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**At the borders of comprehension: articulating the
aberrant body in poetic practice**

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Abstract:

This research began as an investigation into the poetry found within the linguistic patterns and nonsensical constructions of neurological speech conditions. As I started to unravel the ethical implications of writing about vulnerable subjects, my focus shifted, leading me to examine my own position as a chronically sick person and to recognize the shape my autoimmune illness plays in my life. This project responds to that shift in direction whilst mapping the decisions, processes and approaches taken when writing my unspecified chronic autoimmune illness as poetic practice. My own praxis is intrinsically and inextricably linked to the critical component of this thesis which focuses on poetic works that perform the illness experience by adopting a range of innovative strategies, approaches that reject common literary tropes found in mainstream illness writing. The writers in this study: Denise Leto, Amber DiPietra, David Wolach, Anne Boyer, and Eleni Stecopoulos complicate traditional modes of confessional writing by introducing work to the field that is challenging, multi-layered and multi-interpretational, reflecting the discord that permeates their sense of living with illness. I pay particular attention to the modifying outcomes involved in the act of poetic appropriation: strategies that allow the poet to unsettle hierarchical power structures, produce subjective knowledge and participate in the healing languages of holistic and conventional medical encounters. Across this thesis, I challenge the binary assumptions that posit coherence as the superior mode of articulation in poetic practice, and suggest that alternative embodiments can prove revelatory and productive. Towards conclusion, I stress the importance of fostering an inclusive field that encompasses a range of insightful and embodied expressions, and rethinks questions surrounding access and privilege.

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Chapter 1

Introduction

From coherence to chaos: illness expression as alternative embodiments

This thesis is the culmination of my critical and creative research into my experience of living with chronic autoimmune illness. This study has been a journey of discovery wherein I have attempted to poeticize my illness experience alongside studying writers using a range of innovative strategies, approaches that reject common literary tropes found in mainstream illness writing. To construct the critical study, I undertook a review of the current literature in the field. I examined the poetry in *Body of Work: An Anthology of Poetry and Medicine* (Brown and Wagner, 2016) and the exegetical and creative expressions in the anthology, *Beauty is a Verb: The New Poetry of Disability* (Bartlett, Black, and Northen, 2011) in order to determine whether innovative writing had been included or excluded from the field of illness poetry.

The critical component of the thesis explores a number of poetic works that render the physical and psychological responses to illness in ways that represent the discord of their experience. I observe the modifying outcomes from the act of assimilating medical terminology in Leto and DiPietra's collaborative work, *Waveform* (2011) and Wolach's *Hospitalology* (2013). I review the modern strategies that complicate traditional modes of confessional writing in both Wolach's *Hospitalology* and Boyer's *Garments Against Women* (2015). In *Armies of Compassion* (2010), I examine how Stecopoulos appropriates and fragments discourses that help her participate in her healing and understand the troubled borders of self in the demarcated autoimmune experience. I

have chosen these works specifically as examples that complicate the conventional poetic practice of writing the sick body, approaches that offer new models of thinking about the lived experience of illness, that utilize innovative, experimental modes giving rise to accounts that Donna Haraway terms 'subjective, situated knowledge' (Haraway, 1988, p.586). This theory of 'subjective knowledge' posits embodied experience as a conduit for the critical understanding of 'marked bodies', arguing that scientific perspectives offer only 'partial' insight into the lived experience of disease. Lived experience is considered revelatory, and when integrated with 'disembodied' objective knowledge, furthers our understanding of illness (Ibid, p.586). With the search for subjective knowledge at the core of my project, the focus of the creative component was to examine what could be revealed about autoimmunity by crafting an account of my own lived experience. Drawing upon medical interventions and diagnostic processes, alongside physical and psychological symptoms of disease, I investigated what it means to be somatically and psychically shaped by chronic illness. Appropriating textual fragments from medical and clinical encounters became an ongoing act of poetic experimentation across my writing. The reconfiguration of clinical discourse as poetic practice allowed me to engage with the language of illness and unravel the tension between embodiment and disembodiment that is permanently at work in the clinical, social, and cultural experience of autoimmunity.

Since autoimmunity is triggered by genetic and epigenetic factors, it is impossible to diagnose precisely how the autoimmune antibodies were activated in individual cases. One set of circumstances cannot be contributed to all. My particular autoimmune disease is unspecified. The lack of historical medical research surrounding unspecified autoimmune disease defines the illness as idiopathic, and it is therefore inherently more obscure and tricky to write about. The auto-immunological processes pose a series of ontological conundrums. A patient without a

named diagnosis cannot quite fit into the categories of the sick but they do not belong in the healthy categories either. How should I approach the embodied experience of autoimmunity when my experience is elusive, when my illness is unspecified, unnamed and therefore unknowable and inherently chaotic? How could I translate or shape my lived experience into poetic practice, when there is such little medical knowledge on the subject? Across the creative works in this thesis, I wrestle with these implications, what it means to live with an unspecified autoimmune disease – a disease that has no nosology, no nomenclature, no mythological, cultural or medical knowledge – and attempt to craft a chronicle of this unknowable illness into poetic practice.

In my exegesis chapter, I trace the impetus and production of four sequences of creative practice, *Places of Articulation*, *umwelt*, *Bettbehandlung*, and *House Girl*, and other smaller visual and collaborative works. In this chapter, I reveal that my research began as an investigation into the poetic patterns and nonsensical constructions of neurological speech conditions. As I started to unravel the ethical implications of writing about vulnerable subjects, my focus shifted, leading me to examine my own position as a chronically sick person and to recognize the shape my autoimmune illness plays in my life. This chapter responds to that shift in direction whilst mapping the decisions, processes and approaches taken when writing my unspecified chronic autoimmune illness as poetic practice.

I reflect on the trajectory of the creative work, observing how my praxis is intrinsically and inextricably linked to and informed by interdisciplinary theories and insights from the field of medical humanities. These concepts provoked me to think about how performative the illness experience is. I utilize two pain theories to underpin my inquiry: Joanna Bourke's theory (2014) that pain reimagines suffering as a type of event and establishes an intersubjective space and

Elaine Scarry's theory (1985) that suggests that pain is resistant to language, inexpressible, existing outside of the verbal. Bourke's concept of pain as an 'event' led me to investigate the medical humanities performance scene and consider what constitutes the terms of the reciprocal exchange between the sick artist and the spectator. With the concept of pain as an event in mind, I examine the work of Martin O'Brien, whose performances enact his private ritualistic experience of cystic fibrosis. I recount my experience of being part of his audience for his performance *It's Good to Breathe In* (2015) at Dartington Hall, Totnes. This was a pivotal moment for my creative practice, prompting me to consider the insecure boundaries and separations between the writer and reader, and the performative act of sharing pain and suffering. O'Brien's contextualizing plenary exposed how he manipulated the audience's gaze by choreographing his own scene, which he called an act of reclaiming his illness. Witnessing these performances shifted my ideas of how I might generate meaning from communicating illness. I started to consider how I might claim agency from the lost control of my molecular body, how I might renegotiate the spatial, psychological and temporal borders that are drawn for chronically sick bodies, and how I might investigate an alternative understanding the *self-against-self* paradigm that is central to autoimmune processes and ontological inquiry. This digressive engagement into the medical humanities performance scene shifted my own practice, and as a result it was not always written language that was produced. The forms my creative practice took were numerous: film, photography, and concrete poetry. I was informed by critical thinking from Alan Radley on the power of the visual to shock and narrate (2009) and Rosemarie Garland-Thomson's theories on the visibility of the scar (2000). These theories are drawn upon to underline my impetus and motivations for the non-verbal creative pieces of work, and helped me articulate the ways that my medical treatment shocked and disturbed me as I became scarred by surgery for joint reconstruction.

Following O'Brien's performance, I started to consider what is produced, absorbed or exchanged for the participants when the performance is considered scandalous and disruptive. From there, I started to unravel the ethical considerations of manipulating an audience into an intersubjective, immersive experience that unseats the spectator or reader. I employ Erving Goffman's dramaturgical theories on performance and role-play that propose people construct and perform multiple identities every day. The idea of the sick body *performing* becomes an ongoing preoccupation across my creative work and led me to consider historical accounts of hysterical women being forced to perform their illness, specifically Jean-Martin Charcot's salons before a medical audience at the Salpêtrière hospital, Paris in the late nineteenth century.

The critical component of this thesis examines how the experimental poets in my study interrogate the sick body in ways that complicate the traditional modes commonly found in illness writing. I observe how these works reconstruct the illness experience and invite critical dialogues between forms of language and the aberrant body. I expose how the act of appropriation allows the poet to harness and manipulate medical terminologies used about the body in the clinical encounter and how these technical vocabularies might prove revelatory and generative when placed in tension with the emotional components of illness. In dialogue with similar trends in the field of medical humanities, I argue that coherent forms of poetic practice may not fully articulate the chronic illness experience in all its myriad manifestations. I call for an inclusion of a range of narratives that encompass the episodic and fragmented experience of being chronically sick. Following Arthur Frank's theory of chaotic narratives which he defines as works written in the midst of illness, without reflective grasp that struggle for coherence, linearity and restitution, I employ Sara Wasson to counterbalance his argument. Wasson suggests that narratives of pain and chronic illness 'require a richer vocabulary of temporality' (Wasson, p.106)

that resists traditional narrative form. Echoing Angela Woods and Anne Whitehead's call to expand the frame of inquiry and include radical works as alternative embodiments that can join together with objective scientific knowledge, as proposed by Robert Arnett's 'inter-subjectivity' (2001, p.104-5), I examine how far experimentation in the confessional mode enables writers to propagate new knowledge. My focus is specifically on confessional works that reject dominant views and narratives of illness and disability. The term 'disability' is inextricably linked to my discussion, though that is not to say that 'illness' and 'disease' are synonymous. Though there are many overlaps with theoretical and critical engagements occurring in disability studies, my main focus of exploration is concerned with chronic illness as a particular type of disabling experience that is enduring, invisible, and often idiopathic.

I specifically chose to examine contemporary poetic accounts that stage a conversation on the modern practice of pluralistic biomedical science and invite a shared emphasis between the psychosocial conditions of the patient's lifeworld, as well as the mechanical, molecular and cellular processes. My decision to omit historical medical poetry from this examination is largely because I'm interested in poetic works that map the modernized biomedical experience of being in a sick body as a bio-psychosocial practice. A practice that is concerned with 'not just a body in need of repair but a thinking, feeling, social being, that is, a being with a biological, a psychological and a social self' (Engel, 1977). In the nineteenth century, laboratory science became the most crucial part of the diagnosis in the biomedical model, and science became increasingly invested in the acquisition of clinical knowledge rather than anecdotal evidence. At this point, the diagnostic assessment no longer included descriptions of the patient's personal situation, but was instead coded into an unemotional system, and the patient's account of their experience of illness starts to sink away from scientific medical reports, and was disregarded as biased, subjective and

inaccurate as a form of knowledge (Atkinson, 1988, pp.451–474). The patient was then seen as a body of empirical data which superseded any anecdotal evidence (Herr, 2009, p.300). The rollout of the National Health Service in 1948 meant that every citizen of England was allowed to register for care and treatment and as a result was able to access a physician, medicine, and diagnosis where necessary. Crucially, at this point, all citizens existed as medical subjects, and therefore became part of a system of objective knowledge. From the mid twentieth century, lifestyle and bio-psychosocial factors were brought back into the biomedical inquiry. The patient's experience and lifestyle was reintegrated into the medical questionnaire, and again considered an important factor. It is worth pausing here to note that, in my experience, the cultural split between objective and subjective knowledge has been internalised and biased concepts of empirical versus anecdotal evidence are ongoing in the contemporary clinical encounter. This is particularly so with idiopathic illnesses that do not fit into the statistical framework. For this reason I'm interested in how creative expression can challenge the idea that knowledge on chronic and idiopathic illness can only be generative or revelatory when produced by medical professionals. Pushing this slightly further, I'm concerned with how far experimental expressions can be considered revelatory as shared knowledge when they are presented in ways that might obscure or complicate readerly comprehension.

