of the film's two main characters, gymnast Dan and his mentor Socrates, presents illustratively the disciple's knowledge formation progress. It's just that Balakrishnan and Kurian also read the progression described by Patañjali uniquely by maintaining that Dan becomes attached to his diet after reaching "the state of renewal" described in the *sūtra* 4:31 (p. 90). Remembering that the finishing *sūtras* 4:29–34 of the whole *Yogasūtra* regard the end of any practice and that non-attachment is related to a yogi's character in the *sūtra* 4:7 (Broo, 2010, pp. 215, 237–242), Balakrishnan's and Kurian's analysis is clearly untenable. Not-surprisingly, the chapter concludes that a peaceful warrior is a yogi.

The book takes the identification of a yogi even further in "Chapter Four: Body as a Weapon of Protest," which again gives *Yogasūtra* only a supportive role. The chapter mingles political philosophy into the reading of the kung fu film *The 36th Chamber of Shaolin* (1978) and its protagonist San Te's somaesthetic training. The chapter identifies San Te with Giorgio Agamben's *homo sacer*, Shusterman's soma, and finally with Patañjali's yogi. Balakrishnan and Kurian use the idea of body politic to recognize the individual's transformations explained in the *Yogasūtra* (p. 109) as "related to the macro social level in terms of scale." However, the reading of the progression of the transformations, described in the related *sūtras* 3:9–13 (pp. 109–110), is reversed (see. e.g. Broo, 2010, pp. 151–155). In addition, the central question of volition is problematic in relation to the *Yogasūtra* when it is not read through Iyengar's interpretation because in the progression of the practice all action ceases, including will. For Balakrishnan and Kurian, a somaesthetically cultivated ability to function for the good of others by both setting an example and acting efficiently marks the end of the body's progress, the "full liberation." This perspective, however, removes non-existence from Patañjali's system, politicizes the body's progression, and explains a yogi uniquely as an everyday hero. Interestingly, this questions the meaning of the everyday, and it calls for incorporating the discussions of everyday aesthetics. Yogi's powers, like the ability to take over another's body (e.g. White, 2012), exceed the intuitive understanding of everyday actions. As regards the film, which ends to the teaching of martial arts to laymen, I would have hoped that the book's elaboration of non-violence (*ahimsa*) would have been more developed. Finally, in the Foreword, Shusterman describes "the soma (the living, sentient, purposive body) as the essential medium of our sensory perception and performance and as the vehicle of our self-expression and self-stylization, the site where our values and tastes are exemplified" (p. 1). Thus, in arguing that a yogi, a cultivated being, is a soma, the book seems to undermine Shusterman's understanding of our everyday existence.

Though the comparison of somaesthetics and yoga philosophy is exciting and calls for further elaboration, in Balakrishnan's and Kurian's book, the consideration of these counterparts remains unbalanced, uncritical, and partially undeveloped. The book could have benefitted significantly from a more narrowly defined scope and aim, as in the separately published articles on the book's content (Balakrishnan and Kurian 2017, 2018). Although the book's set-up is promising, the reading experience is unfortunately frustrating due to the negligent and non-transparent use of sources.

Acknowledgement

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