In *Body of Work, An Anthology of Poetry and Medicine*, Corinna Wagner and Andy Brown have gathered together the most well-known historical and contemporary illness poetry, including popular names such as Margaret Atwood, Lavinia Greenlaw, Deryn Rees-Jones, Sharon Olds, Robin Robertson, and Simon Armitage. In her introduction, Wagner argues that the two cultures of medicine and the humanities have historically collaborated, writing that the two are consilient cultures that share a common language. 'Consilience', she writes, 'is a belief in the unity of

knowledge' (Wagner & Brown, 2016, p.4) and she introduces a range of nineteenth century scientists, Sir Humphrey Davy, Thomas Beddoes, Sir Joseph Banks, Michael Faraday, James Watt, Samuel Taylor Coleridge and Robert Southey, who did not think that the investigative mind was 'confined to a specific discipline' (Ibid, p.4), that doctors and poets 'did not speak diametrically opposed languages' (Ibid, p.4) but that ideas migrate between medicine and literature (Ibid, p.5). Wagner moves through the centuries compounding her evidence that writers use poetry 'as a means of entering more directly into medical debates on issues surrounding madness, hospitals, evolution and genetics...' (Ibid, p.6) suggesting that at the turn of the twentieth century, poets 'lauded the importance of humanistic values, sometimes as a counter to the demands of rationality, empiricism, and professional objectivity' (2016, p.6). Wagner uses the example of William Osler who 'used the past to bring about what has been termed a "rehumanisation of medicine"' (Ibid, p.6) claiming that a 'liberal arts education was as vital as practical medicine' (Ibid, p.6). More broadly, the two cultures of poetry and science are not only consilient, but utilize similar techniques in terms of trial and error, examining new ways of representing truth by incorporating poetic devices such as simile, metaphor, analogies and metonym. Of course, scientific knowledge has always wrapped itself into metaphor, and in the medical encounter is often employed to facilitate patient understanding.

Wagner's introduction sets out with the important question: 'what can poetry do?' (Ibid, p.20) and argues that lyric poems can communicate realities; confessional poems 'ask for non-judgmental compassion as they communicate personal experience with addiction, sexual dysfunction or abortion (Ibid, p.21); odes offer 'perspective in anxious times, and reveal the resilience of the human spirit' (Ibid, p.21); free verse 'patterned on the rhythms of regular speech encourages dialogue about difficult subjects where there might otherwise be silence...' (Ibid, p.21); and the association with sound 'makes poetry suited to the rhythms of the body' (Ibid,

p.22). Crucially, the anthologized poems employ poetic devices to assert order onto the lived experience of illness. The poetry included in the anthology is rich with metaphor and anecdote, poignant moments that represent the experience of disease and illness with clarity and insight. For example, in the poem “Dialysis”, Lucille Clifton plunders the moment of receiving treatment in the dialysis unit, articulating her disappointment and disbelief,

we are not supposed to hate

the dialysis unit. we are not

supposed to hate the universe.

this is not supposed to happen to me. (2000, p.278)

We have direct access to the questions and thought processes occurring for Clifton, and the employment of repetition ‘we are not... we are not... this is not’ gives insight into the emotional dimension accompanying her experience of illness and the dialysis room. From the same anthology, Simon Armitage’s poem “Ankylosing Spondylitis” uses an analogy to present a concrete image of his joint condition ‘my skeleton will set like biscuit overnight, like glass, like ice’ (1993, p.211). Both examples coherently depict their experiences as they muse over the psychic and physical dimensions that accompany their respective illnesses and it is fair to say that neither require much investigation from the reader to unravel any further meaning. Wagner suggests that poems are valuable as they present the human experience of illness, which ‘unquestionably feeds back into medical knowledge and treatment’ (2016, p.2). This aligns with theories in medical humanities that suggest such interventions produce ‘a shift in clinical method towards attending to and interpreting patients’ subjective experience as well as scientific knowledge and data’ (Woods and Whitehead, 2016, p.4). One of the particular concerns of my thesis is to

consider how far poetic experimentation might further shape the inquiry and dismantle the borders between the subjective, lived experience of illness and the objective notion of 'disease' as held by medical professionals. What else can be produced or performed, and how revelatory and generative is experimental poetry as a new authority or shared authority? Wagner writes that medical poetry is a literary form that is making 'important interventions in how we understand and experience disease, illness and disability' (Brown & Wagner, 2016, p.xxi). She continues:

Communicating new imaginative worlds... require[s] the writers to learn the differences between hackneyed, clichéd poetry and innovative, insistent poems... it should challenge readers in some way; it should demand something from them, whether that be emotion, introspection, action, a change of opinion, greater understanding or something else. Very good writing about the body is often difficult and full of discord. (2016, p.13)

I would argue that it is the *experience* of illness that the anthologized poetry depicts as difficult and full of discord, rather than the form the work takes, the dominant mode of which is coherent and accessible. As we edge closer to contemporary poems in each category, I find that the poems that have been included are conversational, sometimes delivered with a purposefully flat tone, with colloquial language and standard syntax, but they are largely set in rigid structures, with ordered line lengths. There are a few exceptions to this, John Burnside's poem "De Humani Corporis Fabrica" includes spatial notations and yet it is delivered with a linear narrative and a coherent, ordered, expected rhythm. Anne Sexton's poem "The Addict" and Frank O'Hara's poem "Anxiety" both use a short form, employing jagged line-breaks that disrupt the reading experience but accompanying both are cohesive narrations. Sylvia Plath's "Fever 103" is the only

poem in the anthology that explores the ideas with linguistic innovation and is rendered with a semantic playfulness that generates questions about the chaotic experience of being ill. Poems that use disjointed form, where the language itself is difficult and full of discord, have been left out of this canonical anthology. I'm left wondering if such works have been omitted because the potential to be confused or to fail to grasp meaning, could alienate readers and undermine the notion that the medical poem is a source of comfort to others.

As a counterpoint to coherent illness poetry, I am specifically interested in examining a poetics which borrows from a post-modernist discourse: texts that operate with an alternative understanding of how meaning can be articulated in language. For me, this is a valuable inquiry as I believe that the illness experience cannot always be articulated in simplistic terms. The experience is often too complex to render meaning coherently. I'm interested in the ways fragmentation can communicate the lived experience of illness: how dissonant language is representative of the chaotic experience of being unwell; and how experimental practices mobilize healing, further social understanding of disease, disability and illness, and to borrow from Anatole Broyard, fill the 'silence that otherwise surrounds diagnosis and treatment' (Broyard, 1992, p.21). In the clinical encounter, there is often too much technical information to use plain language or easy metaphors as a mode to translate the psychic, mental and physical experience of illness. One of the key preoccupations of this thesis is to articulate how these alternative writings generate difficult but important embodied perspectives on the lived experience of disease.

The therapeutic function of creative expression is worth noting here: writing about illness has enabled me to divert energy from my illness and manipulate it for my own purposes. Once I had established that my evasive and unknowable illness was the focus of study for my thesis, creative

expression became an important act that enabled me to make sense of the bodily and psychic issues that accompany my disease. Ann Jurecic draws on psychologist James E. Pennebaker's research on the 'therapeutic benefits of expressing emotions, in particular the benefits of writing about trauma and other unsettling experiences' (Jurecic, 2012, p.11) suggesting that 'the practice of composing provides a means for organising and understanding of one's life and self, and for gaining insight into uncertainty and the unknown' (Ibid, p.11). Translating the difficulties and traumas of illness into language allowed me to generate my own subjective knowledge and understand more fully how the autoimmune experience affected my life.

Through writing, I found that it is not always possible to be distant from illness, there is an undoing of the filtered consciousness that I might ordinarily present, and it is this collapse of consciousness that produces chaotic statements and expressions. In my creative and critical research, a fundamental question arose: how does my own practice and the work of the poets I'm examining render the physical and psychological responses to illness in ways that represent the discord of their experience? It is useful to think of this question in the context of Arthur Frank's theory that, 'the person living the chaos narrative has no distance from her life and no reflective grasp on it' (1995, p.98). He writes that 'control and chaos exist at opposite ends of the spectrum,' (Ibid p.101) that the experience of being ill is 'always beyond speech' (Ibid, p.101). By 'chaotic expressions', I am not suggesting that these expressions lack a coherent narrative order because the writer has not yet acquired what Frank terms a 'reflective grasp' of their story, nor do I mean to suggest that the narrative is rendered with an 'immediacy' that lacks 'mediation' (Ibid, p.98). Though I agree that it is not always coherent thinking that is produced in the midst of illness, and that coherence requires reflective distance from illness, Wasson's argument that an embodied poem does not always emerge as one fluid piece of organized knowledge is a useful

counter-argument. Wasson probes the limits of Frank's label of the 'chaotic narrative' and offers alternative readings of non-linear expressions. She counters the accusation that chaotic expressions occur when the writer is in the midst of a crisis, or has not yet gained a 'reflective grasp over their narrative.' Moreover, she argues that they should be read outside of a narrative framework, 'while a coherent 'self' may indeed be absent, there is still much to say about the way a text conveys the flux and flow of a tortured temporality' (2018, pp.108-109). Drawing upon a range of theorists to suggest that representations of the 'emerging present' contain a non-linear, complex temporality', Wasson suggests these moments are not 'closed off within a narrative arc' and that 'value may inhere in the rupture and the breach' (Ibid, p.111). The illness experience, as Wasson notes, requires a 'reading practice less in search of narrative coherence or self-authorship and more interested in the value of textual fragments, episodes and moments considered outside a narrative framework' (2018, p106). Wasson gives the example of Lara Birk whose auto-ethnographic work suggests that:

severe pain "not only ruptured the coherence of my narrative, it precluded coherence as a narrative possibility"; in her case, she found "the embodied narrative of the person in pain is unpredictable, unreliable, and seemingly unsuitable for communication." (Ibid, p.107)

Much like Birk, my own narrative of disease and pain is unpredictable and unreliable. Crucially, because of the very nature of its chronicity, the unpredictability and chaos endures. It is never-ending and therefore narrative coherence seemed an unsuitable mode of communication. The writers I've chosen to study in this thesis are not producing poems in chaotic forms as the result

of an *accidental* absence of linearity, as Frank suggests is the problem with chaotic writing on illness. Moreover, they have made deliberate and conscious decisions to organize their texts in ways that embody the chaos of that lived experience and are not motivated by linearity and restitution.

While Wagner and Brown's anthology neglects to include experimental poetry, the poetry anthology *Beauty is a Verb: The New Poetry of Disability* (Bartlett, Black, & Northen, 2011) includes a range of contemporary aesthetics and poetic modes, along with valuable critical writings that offer historical and contemporary insights into the context, methods and the practice of their output. Many poets in the anthology grapple with ways of asserting control of their pain by using form, finding modes of composition that enable them to embody the unpredictable backdrop of living. Many speak of the responsibility the writer has to resist stereotypes. They expand on their conscious decisions and intentions in their representations, generating complex ideas on the problematic constructions of identity. To borrow from DiPietra, 'disability pervades all identity categories' (Bartlett, Black, & Northen, 2011, p.273). DiPietra does not wish to write poems that 'further evanesce' her identity and takes care to avoid the old-fashioned scripts of overcoming or suffering that erode the unique and personal illness experience.

This underlines a specific tension within the innovative mode of writing: writers in this field must negotiate the thorny issues of identity in all its fluid manifestations. Michael Northern writes that the poet Larry Eigner avoided writing about his cerebral palsy, that he 'seldom foregrounded his mediated condition... preferring to record real time perceptions and observations' (Bartlett, Black, & Northen, 2011, pp.27-28). Instead Eigner uses fragmentation as a device that avoids the linear narrative experience, placing him at a distance with his environment, whilst simultaneously

immersing him in it. The scope switches between the micro and the macro:

views
transparent
beside each other

this is all

the small
and the relative
...
the hood the
glass
reflecting to the sky
sit on the hard surface
tug the small tree
the dog's sleeping under (1964, p.33)

This shifting perspective collapses the frames that border the outside world. The white space surrounding each fragment further compounds the disintegration of time. This indicates the chaos and unpredictability of the illness experience. That poetry cannot be hemmed in by traditional punctuation or formal structure. In contrast, Laurie Clements Lambeth writes of her multiple sclerosis, 'the subject was too expansive and tentacled, too emotionally unpredictable, too difficult to harness into free verse' (2011, p.176). She attempts to take the element of her disability that isn't considered beautiful and 'investigate it, sculpt it and create something outside of my body that is vividly physical in subject and form' (Ibid, p.176). She writes that she was 'moved to craft different formal responses to each somatic experience,' and actualizes these by 'disrupting sentences mid-stream and continuing mid-line in the next stanza.' In another poem, Lambeth uses a 'slanted gutter down the middle' to address the seizures, imagining herself as a

seed erupting through the soil:

I convulsed so	hard I broke
open, broke	the earth,
erupted and	pushed out
a narcissus	by the roots. (2008, p.180)

The given form, Lambeth writes is ‘more halting, frantic’, and this enables her to express the ‘hesitancy... disruption in fluidity, reflective of the inability to share physical experience’ (2011, p.176). I do not wish to suggest that a chaotic form is *always* indicative of crisis, but these observations propelled me to further question how illness *might* be poised on the page, ‘reproducible through shape or a latent structure’ as Lambeth writes (Ibid, p.176). These deliberations prompted me to consider how I might use form and composition in my own practice, and how these constraints might provide revelatory insights on the fractured experience of chronic illness.

In the following chapter, I begin by presenting some of the current thinking surrounding the implications of appropriating scientific discourse in experimental poetic practice. Developing this exploration of interdisciplinary practice, I examine how the appropriation of obscure medical language addresses hierarchies of knowledge, questions of knowability and the construction of poetic realities. The following case studies will form the study for examination: Joan Retallack’s “AID/I/SAPPEARANCE”, DiPietra and Leto’s collaborative poem *Waveform*, and Wolach’s *Hospitalogy*. I observe the poetic devices used that render the lived experience of illness and present a reality that is complex, endlessly evolving, fluid and multi-layered. I consider how objective medical languages appropriated in poetic practice both disrupt and serve subjective

knowledge, how such material exerts a certain pressure and shifts the limits of subjectivity.

Finally, I conclude that the appropriation of these technical medical registers destabilizes medical knowledge as a regulating discourse and inserts the subjective experience as another access point to knowledge. I suggest that by appropriating the closed codex of medicalized vocabularies, the writers in my study reject a passive compliance with oppressive language and question the validity and stability of clinical terms. This allows them to carve a space to interrogate visibilities and vulnerabilities of being sick and transgress the fixities of being *inside* and *outside* knowledge.

In the third chapter, I examine contemporary modes of confessional illness writing, modes that historically have made use of emotional language and as a result has been condemned as narcissistic and 'feminine'. I contemplate the confessional forms that Wolach and Boyer produce as they reject the literary conventions of confessional poetry and play at the borders of comprehension. I observe how these radical works expose the socio-cultural responses to abnormality and suggest that the sick body is simultaneously visible, invisible, hyper-visible, and in some cases, indecipherable.

In the fourth chapter, I introduce Stecopoulos' poetry collection, *Armies of Compassion* as an auto-ethnographic text: a communicative mode that enables subjective and individual expression by linking to existing historical, social and cultural knowledge of the subject of autoimmunity. I consider the focus given to toxic and healing frequencies that accompany diagnosis and treatment, and reflect upon how these discourses help her to participate in her healing and further understand the autoimmune illness experience. Highlighting the ways military language and metaphors are entrenched in clinical understandings of the healthy immune system that can distinguish between self and non-self, where non-self is depicted as foreign or hostile, I examine how *Armies of Compassion* forges connections between state politics and the autoimmune body

undergoing treatment.

In the final chapter, I consider contradictory arguments and questions of audience reception and access *inside* and *outside* academia, whereby mainstream *and* experimental texts have been conceived of as both marginalized and privileged. Despite my claims that the work examined in this thesis is made up of productive and generative writing, in my conclusion, I consider the extent to which experimental writing might be a site of privilege that risks failing to reach an audience outside of the academic community. I question how generative and revelatory experimental poetry is beyond its established sphere. I draw upon arguments from Wasson and Ann Jurecic to underline these opposing views, and to further interrogate how the production of experimental writing can be simultaneously marginalized and theorized as an act of privilege.

Chapter 2

Inside/outside knowledge: abstracted vocabularies and subjective experience in Denise Leto and Amber DiPietra's *Waveform* and David

Wolach's Hospitalogy

This chapter will begin by presenting some of the current thinking surrounding the implications of appropriating scientific information in poetic practice. Developing this exploration of appropriative practice, I will examine how the use of obscure medical language in the poetic works examined in my study addresses hierarchies of knowledge and complicates the question of authority in the medical encounter, provoking revealing and generative insights on the experience of illness. The following poetic works will form the study for examination: Joan Retallack's "AID/I/SAPPEARANCE", DiPietra and Leto's long collaborative poem, *Waveform*, and *Wolach's Hospitalogy*. I will use these texts to examine how meaning is produced in the convergences and constraints between technical and emotional registers, and how the writers complicate the notion of illness, creating a radical disparity between the subjective lived experience of illness and the objective notion of 'disease' as held by medical professionals. I will unravel how the writers open a space for affect when appropriating the closed codex of medicalized vocabulary producing complex approaches that question the validity and stability of clinical terms.

I will first begin by considering some of the scholarship, theory and practice of the appropriation of information, specifically scientific information, within poetic practice. In their anthology *Poems of Science*, editors Heath-Stubbs and Salman ask, 'What kind of knowledge is poetry?' (1984,

p.36) Michael H. Whitworth suggests that the appropriation of specialized discourse is a crucial feature of modernity, and one which presents a series of questions about the notion of knowledge, asking what literature can *know* about science. (2010, p.45) Whitworth presents a series of questions that underline the resonances to be found at the point of intersection:

What does the scientific idea allow the poet to do or say that would not otherwise have been possible? Does the scientific idea merely provide a veneer of modernity, or is it doing more serious work? ... Does science dominate, or do other domains also contribute? If so, do they challenge the authority of science or coexist comfortably? Of course, in some poems the answer may not be straight forward: the more open the form of the poem, the less certain the hierarchies of knowledge. (Ibid, p.52)

Appropriating technical lexicon into poetic practice is not without complication, not least because of the slippery nature of information. A poet engaging with interdisciplinary practice is in danger of becoming an interpreter, a conduit for information and inadvertently responsible for providing the channel of meaning. John Wilkinson argues that the 'eschewal of authority has been a cardinal principal of postmodernist practice' (Wilkinson, 2002, p.6), and highlights that in the act of appropriation 'the poet must crush, smash and conflate the verbal material to squeeze out or shake off the marks of prior ownership, releasing a lost potency of meaning' (Ibid, p.8). In his paper 'Strips: Scientific Language and Poetry', Peter Middleton reflects on this act of interdisciplinary practice in the work of J.H. Prynne:

Once you start looking it is not difficult to find these strips of scientific language in the work of a number of poets ... The articles and textbooks from where these strips have been torn are not usually identified, the source is not the point, the reliability is not the

point, you either know or you don't, and the poet isn't teaching Biochemistry for experimental victims. (Middleton, 2009, pp.947-958)

Reliability may *not* be the point, but there are other perceptual implications that accompany borrowing from another discourse. J.H. Prynne actively encouraged readers to research the science behind the poem. As Simon Jarvis suggests, 'reading should not be contemplatively confined to the text itself but prepared to enquire beyond it' (2002). For example, Prynne's poem 'ARISTEAS, IN SEVEN YEARS' initially appeared without its accompanying notes, letters, and bibliography, compounding his theory that a reader should become a researcher. Hugh MacDiarmid's later work also employed obscure scientific languages and he assumed, as Prynne did, that readers would bring with them a level of competency and literary knowledge. The assumption that readers will enquire beyond the text remains a key component in modern poetic practice and one that I will return to in my conclusion as I consider the question of access and privilege inside and outside academia.

In *The Rise of Autobiographical Medical Poetry and the Medical Humanities*, Johanna Emenev interrogates the poet's role of orbiting and sampling medical language in the work of contemporary poets from the United Kingdom and New Zealand. Drawing upon Bakhtin's ideas of multi-voiced discourse, Emenev considers how the notion of the doctor as a gatekeeper of discourse is 'in keeping with Foucault's observations regarding the "medical esotericism" of clinical language' (2018, p.42). Including poetry from Doctors, Glenn Colquhoun, Angela Andrews, and Rae Varcoe, Emenev notes that 'there is far more to the medical poems of these doctors than the democratic and confessional sharing of personal medical experience ... there is a polemical voice that calls into question the authority and impenetrability associated with the physician's role' (Ibid, pp.106-107). The doctor-poets are accustomed to using an 'impenetrable sociolect'

(Ibid, pp.106-107) and attempt to demystify medical practice by exploring ‘the tensions between medical and lay language and the internal conflicts inherent in the role of clinician, a vocation grounded in the objectivity of science’ (Ibid, pp.106-107). Emeney suggests they do so by ‘undermining authority ... tempering scientific languages with more colloquial language’ (Ibid, p.107). Bakhtin’s theory of heteroglossia is employed to describe their word play and the appropriation of biomedical language. Emeney argues that acknowledging and addressing the use of polyglottal language assists the poets in transcending the private experience of illness. She addresses issues of authority, revealing the purpose and intention behind appropriating impenetrable vocabularies:

The language of medicine used mimetically (when the speaker or author is relaying the speech of, or ventriloquising, the doctor), “constitutes a special kind of double voiced discourse” (Bakhtin 1981, p.324) and reflects the poet’s polemical intent, as well as his or her attempts to universalise personal medical encounters authentically, using all of the voices needed to enact experience. (Emeney, 2018, p.43)

As I’ve argued in my review of Emeney’s anthology, using these technical registers ‘allows for a mode of possible engagement where the technical and human boundaries are porous: a multi-vocal medical world that encompasses non-medical voices.’ (Lehane, 2019, p.263) In *Open Fields*, Gillian Beer elucidates upon some of the perceptual implications of borrowing lexicon, ‘As soon as terms get outside the interactive eyes of co-workers, unregarded senses loom up’ (Beer, 1986, p.184). The notion of senses *looming up* brings to mind theories of consciousness, phenomenological perception, and modern philosophical accounts of experience that reflect on the neurological. The poet engaging with another discipline is travelling without physically moving, absorbing language, dismantling the existing structures of knowledge, constructing what

Joan Retallack called 'reciprocal alterity.' (Adair, 2012). Poems are charged with these *alterities*, and despite being 'composed in the language of information is not used in the language game of giving information' (Wittgenstein, 1967, p.160), they rely on devices which further abstract, play with and innovate upon the meaning. But meaning is not entirely stripped from the poetry. As Whitworth suggests 'by placing scientific idioms in unexpected contexts, it forces the reader to be active and ... to recognise that knowledge is not given, but is produced' (2010, p.55). As an example of this, Joan Retallack's poem "AID/I/SAPPEARANCE" appropriates theory and language from atomic and nature theory sources. Retallack abandons her source material, moving from objective, scientific language, 'element of discontinuity especially apparent through the discussion of the nature of light' (2012, line 3-4), in favour of more colloquial, human registers, 'she said it's so odd to be dying and laughed' (Ibid, line 4). Retallack produces a text that incorporates the authority of scientific language that distances us from pain, and subverts the technical language by slipping down to a human register 'making certain things disappear and there is no place to stand on and strangely we're glad' (Ibid, line 6-7). As Bryan Walpert observes, Retallack moves abruptly from one register to another, shifting 'the perspective inward into the emotional life of a speaker' (Walpert, 2006, p.696). Retallack refuses to become lost in what Walpert refers to as 'the analytical, object-centered epistemology of science' (2006, p.696) and instead transports us to a more human dimension, drawing us into a reality that is all the more acute for the inclusion of personal and emotional registers that smash against the precise, scientific, objective language. The emotional language in the poem is charged by the technical and this is representative of the lived experience of illness and the clinical encounter, whereby the patient can experience an absurd clash of emotions set against a background of medical information.

Commonly, the patient exists as a subject constructed by data, as a statistical representation,

objective data that is controlled by clinicians. For example, in letters from the GP to the doctor, where the patient is copied in, the language is not meant for them, moreover, the patient is often *excluded* from accessing technical terms. Often the language used about the body is written in third person, from one clinician to another, as though the patient isn't really part of the system. This raises a question surrounding who has *access* to knowledge, and whether specific discourses can *own* information. In my essay 'Encountering the Informationists' I suggest that 'tampering with legitimacy and information, violates predicted routes of engagement' (Lehane, 2014). Technical language may be alienating and unfamiliar for the common reader, but it also promotes access to another knowledge set and adds weight to the earlier theory that readers should also be researchers. As I've argued in the essay,

...such experiments are not simply experiments in assemblage, they indicate more than a casual re-purposing of information borrowed from another discourse. The science and its lexica have often been understood, meditated upon, mulled over and then further re-imagined in new contexts. (Lehane, 2015)

Using difficult, closed medical registers is, to borrow from Adrienne Rich, making use of the 'oppressor's language' (1971, p.16), it belongs to a discourse that has historically excluded marginalized groups. But as Rich argues, there is no other way to describe it. Sharon Snyder and David Mitchell suggest that writers appropriating clinical medical language are subverting the usual terms and power structures at work. Using such language, they argue,

proffers an entrance into an otherwise closed system of representation that would silence the disabled body ... By refusing a passive compliance with the dehumanizing vocabulary of medicine, the disabled body steals the medical stage and rejects terms of its professional reception (Snyder, & Mitchell, 2001, p.384).

The release of these technical registers within a poetic form allows marginalized, experimental writers to speak of their lived experience, to perform and decipher the opacity of scientific language in ways that do not assume a mode of understanding, meaning or fluency. By switching or slipping between technical, emotional and human registers the poet is able to present a multiple and collapsing world that encompasses both objective and subjective experience. I would like to consider these appropriative processes at work in DiPietra and Leto's a long collaborative project, *Waveform* (2011). It is comprised of several competing elements: essayistic passages, medical language, and real phenomenological articulations of the failings of the body. It reports on biological and chemical responses, and meditates on the complexities and variations of the passing of time. Before I delve into the use of medical discourse in their work, I'd like to underline some other important aspects operating in the work, concerning writing, writer's block, and collaborative practice.

The poem began as an email correspondence between DiPietra and Leto and documents the experience of living with their respective illnesses and health conditions. There is an intentional blurring of voice, so the reader is never sure whether they are reading DiPietra or Leto. It is clear that the two have entered into a dialogue, apparently with an initial lack of familiarity, '> But hi how are you? I do not know you ... What have you been writing?' (Ibid, no page). Post collaboration, Leto writes of their experience:

We were interested in a mutual exploration of disability, poetry, embodiment, movement, genre-blending, uncertainty, language, silence, subverting the seduction of perfection, notions of the broken line, suspension and pause, flow and disruption. I was hoping *Waveform* would become a blended voice/poem that might enter into the discussion of disability poetics and avant-garde poetics. (Northen, Wordgathering, no date)

In an interview with Declan Gould, DiPietra expands upon the notion that illness is not a solo-concern, and suggests that it involves and is made up of a multiplicity of components, noting that ‘the disabled body is a trifold pamphlet comprised of medical terms, insurance jargon, social services lingo, self-help verbiage, advocacy mottos’ (Gould, 2013, no page). Leto introduces the concept that a sick person has to move through the world ‘always informed by real time and therefore by the polis, the political realm— that the poem is not “just” an artefact, but a dynamic interaction consisting of poetic elements from the author’s mind and material realities of the world around us’ (Ibid, no page). The material realities include a series of email correspondences between Leto and DiPietra, including email errata marks. The decision to include these marks, ‘<’ was a decision to ‘include markers of real time, a way to heighten omission, formation, (de)formation and the uncertain panoply of perception’ (Ibid, no page).

This technique also employs the first person pronoun as the two communicate between each other, ‘ > that I am quite/ blocked / >and have been for some time’ (Leto & DiPietra, 2012, no page). There is a linguistic play with the term ‘blocked’, which brings all manner of associations including physical and mental dimensions, but also returns the reader to the materiality of writing and the issues with communicating illness. As Frank Svenaeus suggests, sick people are able to combat the alienating character of illness by making ‘adjustments in the meaning patterns of their selves and environment... not only changing the outer circumstances, but also their understanding of themselves in this altered situation’ (Ibid, p.338). In *Waveform*, there is the suggestion that writing is the important task that will facilitate meaning and yet even this effort is thwarted by pain:

my back and neck keep the time I spend writing—a
>grindy rhythm

That sort of counters the effort to lose myself in words (DiPietra and Leto, 2011, no page)

The act of writing is a distraction but the distraction itself pains the body. The notion of writer's block is given further attention and in response to the question 'what have you been writing?' Leto admits to a type of disfluency that stalls her writing process, 'I cannot say: I may have just been making lists (it feels like writing)' (Ibid, no page). She then goes on to include all of the excessive thought processes that taunt the sick and pained body,

I am anticipating the splintery sensation deep in my ankles– how will I hold my face, fiddle with my clothes, become preoccupied with someone else for a passing instant– to anticipate and avert your gaze from the absolute wave of the feet, crashing against gravity. (Ibid, no page)

This kind of bodily 'knowledge' often remains unspoken in personal encounters, keeping the sick body contained within a social system that demands it does not articulate pain or discomfort but instead operates within the sovereign model of normativity. In this act of telling, the reader is provided with a self-conscious site of disturbance that questions the social paradigms of what is acceptable to disclose. By including it, Leto pushes for these types of honest expressions of anxiety to be part of the conversation.

To return to the matter of appropriating medical language, Leto and DiPietra carve a space to interrogate the language of pain: they do not use non-specific terms such as 'arthritis', a general word for 'joint pain', perhaps because it doesn't contain the nuanced implications that invariably cause and accompany arthritis, such as swelling and immobility. At times, they refuse to employ

medical language and substitute clinical terms with their own metaphorical constructions, 'A column poured for/my backbone' (DiPietra and Leto, 2011, no page) reminding the reader that the backbone has become unstable but could be reinforced by industrial structures. In another section, Leto and DiPietra sample the diagnostic responses in testing for the speech condition Dystonia:

Take a deep breath and say a sustained "e" 89% Loudly say "Taxi" 95%

Spontaneously laugh 86%

Say: "Ambling along Rainey Island Avenue" 80% Say: "He saw half a sea shell" 75%

Say the alphabet from A to N 69% (DiPietra and Leto, 2011, no page)

By repurposing this language and feeding it throughout the poem, Leto and DiPietra transgress the standard practices and positioning of the specialist and patient, and disrupt the fixities of being both *inside* and *outside* knowledge: the medical language of the test has become mutual ground.

In her interview on *The Conversant*, DiPietra writes that they decided on 'pivot words'. These words explore 'ideas of suspension, fluidity, rigidity, movement, non-movement' (Gould, 2013) and allow Leto and DiPietra to mess with the technical language, and write about their respective illnesses whilst forging new ways to present the perception of time and the 'sense of things being suspended, and also the luxury of suspension — how it feels to be suspended without the crush of time and gravity upon you in relation to chronic illness' (Ibid). In her essay on the temporality of illness, S.K Toombs argues that an 'important factor that contributes to the unshareability characteristic of pain is the incommensurability of inner and outer time' during which 'the immediate experiencing of this continuing flow of disquietude occurs in inner, rather than outer time. The 'now' of pain appears to be endless' (1990, pp.232-235). As *Waveform* articulates 'This

is all happening at once ... This is all happening at the same time' (DiPietra and Leto, 2011, no page). Toombs reveals a significant rift between the subjective time experienced by the patient, whose 'experience occurs in inner time' (Toombs, p.232) and objective time, which is 'measured by clocks and calendars' (Ibid, p.232). In *Waveform*, there is a suggestion that time operates unusually,

...so I might arrive at a destination that can be discernable to myself and others.

The time it takes is not something I can count. The time it takes is what meteorology tries to do. My sound out-runs nothing. The clock hands strand my neck.' (DiPietra and Leto, 2011, no page)

Living in a world that demands complicity with timetables and appointments that are scheduled by objective time becomes a pressure on the neck. The sick person exists outside of the standard societal expectations within a fragmented flow between movement and non-movement:

- > looking at rising, supine/suspension, where is the body in space
- > interval/ pause, sleep/wakefulness, holding as in, say, holding breath in a line
- > or holdings one's body "differently". Listing as in the quotidian or a
- >
- >
- >
- > neuro-poetics of line, issues of time in a day, in a body (DiPietra and Leto, 2011, no page)

It is the stress or tension between the fluidity and rigidity of time when the body is suspended waiting to feel more comfortable that reinforces Leto's notion of pivot words. The words 'Disease as the body knowing itself to be not a homogenous mixture' (DiPietra and Leto, 2011, no page), remind

the reader that diseased bodies are made up of more than one substance. In the same way homogenous liquid separates, Leto is suggesting that the diseased parts of a body split off and fragment, unable to work in symbiosis or live in harmony with the rest of the body.

Gilles Deleuze and Felix Guattari's *A Thousand Plateaus: Capitalism and Schizophrenia* (1987) is used as a structural framework for *Waveform*. Reference points repeat throughout the sequence, as the poem imposes the structure from *A Thousand Plateaus* by using titles such as 'Field of Reality', 'Field of Representation', 'Field of Subjectivity', and 'The Fields Converge' as an organizing principle. This structure is underpinned by quotations from the text, that Leto and DiPietra develop into extended metaphors to exemplify the subjective experience of sickness. Each passage in *Waveform* lays out a new iteration of 'suspension' by re-engineering the language into new formulas. Rather than gain some clarity with each iteration, the clinical terms become less technical and more personal, but simultaneously more private and detached. For example, in 'I. Field of Reality', the term 'suspension' is initially given as an exact definition, 'suspension /is a heterogeneous fluid containing solid particulates that are sufficiently larger for sedimentation' (2011, no page). In the second part of the sequence, 'II. Field of Representation', the term is now employed with the idea of time, water and the body:

Everything that is the other dimension of gravity.

The form of the wave forming. Time lapse. If I say "crash." ...

Action being what suspension isn't or the other way? (Ibid, no page)

The crash here indicates the crash of a period of wellness, as the 'form of the wave' forms, a period of illness is ready to strike again. The rendering of suspension in the third part of the sequence seems further divorced. The first person is detached from the process of writing 'I

looked up suspension and wrote some lines. They are just lines; I am not attached' (Ibid, no page). These lines exemplify how medical terminology disconnects the reader from the experience of their diseased body and provokes a disembodiment: even the practice of writing is broken and halted by engaging with clinical language.

By the fourth iteration 'IV. The Fields Converge' human and technical registers entangle, reminding the reader of the stages a person experiences within the medical system, suspended from hope—often without diagnosis— and this is linked to the disembodied act of writing. The idea of sedimentation is re-employed, reinforcing the image of unmixed liquid within the body, but significantly mapping it onto ontological, cosmological and somatic concerns:

Body as coalescence of molecules whereby the universe can sense itself. Sedimentation is the tendency for particles in suspension or molecules in solution to settle out of which they are entrained come to rest against a wall due to motion through the fluid in response to forces acting on them... When I say body I mean clings to the things... sedimentation rate is a diagnostic test for inflammation measuring speed at which red blood cells fall bottom of a tube over time elevated sedimentation rate means increased inflammation... When I say my body I mean clings to the things it think it can hide. Not hide, but smooth over. For ease of use. In just being there. Somatics of a chronic discomfort is a kind of semi-pearlizing. (Ibid, no page)

Sedimentation is another 'pivot word' which further complicates the notion of time. It is employed as a chemical definition 'a heterogeneous fluid containing solid particles that are sufficiently large for sedimentation' (Ibid, no page), indicating that the body and reality have all been suspended in time. The reader is aware of a multitude of definitions for the word

‘suspension’. To be *suspended* is to be held in place, to not know what will happen, but it is also the clinical word employed for liquid medicine. This definition is technical and complex for a person unfamiliar with the term and this is disorientating for the reader, in the same way that for many patients, much of the medical discourse can be disorientating, unfamiliar, and alienating.

Gould writes that

DiPietra and Leto turn the blood test into an example of sedimentation that occurs with rocks, dust and pollen, to momentarily reimagine the sed rate blood test, which is seen by doctors as indexical of “increased inflammation”... that connects to a ‘self-reflexive and tentative’ passage, bringing in the body and the ambiguous notion of ‘chronic discomfort as a kind of semi-pearlizing’. (2017, p.180)

He emphasizes their use of ‘pearlizing’ as a term for sedimentation and indicates that it makes the discussion of sed rate ‘unstable, subject to changes, to multiple valences, and to breakdown’ and this pearlizing is a smoothing over the discomfort and disembodiment they experience. Using what Gould refers to as ‘unstable analogies’ (Ibid, p.183), Leto and DiPietra disrupt and subvert the current knowledge that clinical science presents. For the sick person, reality involves clinical encounters and technical language, and these must be negotiated alongside the more personal elements of experiencing sickness. By appropriating medical text, they render the lived, and shared experience of being chronically ill in complex ways that question the validity and stability of the terms they are using. Using this precise medical language draws distinct boundaries and suggests that the patient must cross the borders of comprehension to understand the extent of their illness and prognosis.

Described by Frank Sherlock on the back cover as ‘a place of genderqueer nomadism within the rubric of the Hospital Industrial Complex’ (Wolach, 2013), *Hospitalology* documents the experience

of being a patient undergoing medical procedures and interventions in hospitals and hotels in America. Wolach writes of the body's potential 'as a site of resistance and re-narration' (2013, pp.119-128), allowing for an approach that encompasses perspectives that invoke different modes of seeing, feeling, and understanding knowledge. Modes that provide crucial alternatives for non-normative bodies to reclaim, subvert, reject, or employ the medical terms and language used about them.

In the "Depreciable Assets" poetic sequence in *Hospitalogy*, Wolach appropriates clinical language from websites that provide and sell their services to hospitals. The poem "Cubicle | Factory | Line" (2013, p.89) performs an excavation of hospital minutiae, presenting patients as raw materials that will be consumed and replaced with new people and new conditions. For Wolach, entering into the hospital complex means entering into a system of commodification that places more value on beds and curtains than on the humans who sit upon and behind them. In her study of cultural and representational spaces of the medical waiting room, Laura Tanner underlines the complexity of spaces that limit 'the bodily configurations of their occupants...' (2006, p.70). These are spaces that render 'the healthy subject temporally suspended and temporarily unproductive' (Tanner citing Katherine Young's *Presence in the Flesh: the Body in Medicine*), where a person awaits 'cues that tell them when to shift realms' (2006, p.65). Patients can move 'when he or she is summoned into motion' (Ibid, p.70). Drawing on Merleau-Ponty's theories of consciousness and concepts of the body dictating the construction of space, Tanner also underscores that bodies are limited by medical protocols, placed into a room that effectively immobilizes the body (2006, p.68). The uniformity of the patterned gown, she writes, reminds us of our 'collective susceptibility to illness and death not located in an individual body but diffused and projected throughout the waiting room' (2006, p.79). By focusing the lens on the curtain fabric, Wolach highlights that the patients are at once 'everyone's problem' (Wolach, 2013, p.91)

and yet are stripped of identification. 'O the koinos:' (Ibid, p91) is followed by an immediate return to 'The common curtain' (Ibid, p.91) and an intensive focus on the curtain colour 'bluegrass. dune. seaglass. lagoon. / The fabric is designed with optimised dyestuffs and chemicals...' (Ibid, p.91). The curtains are heavily treated, as are the patients, but by paying the curtains such attention, Wolach invites the reader to consider their positioning in relation to the patient, whose importance has been removed. However, it is the patient's observation that finishes the poem and expands into things unseen, 'P says back / There, at night / There / wheel. caster. voice. linoleum. aluminium. rail. whisper' (Ibid, p.92).

The decision to include the mundane objects in the room is examined in Alan Radley's text *Works of Illness*. He suggests that 'clinging to shreds of the mundane' (2009, p.166) creates a 'lack of distinction between person and surroundings' that 'constitutes a permeability of boundaries' (Ibid, p.177). The arbitrary material gains greater importance: the curtains dominate the patient's thought stream. The language surrounding the hospital apparatus is specific: the curtains are produced from ethically certified fabric mills that are 'eco-Friendly', 'eco-Intelligent' from the 'Cubital Factory' (2013, pp.89-91). Wolach presents the patients' collective response to the hospital curtain, all the while criticizing the privatization of hospitals, 'No body here / Wants a common / Curtain' (2013, p.89). Radley calls this phenomenon 'fundamental disturbance', one that sits 'in the chasm between the mundane and the terrifying that the "horrors" of illness experience are forged' (Ibid, p.158). Wolach's clinging to the mundane involves an exploratory excavation of hospital minutiae. The reference to curtain 'selvages' —a finished edge on fabric that prevents unravelling— draws upon accumulated knowledge that floats around the hospital. Decisions have been made by supply chain management, procurement agents and purchasing, and the factory have ordered a specific type of curtain and this detail is part of what makes up the vast operation of the hospital complex.

Wolach plays word association with a mix of names for workers and derogatory insults for the subjugated that make up the work force of the hospital,

[wage slave] [thrall] [vassal] [vagabond] [vagrant] [employee] [able-bodied poor]
[impotent poor] [pauper] [proletariat] [professional beggar] [sturdy beggar] [simpleton]
[serf] [bondsmen] [rustic] [modified slave] [wage labourer] [peon] [working poor]
[kholops] [hayseed] [colonus] [unfree labourer] [undocumented drudge] [stagnated wage
earner] [cheap worker] [stooge] [child] (Wolach, p.89)

The brackets perform the function of containing workers, in the same way the cubicle curtains contain the patients, all the while highlighting the corruption of privatization as well as the unsung labour force behind the hospital complex. The details of the place and time are given attention at the beginning of the poem, for example it is specifically '11.24pm' (Ibid, p.89). Wolach frequently draws our attention to this seemingly irrelevant detail. The patient's thoughts are scored to the timing of the hospital: 'All lurch. Forward / In linear time' (Ibid, p.90). The repetition 'rolling by' emphasizes that the patient is disempowered and has lost all agency.

I saw P roll by

I saw P hit P so P rolled by I saw a faceless gull roll by

I saw some body's me roll by

I saw a tray of brown bottled fluids flanked by two machines that beep roll by I saw
another P this P *a real live one* roll by

I saw an N on a gurney joy ride roll by

I saw a stock of Eco-Friendly Hospital Curtains from The Cubital Factory Stacked on a bed
roll by (Ibid, p.90-91)

Documenting an endless stream of insignificant events, the objects and patients 'roll by', conveying an image of a production line, within which the patient and their conditions are simply components in an on-going system. The point of view of the poem captures the stillness of the patient experience, immobilized as they are in the act of witnessing. The lack of specificity in the names 'P' and 'N', (presumably stand-ins for 'patient' and 'nurse') renders workers as anonymous, faceless and nameless, providing a sterilizing effect, and compounding the sense of disembodiment that the poem has already set up by focusing on the hospital curtains.

In her chapter 'Living Bodies', Petra Kuppers searches for moments of 'unpredictability in knowledge structures' focusing on 'the often, uneven, unequal, teetering dialectic between disciplinary knowledges and artistic interventions' (2007, p.59). She asks how medical ways of knowing 'can be opened up in productive ways, ways that do not merely negate the medical' (ibid, p.59) and focuses on performance artists who 'destabilise the scientific project by adding, withholding, repeating, or otherwise undermining the fantasies set up by dominant discourse' (ibid, p.57). As I've suggested in my essay on *The Informationists*, embedding technical information in poetic practice carries a specific frisson and garners new resonance. It creates a network of perceptual implications for the reader (Lehane, 2014, no page). In this case, pushing the reader to consider the stability and legitimacy of information in both artistic and medical practices. As mentioned in the introductory chapter, Haraway posits embodied experience as a conduit for the critical understanding of illness and disability, arguing that the 'partial perspective' of lived experience is revelatory and produces a 'situated knowledge' that asserts an alternative and subjective authority (Haraway, 1988, p.586). By producing new subjective explorations that encompass the clinical languages and discourses found in the clinical encounter, Retallack, Leto, DiPietra, and Wolach challenge the implicit hierarchical power structures that suggest medical voices are the only access point to knowledge, and they call for non-medical

voices to be part of the conversation.

Chapter 3

Complicating the confessional: radical acts of confession in the poetry of David Wolach and Anne Boyer

What would happen if one woman told the truth about her life? The world would split open.

—Muriel Rukeyser

The previous chapter demonstrated how the repurposing of clinical registers in poetic practice destabilizes the hierarchies of knowledge, dismantles the implicit power structures and disrupts the fixities of being both *inside* and *outside* of knowledge. I have argued for modes of writing that simulate the illness experience by using medical language that questions the validity and stability of clinical terms. I've suggested that these modes insert new and subjective knowledge on the illness experience. Following Jo Gill's call for a radical revision of the practice of confessional writing, this chapter will unravel how the poetry of Boyer and Wolach use innovative strategies to complicate our literary assumptions of what constitutes confessional illness poetry (2006). By diverging from the expected tropes of confessional writing, both produce unorthodox work that synchronizes the personal and social experience of being visibly marked, hyper-visible, invisible or indecipherable. I will argue that Boyer and Wolach draw upon strategies that compel the reader into adjusting their current understanding of what it means to occupy a non-normative body, strategies that destabilizes the fixed territories of the body and exposes issues of illness and gender fluidity as complex components of identity.

Much of the current scholarship of illness writing is written in the confessional mode —a mode historically discarded by experimental writers as sentimental and self-indulgent.

Confessional poetry, typically associated with the work of Sylvia Plath, Anne Sexton, John Berryman, and Robert Lowell, writes Judith Harris, has been criticized for producing poems deemed to be 'private, exhibitionistic, self-indulgent, or melodramatic' (2001, p.254).

Condemned as trivial and indulgent, the opinion of confessional poetry has historically been that it perpetuates notions of weakness and irrationality, and is too feminine. Alicia Ostriker writes that the confessional writer 'who attempts to explore female experience is dismissed as self-absorbed, private, escapist, non-universal' (Ostriker, 1989, p.58). Deidre Heddon builds on the idea of the confession as a 'feminised space' where the feminine 'continues to signify negatively', and is 'perpetually devalued' (2006, p.139). Heddon quotes Irene Gammel:

the confessional mode is dismissed as 'raw', 'narcissistic', and 'unformed'... A history of confessional readings has created the perception of women obsessively confessing their secrets, reinforcing stereotypes of the female psyche as fragmented and, what is perhaps even worse, as 'needy'. (Ibid, p.139)

It is worth noting that 'feminine' does not mean *written by females*. Rather, it is writing that is allegedly not concerned with fact or empirical evidence, which is not considered valuable as it does not carry cultural currency. This type of practice includes gossip marginalia, letters, and diary entries, and other material that is considered secret and obsessional. As well as needy, these modes of disclosing and confessing, Deidre Heddon suggests, historically carried an assumption of sin, guilt and shame. This is further extended by Judith Harris who writes:

the word "confess" is a verb, meaning: (1) to acknowledge or disclose one's guilt, and (2) to disclose one's sins in search of absolution... But sin or suffering may also be accompanied by blame. (2001, p.260)

If we consider this in the context of theories of illness, the idea of confessing a 'sin', in search of absolution chimes with Susan Sontag's theory that the sick person is made to feel culpable for their illness, that 'psychological theories of illness are a powerful means of placing blame on the ill. Patients instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it' (Sontag, 2009, p.58). The philosophies of autoimmunity include metaphors of punishment, self-blame and self-affliction, and perhaps because I was brought up catholic, these ideas make it impossible to divorce the feeling that my autoimmune body is condemned to a type of purgatory, that illness was a punishment for perverse and promiscuous behaviour. In my poetic sequence on the historical abuses of sick women, *Bettbehandlung*, I deliberately challenge religious stigmatizations and stereotypes that reinforce the idea that a person is sick because they deserve to be, and I pull the religious questions of blame, sin and guilt into the frame. I use speech marks to emphasize the word 'girl' and the word 'performative' to foreground a particular type of femininity and diminutive treatment that relates to these problematic gendered implications which the hysterical archetype and the confessional poem carry with them. Commonly, in the confessional poem, there is a moment that is magnified, a moment that is held in time, as the poet experiences a sudden epiphany and plumbs the depths of the peculiarity of that moment. In *Bettbehandlung*, I've attempted to upset the linear by drawing upon multiple narratives, and doing so enabled me to also reimagine the narrative of sentimentality, catastrophe and struggle.

In 1983, A.J. Baird disapproved of poetic representations that focused on struggle calling them 'super-sentimental, self-pitying and eliciting superficial sympathy' (Bartlett, Black, & Northen, 2011, p.18). Garland-Thomson speaks to some of A.J. Baird's criticism, claiming the purpose of Feminist Disability Studies is to 'unsettle stereotypes', 'retrieve roles', 'denaturalize disability' and 'reimagine disability' by 'rewriting oppressive social scripts'. Such re-imaginings seek to 'refuse

narratives of pathology, sentimentality, catastrophe, overcoming, and abjection that work to circumscribe our lives, limit our imaginations, and crush our spirits' (2005, p.1575). Instead of subscribing to these tropes, the experimental poem swerves conceptually, plays with registers of meaning and the notion of time, and uses disjointed structure and disconnected syntax at a sentence level to promote discontinuity and de-familiarization. Even in the experimental poem a reader can strive for personal information to seep through to the surface and they may expect a recovery narrative, but as I will demonstrate, Wolach and Boyer resist the possibility of that easy gaze. Their language and framing consistently presents the experience as encompassing far more than the peculiarity of a single moment.

In *Garments Against Women* (2015), Boyer reimagines the conventional characteristics of confessional poetry by intertwining theory, memoir, poetry, and newsfeed into a series of essayistic prose poems that frequently use the first-person pronoun. The use of first-person pronoun is to be expected in confessional writing, but Boyer moves between embracing the personal and bypassing it entirely with complex spatial, geographical and behavioural metaphors. In the following analysis, I will demonstrate how Boyer reveals far more about cultural and personal reactions to the sick body than she reveals about the intricacies of her illness. She does not focus on the physical symptoms and manifestations of cancer. We are never made implicitly aware of her diagnosis. Instead, she fixes her focus on the psyche, her mind's impressions and thoughts that she suggests are both trivial and significant, and this becomes as a way of ordering and exploring human consciousness. This introspection and examination of human consciousness is the focus shaping her inquiry, rather than the details of the body undergoing chemotherapy.

In her poem, "THE INNOCENT QUESTION" Boyer questions what a writer or translator should do with 'information-that-is-feeling' (2015, p.3) speculating how this information might be processed

and translated. This question is rendered through the anecdote of a telephone transcriptionist facing the dilemma of how to transcribe sobbing for people who cannot hear. This brings a larger trajectory of critical thinking surrounding the representation of non-verbal communication: how to translate the emotional experience of living with illness. In Scarry's text *The Body in Pain* (1985), we are introduced to the idea that the body in pain regresses to a primordial, pre-linguistic state: pain actively destroys language. In her *LitHub* essay, Boyer counters this argument:

A widely held notion about pain seems to be that it “destroys language.” But pain doesn't destroy language: it changes it. What is difficult is not impossible. That English lacks an adequate lexicon for all that hurts doesn't mean it always will, just that the poets and marketplaces that have invented our dictionaries have not—when it comes to suffering—done the necessary work. (Boyer, 2019)

It is true that popular illness writing attempts to articulate pain by subscribing to it abstract nouns that are universally recognized, and not necessarily specific. Take, for example, the poem “Pure Pain” where Marin Sorescu begins with a simile that articulates the inarticulacy of pain, ‘Like the sea, with its green treacherous waves, / You cannot sound the bottom of pain’. (2007, p.97). But Sorescu continues the aquatic conceit this time using abstract nouns, ‘I dive into pure pain, / Essence of scream and despair,’ (Ibid, p.97). The ‘essence of scream and despair’ supports the idea that pain is indescribable but does very little to take us close to the actual experience of pain. The poet extends the metaphor further using the simile of a diver who is plunged into deep water and unable to breathe effectively:

returns to the surface blue and pale,

Like a diver who lost

His oxygen tank. (Ibid, p.97)

Using the analogy of near-drowning for the experience of being in pain compounds the notion that pain cannot be articulated verbally. Both are unspeakable events. Both negate the possibility of breathing, and in the poem, the diver becomes 'blue and pale' from suffocating, still alive, but asphyxiating. The final lines of the poem ask for the 'emperor of fishes' to send a 'trustworthy shark / To cut short my passing'. As playful as this extended aquatic metaphor is, it reminds us that pain and illness are often accompanied by suicidal thoughts. The suggestion is that the person in pain is miserable enough to choose to cut short their life. This is a worrying representation that implicates others who suffer with similar levels of pain. It is precisely this type of catastrophic writing that Garland-Thomson suggests requires reconsideration and revision.

Boyer's belief that pain *changes* language rather than destroys it, acknowledges that writing about pain requires further development: we have not yet created the vocabularies to adequately describe how it is to be in pain. In an attempt to do this necessary work, Boyer questions the complexities of describing emotion in language. In "THE INNOCENT QUESTION" the transcriber 'puts the sobs in parenthesis' (Boyer, 2015, p.3), an apparently elegant solution to this translation issue. Boyer's rendering of the non-linguistic, 'This is the problem of-what-to-do-with-the-information-that-is-feeling' (Ibid, p.3) is a complex extension of the knotty area of representational practice: it highlights the productive tensions that occur when using language to communicate emotional experience.

In the same poem, Boyer has a dream that a friend requests information for a survey. She returns the form as 'a three-dimensional topographical map' upon which her information had

'been turned into states of many colours, most shaped like Colorado, some like West Virginia' (Ibid, p.3). Boyer concludes that mapping her information onto geographical and political spaces represents her feelings and that there is grief in her dreams (Ibid, p.3). This reinforces the concept that expressions of pain —in this case, grief— are linguistically indescribable, instead processed as something non-verbal, outside of linguistic communication. Translating grief into spatial representations that operate in the realm of the subconscious is a subversion of the expected modes of articulating and confessing.

Reminding the reader that being heard is a game, 'I thought there would no better game to play than the game set up already, the game called "voice in the crowd of voices"' (Ibid, p.4), Boyer articulates the demands made on a person to establish a voice. She questions who is allowed to confess and what is considered important, particularly when that confession bleeds into the crowd of voices in the ongoing game that is already set up, that is life. She addresses the competing issues of importance that pull and defeat each other and therefore, appear and disappear accordingly:

Moments are interesting mostly in how they diminish all other aspects of the landscape. Each highly perceptible thing makes something else almost imperceptible. This is so matter of fact, but I've been told I'm incomprehensible. *Anne: what so you mean that noticing one thing can make the other things disappear?* (Ibid, p.4)

She perceives this as 'matter of fact', but this is misunderstood by those who do not perceive reality the same way as she does, '*what do you mean that noticing one thing can make the other thing disappear?*' She continues to question the importance of things, 'but still there are so many things of such importance about which I have never found in a book' (Ibid, p.5). This is an idea

that emerges and is played with throughout, the notion that real life and real living is important, rather than her intellectual pursuits which, she confesses, make her sick, give her spasms, migraines, and inflame her system with allergy and infection:

At first, I meant to write a treatise on happiness, but only as a kind of anti-history. This morning the impulse was to read every book. I was cleaved apart by invisible axes, crumbling, full of nausea, stinking of biology with 980 pounds tied to each limb. That's an awkward way to do one's work. (Ibid, p.5)

She confesses to a preoccupation with the question of happiness and the role of intellectual pursuits but often renders this with a comedic register that challenges the pretensions of serious art, 'I am the dog who can never be happy because I am imagining the unhappiness of other dogs' (Ibid, p.13). In doing so, she also presents a politically self-conscious self that perceives the experience of suffering as a shared social issue. Also pertinent is the idea that medicine and sickness interfere with her work, 'I thought it was my writing that was making me sick' (Ibid, p.6). This is a simple confession, compounded by the claim that she would like to be 'ordinary like an animal' (Ibid, p.6) with no intellectual drive for academia. Anthropomorphism is a thematic concern across the work, but Boyer does not always put herself into the frame. Instead she is playful with the analogies and uses them to subtly demonstrate social perceptions of abnormality and disfigurement, 'Some people believe to know the fin is to know a shark, but this is an incorrect belief' (Ibid, p.7). The shark's fin is a visible sign of danger, as a metaphor it is ominous and a warning to others. Boyer satirizes the way disfigurement is perceived, noting that people look at a shark and say "look at that grand shark with that awesome fin" (Ibid, p.7), but at the same time the fin is also described as a 'fabulous malformation of a shark fin' that exists on her back. The words "please excuse the fin" suggests that in a world modelled for the normative

body living with disfigurement is something that a person feels they must apologize for (Ibid, p.7). However, to the boy in the poem who *wants* to be a shark, the fin is an expression of power and something to be admired, a souvenir of surviving.

At times Boyer produces a transparent portrait of embodied living, using a conversational and introspective rhetoric that communicates her fractured experience of living as a sick writer, but this clarity is in tension with strategies of evasion and obfuscation which also underpin the writing. For example, the poem “The Animal Model of Inescapable Shock” bypasses her own experience, instead presenting an animal experiencing torture and suffering at the hands of humans, delivered as though conducting a psychological study on animal husbandry, ‘But if she has been shocked before, and meets the conditions in which she was inescapably shocked before, she will behave as if being shocked, mostly’ (Ibid, p.1). But Boyer fails to maintain the scientific guise, instead she slips into an emotional register. ‘The next time she is shocked, she will be happier because rather than only being dragged onto an electrified grid by a human who then hurts her, the human can also then drag her off of it’ (Ibid, p.1). She disorientates the reader by repeating these ideas with multiple iterations, suggestive of the repetitious practices occurring in animal torture. Boyer calls attention to the irrational decisions and inequalities of the human experience, ‘That humans are animals means it is possible that the animal model of inescapable shock explains why humans go to movies, lovers stay with those who don’t love them, the poor serve the rich...’ (Ibid, p.1), suggesting our decisions and behaviours are also repetitious acts of torture.

The animal’s behaviour in response to its treatment is used to illustrate the attachments that sick people make to their nurses, physicians, and medical spaces, ‘She may also develop deep feelings of attachment for science, laboratories, experimentation, electricity, and informative forms of

torture' (Ibid, p.1). Boyer identifies with the animal who is powerless and electrified. The incorporation of Stockholm syndrome constitutes a type of confession, Boyer uses the analogy to admit that although the medical encounter holds the victim prisoner, at the same time there is something comforting and familiar about these transactions. Whilst undergoing medical treatment, a patient is dependent on the medical staff and environment and the body is provoked to behave and respond, as Boyer suggests, with 'deep feeling' and this indicates that the body may be reassured by the pattern and routine of difficult medical experiences.

As I've previously touched upon, the question of happiness is a thematic concern and one which Boyer attends to by challenging the dominant literature on the subject, Rousseau's *Confessions*. Jean-François Lyotard suggests that one of the characteristics of postmodernism is 'an attack on master narratives of bourgeois liberalism' (Hutcheon, 1998, p.6), and Boyer challenges Rousseau's moral and political understanding of happiness as a condition that is attainable for everyone. Boyer cites Maynard Wolfe Shelley, whose text argues 'that happiness is about having enough resources, but not too many' (2015, p.10), and she decides that she *will* write about happiness, and jokes, 'who better to sleep than the insomniac?' (Ibid, p.10) This encourages the reader to address the extent to which Boyer is unhappy and well placed to comment, observe and discover the effects of unhappiness, in a similar way that an insomniac can make astute observations about sleep. But even this critical investigation into the bourgeois notion of happiness becomes a luxurious pursuit, and Boyer becomes too sick to focus on it, dropping it in favour of a series of more immediate and pressing issues, which are confessed through a series of questions concerning self-care,

But as I became very ill, I thought less about happiness and had instead many thoughts like "I do not want to be ill" and "It is difficult to work with a high fever" and "I wish

someone were here to take care of me” and “How will I pay to see a doctor?” (Boyer, 2015, p.10-11)

It is in the brief period of post-sickness that Boyer experiences ‘something like happiness’ (Ibid, p.11). She concedes that there is something innocent about the question of happiness, and that she does indeed ‘live in the innocent question’ (Ibid, p.8). In a particularly philosophical and self-reflective moment, Boyer places herself in what Lyotard called the post-modern ‘position of the philosopher’ (Hutcheon quoting Lyotard, 1998, p.15) and turns a critical lens on self-expression, ‘Subjectivity will be convulsive. I read on the Internet these words about art, philosophy, politics, and poetry, also this information about the lives of my friends’ (2015, p.8). Boyer is part of a shared engagement operating in both private and public spaces on the internet that intersect the confessional spaces of social media and also bring together community, art, philosophy and poetry. The word ‘convulsive’ indicates that there is an inherent violence underpinning these public and private expressions. It subtly articulates how living in a culture of self-disclosure is a type of violence that permeates our cultural and social experiences. She interrogates how a sick writer can survive in the contemporary world that polices itself through the confessional spaces of the Internet: ‘I am not a fan of infirmity, though it does provide the opportunity for some relief. It is all this self-expression that makes me so ashamed’ (Ibid, p.13). She questions the value of breaching these psychic boundaries between the public and private experience, and indeed, the hierarchies that exist within social structures on the internet,

There are those who hate any expression of any self that is not their own or like their own. They do not find happiness in the fact that day after day women and men take photos of themselves wearing clothes, never the same outfit twice... Other things that cause discomfort: people picking through the trash for the food. (Ibid, p.13)

The neoliberal attack on self-expression, 'those who hate the expression of any self that is not their own or like their own' (Ibid, p.13) is an example of oppression and superiority that is further projected onto the social experience of poverty. Boyer continues to fixate on the material world she occupies, returning often to a beauty product that promises restorative effects, 'as if the smallest bit of drugstore blonde could alter a person's person so that she would no longer be anxious and beleaguered, and prone to many infections and tragedies and immune system overactions' (Ibid, p.6). The ironic and humorous tone of this places the confessional in tension with the materialist notion that the hair product will remedy everything. 'Then I applied Frost & Glow to my hair, became almost well, and decided that happiness is a temporary state achieved in those days or weeks after he has been very ill and is not that ill anymore' (Ibid, p.11). This suggests that happiness is a temporary state that can only be reflected upon when a person is better refers back to the title of the poem: it is a type of innocence to have only been *temporarily* ill. In the poem, 'Frost & Glow' remedies everything:

The accountant and the air-conditioning repair man then said "Look at that sexy mouth. Look at those sexy legs" as if erased from the page of the body they were reading that was only hours before (before the Frost & Glow) that mouth and those legs were part of a story that read exactly as it was, told in the throes.

I mean things changed after the Frost & Glow. Things change. (Ibid, p.6)

The cosmetic 'Frost and Glow' transforms Boyer into a sexual entity, but the eroticism that animates this encounter, 'that mouth and those legs' has the effect of reducing Boyer to an object. In disability scholarship, McRuer suggests that 'the sexuality of disabled people is typically depicted in terms of either tragic deficiency or freakish excess [that they are] often

regarded as “perverted” (2012, pp.1-3) or considered ‘unstable’ and ‘oversexed.’ (Ibid, p.29) These tensions generate questions concerning what is considered normal, abnormal, and deviant. McRuer argues that disabled bodies are ‘put on display’, forced to answer the ‘invasive desires of others’ (Ibid, p.20). Rarely, disabled bodies are regarded as ‘objects of desire’ (Ibid, p.1). Boyer’s depiction allows her to re-construct herself to be easily misrecognized as *healthy*, as ‘sexy’, thus erasing ‘the body they were reading that was only hours before (before the Frost & Glow)’ (2015, p.6).

Returning to the question of happiness, Boyer continues, ‘I decided I could read something other than Rousseau’ (2015, p.12). She uses Shelley as a counterargument, ‘life without sufficient constraints produces aimlessness, alienation and boredom.’ Boyer is bored by the ‘constrainingly unconstrained literature of Capital’, and that there are many things she does not like to read, ‘mostly accounts of the lives of the free’ (Ibid, p.12). Freedom is another concern for Boyer, she writes ‘To feel deeply, or to admit to feeling deeply, is also inadmissible, though not as inadmissible as to admit to having been un-free’ (Ibid, p.9). These feelings are valuable, but Boyer interrupts their validity by using the legal term ‘inadmissible information’ to expose the social interactions and discomforts of power relationships. Deep feelings are subjective, gathered from lived experience and therefore must be rejected and denied. Though valuable, this information is unusable as it is data that cannot be used as evidence. Since feeling deeply is inadmissible, Boyer entertains the idea that knowledge itself might be the problem. She desires a type of normality that accompanies ignorance and wishes to move away from knowledge. In this moment she sees the world in simplistic ways, and attempts to tell the story as plainly as possible:

I think mostly about clothes, sex, food, and seasonal variations. I have done so much to

be ordinary and make a record of this: first I was born, next I was a child, then I learned things and did things and loved and had those who loved me and often felt alone. My body was sometimes well, then sometimes unwell. (Ibid, p.15)

It is a flat confession, told with a lack of specificity that nullifies the importance of high thinking and intellectual writing. Truncating her life into a series of vague statements bleaches out her knowledge of the complex and nuanced experience of being a non-normative body in the world. Chris Stroffolino writes that *Garments* can be read as a 'manifesto against bourgeois notions of art as "play" rather than work' (Stroffolino, 2015). It is 'work' in two senses, it is emotional labour, but also it is writing that can transform the self and society, as Boyer writes, 'Some of us write because there are problems to be solved' (Boyer, 2015, p.3). She wants to 'know how to write, also to know no words'. Throughout, there is a sense that finding a language for pain and illness is fueled by a desire to provoke readers to adjust their perceptions of abnormality. It becomes clear that *these* are the problems to be solved, rather than her illness itself. But as her inquiry progresses, her search for ways to translate the illness experience is thwarted by exhaustion and this causes her to consistently question the importance of her investigation.

Allowing for brief moments of clarity, the poetry encompasses far more than the singular moment commonly found in traditional expressions of illness. Boyer upends the linear narrative with introspective conundrums and analogies that swerve conceptually, suggesting that the psychological experience of illness cannot be described in simple terms: there is nothing simple about the inquiry. Whereas Boyer momentarily sacrifices the complexity of the philosophical riddle and gives way to a flatter and more accessible narrative, Wolach's *Hospitalogy* remains intensely coded throughout. In his exegetical process notes at the end of the book, Wolach attends to the concept of confessional writing, the dialogic, interrogative conversation between

clinician and patient, that is,

bound up with the fervour of colonising godliness and enclosure-seeking fear- responses
...artfully denoted “wrongdoing”... To *confess* comes from the *com*, or “together”, and
frateri, or “to admit or acknowledge.” [He asks] ‘In what sense can the confessional poem
...do the work of performing sociopolitical surgery, not curative, but exploratory,
therapeutic, and riotous, as a contiguous accompaniment to their, radical political-
aesthetic, forms of organising and protest?’ (Wolach, 2013, pp.123-126)

The collection is a form of protest, ‘normal’ social dialogues are disrupted as the body becomes
territory at the limits of self: brutalized, subjected and dismantled, and negotiated. It is
catastrophic writing that resists the typical confessional tropes of sentimentality as Wolach writes
through his body. In the opening poem, “Admission”, Wolach presents the reader with a
confessional manifesto for gender-fluidity. The reader might assume that the title refers to an
admission to hospital, but the word *admission* here doubles linguistically as *confession*:
confession is also a type of confrontation that asks the reader to make continuous adjustments to
their current thinking and approach to gendering as they read the work. This confession causes
change to occur across the landscape of living, rather than solely within the site of confession.
Wolach’s reveals the solidarity at work in the dialogic encounter with a friend,

I said to a friend I said: *how often do you desire to be invisible?* Every day, all the time, this
friend said... We have been invizibilized you said, and yes. But yes to caveat. To suggest.
To proffer. To admit. Confess. And so also: sometimes on purpose, we call it passing we
call it hiding... “Do you hide there?” said a friend. “In and of the poem, do you hide?”
(Ibid, pp.3-6)

The repetition of ‘I said’ in the lines ‘I said to a friend. I said to a friend I said’ brings about a

childlike and colloquial intensity that is then unraveled by the insertion of the heart-breaking question, '*how often do you desire to be invisible?*' (Ibid, p.3). Wolach then turns our attention to the act of confession, contrition and submission, '*You are invisible I said. We have been invizibilized you said, and yes. But yes to caveat. To suggest. To proffer. To admit. Confess*' (Wolach, 2013, p.4). The intimate set up of disclosure and confession in the lines, '*You can call me anything you'd like we said. Just don't use a personal pronoun*' (Ibid, p.3), is a purposefully throwaway comment that marks the poet's lack of a fixed identity.

The following sentence '*Choruses often sort of laugh. Gebrauchsmusik is and is not "a gesture halfway between sex and sentiment" he remarked*' (Ibid, p3), diverts the reader away from the confession, while simultaneously promoting an uncertainty with the fluidity of the phrase '*is and is not*'. The disembodiment permeating these lines '*after the train left the station, skin the body's stand-in, fiddle and theft for jazz. / Yet the Nazis hated the zeitoper*' (Ibid, p.3), brings in the weight of the pre 1940s opera music that the Nazi party purportedly hated, unsettling the notion that music is pleasurable, '*a gesture between sex and sentiment*' (Ibid, p.3) and angles more toward rhythm and delivery of tasks. The idea is then compounded within a sexual and sadomasochistic memory, suggesting a complicated relationship with sexuality and gender:

A memory perhaps: my voice wasn't my voice I said *what are you doing?* He tore my stockings until they stopped signifying right. A chokehold, faggot, he said. *Chokehold*. A beautiful word. Threw us into the girl's bathroom at school to teach me a lesson. And I liked it a little. (Ibid, p.3)

This outer body experience is erotically charged, Wolach enjoys being thrown into a gendered space of the girl's bathroom to be taught a lesson. Enjoying it 'a little' signifies an admittance or confession of sorts, the derogatory term 'faggot' is ignored in favour of the word 'chokehold'

which is repeated and described as ‘a beautiful word’ (Ibid, p.3). The poem moves from sexual anecdote to experimental manifesto on gender fluidity as the confession is extended to the clinical encounter, ‘I really do want to tell a neurologist to his hands: But I cock my head just right and I have a vagina and touch it in a way I can’t give prognosis to’ (Ibid, p.4). Wolach wants to tell the neurologist ‘to his hands’, to an area of his body that can sense by touch, that can *feel* the prognosis. He needs the doctor to *feel* the organ that he feels, as invisible, or phantom as it may be. Wolach refuses to comfort the reader and challenges binaries of gender and the social dialogues that govern them, ‘They can say when they say: what *are* you? And I will say: to whom are you asking this question?’ (Wolach, 2013, p.5). In this series of quotations underpinned by personal anecdotes, Wolach compounds his struggle with identity and extends the interrogation of the body’s invisibility, indecipherability and hypervisibility:

“To suspend one’s proprietary relationship to one’s enclosed identity” (Rob Halpern). I’ve lived both visibly invisible (in a sort of privilege of hiding) and not. “Until I was fourteen I was a girl without knowing I was a girl.”... The difference to me, we said. “The difference to me is that in using the privilege of one’s invisibility to survive there is often no immediately self-evident social-political beyond this that occurs, whereas in indecipherability there is the potential for a radical break in the scene—and yet it is my (at times) very indecipherability that makes us.”

Invisible we said.

When a body ceases to be a metaphor. (Ibid, p.5)

The suggestion here is that a metaphor would trivialize the complexity of the gender puzzle that is a body. Wolach is concerned with the exclusionary and oppressive practice of being in the

world, and questions the social model of the sovereign, healthy body, that is normative and autonomous, that is required to perform and function in the hetero-patriarchal society. The queer body conflicts with the social model of normativity and therefore resists easy classification. It is also a dangerous position, as Wolach suggests, ‘to be visibly and markedly indecipherable, to flaunt my obsolescence, planned or not, to lay off the layoff in a constellation rapid and wild pose on a cold day with the ones who’d yesterday threatened to set me afire’ (Ibid, p.5). The body is ‘markedly indecipherable’ and accused of flaunting it, ‘whether planned or not’. The ‘*body outs itself*’ of its biological gender and the exclamation ‘where’s your pussy!’ (Ibid, p.6) interrupts the intimacy of the sexual activity. This speaks to the quantum idea of being in multiple states, as Wolach writes, “‘I cannot conceive of *all* that is possible ahead of time.’” (Ibid, p.6) Until the other person recognizes there is a lack of the *expected* genitalia, the ‘pussy’ may be there, and equally, in the quantum sense, it isn’t there. The struggle between invisibility, indecipherability and identity is conflated, ‘in the space of that question and its answer doesn’t arrive is where *the body outs itself* as more than metaphorical of reproductive politics’ (Ibid, p.6). The reproductive politics of the body intervene during that encounter and the body outs itself as ‘more than metaphorical’, it outs itself ‘without permission’. The answer of the body’s gender is evident before language can be employed to describe it. The biological gender position is established and the possibility of gender fluidity collapses. Wolach questions whether he is interrogating the language or if the language is interrogating him,

“No. For language to interrogate us”: where’s your pussy! Curtain draws. “I’m so disappointed.” For this sentence to try itself inside me: *to transition is not to recapitulate the (cis) binary—it is one of the most radical acts of signifier subversion one can hope to live through. Or this: gender in and as transition. This gender is*

always in and as transition. It's about desire. A desire thing. And this sentence: *the poem can unmake the body*. The picket line can *make* space for the poem. The body enters that made space

and this is difficult (Ibid, p.6)

The reality that 'the poem can *unmake the body*' allows for a space that is easier to process than the real-life rejection within a sexual encounter for not fitting into the binary gender frames. Wolach emphasizes this struggle, separating the words 'and this is difficult' (Ibid, p.6) and surrounding these words by white space highlights the tone of confusion, isolation, and remorse. The picket line, as a visual representation of activism, will make space for the poem, but in the poem identity can be both revealed and concealed, "'Do you hide there?" Said a friend. "In and of the poem, do you hide?"' (Ibid, p.6). The body *can* hide in the confessional space of the poem, but it is only the *appearance* of hiding, because the poem is *not* the real world, and nor is dreaming, as the speaker answers 'So far I've dreamed twice of Akhmatova's swans I said. There is only the appearance of hiding. Crouching down in and of an open field, we are naked in the rarity of our atopiary design flaws. The swans, I said. But also the spreading wide of narrow hands' (Ibid, p.6). Wolach is dreaming of his vulnerability, of being naked in an open field, but it is only the appearance of hiding, because as Wolach articulates, the body outs itself, flaunting itself, whether planned or not. The evasive techniques and obscure modes operating in *Garments Against Women and Hospitalogy* push at the borders of comprehension. As Boyer writes in her most recent book *The Undying*, 'I didn't know anything about having cancer, but I knew something about how to avoid telling a story' (2019, p.43). My inference from this quote is that *Garments*, for all its successes was avoiding telling the story. I wonder how far Boyer felt that the evasive modes she used were insufficient for expressing all of the psychic, physiological, and

biological issues that accompany cancer, as well as the larger social, historical and cultural aspects that Boyer attends to in *The Undying*.

Utilizing modern devices and strategies such as comedy, irony, complex metaphor and encoding these philosophical ideas into linguistic conundrums, Boyer and Wolach move between intense moments of obscurity and introspection, and these moments fragment and destabilize the linear sickness narrative. Stretching the cultural and literary borders that confine the sick into coherent confessional modes, their poetic inquiries redress issues of illness and gender as complex components of identity and question what is possible when the confessional poem complicates the coherent, linear and ordered narrative commonly found in traditional confessional writing. As Jo Gill suggests 'the practice itself, as conventionally perceived, seems inadequate and in need of radical revision' (2006, p.8). Resisting writing directly about the spectacle of pain, the treatments they undergo and their respective health problems, Boyer and Wolach side-step sentimentality and produce embodied exchanges outside of that perceptual register. Returning to the suggestion that 'pain doesn't destroy language, it changes it' (Boyer, 2019), it is clear that both Wolach and Boyer *have* begun to invent new modes of writing that express the fragmented social and political experience of being in the world as a non-normative body. The work they produce is radical: they do not simply subvert traditional modes of writing and diverge from the cornerstones of confessionalism as we know them, instead they are working with a completely different set of constraints that are concerned with the troubling cultural responses to abnormality and the oppressive barriers that fix identity into binary categories.

Chapter 4

Trouble at the borders: geographies of the self in the poetry of Eleni Stecopoulos

In her poetry collection *Armies of Compassion*, Stecopoulos undertakes a forensic study of her journeys to attend diagnostic Kinesiology appointments, and documents her faith and skepticism over the subsequent investigations. Whilst undergoing treatment, Stecopoulos builds a complex matrix, meditating on the toxic and healing frequencies that accompany her experience of idiopathic illness. The resulting work is an archaeological dig into her diagnosis and a meditation of the enviro-aesthetic concerns that make up her world. By transcribing and recording encounters with medical professionals and allopathic doctors, Stecopoulos stages an introspective engagement of her position as an autoimmune sufferer. Her process is grounded in concepts of auto-ethnography: an autobiographical study that is self-reflective but links to existing bodies of knowledge, in this instance, on disease and treatment.

Stecopoulos is an active and engaged participant, searching for answers in the alleged healing powers of energy techniques, 'I wanted language to be energy—prank, qi, breath, hagia pneuma, lightning, orgone' (2010, p.17). She deliberately entertains the idea that language might participate in her healing. It is by searching across and drawing upon the language of these disciplines that she is better able to understand her experience of autoimmune illness. By focusing on the materiality of holistic language and mapping these somatic encounters as textual inquiries, Stecopoulos presents a significant method for delineating illness, destabilizing and re-drawing the linguistic barriers and discourses of the body. As she argues in her accompanying

Visceral Poetics,

If the truisms of postmodern poetics is the materiality of language, then the gift of disease for me was the opportunity to test this viscerally. I did not believe language could participate in my healing... But what I believed in was discourse and representation... with my body as the test-case, I was forced to entertain that language —words, vocables, writing, philological aura—might be efficacious as medical technology... and this had little to do with discourse, comprehension, or even my belief in the power of this language.

(2016, p.83)

Her experience provided dialogic encounters invoking ‘a belief in material language’ (Ibid, p.56) and the power of language to stimulate healing. Whilst the diseased body is present, and under duress, she notes that the ‘textual and somatic cannot be left out of this inquiry, for they dictate the conditions in which I read and write the world’ (Ibid, p.70). The language of kinesiology challenges the intimate borders of self by including others in the testing rituals. She is so weak that testing needs to be done with the help of third parties: ‘I lay on the table, A held on to my body and K held on to A’s body. K’s diagnosis of me was a sensual duet with A, using my body as the barre’ (2010, p.19). Toward the end of the first sequence ‘Kinesiology’ we are reminded of the intermediary helpers in the Kinesiology test, through the inclusion of the Bedouin expression ‘*whenever two women talk, the Devil is there between them*’ (Ibid, p.28). The devil relates to the idea of contrition, sin and sickness, and this expression is designed to control women, to stop them from conversing with each other to find solidarity and mobilizing against patriarchal powers that separate and control them. She riffs off the expression in the line ‘when two women speak, a body is there between them’ (Ibid, p.28). In this iteration, her body takes the place of the devil, and the women are messengers, ‘The women who listen along my body carry messages’ (Ibid,

p.28). The body is no longer carrying messages in the way it needs to in order to function, and finally Stecopoulos, echoing Antonin Artaud, adds, '*I am not dead but I have been divided*' (Ibid, p.29). The suggestion here is that sick bodies are forever altered by the illness, the ability to communicate has been thwarted by failed circuitry of her body and this causes further division. Throughout the text, Stecopoulos negotiates the idea of communication as thwarted, and this is often fixed onto the ability to articulate oneself, 'torque of the spine leads to starvation: voice cut off body (Ibid, p.24). In a later poem, the conversation with her professor is 'conducted' in the line, 'In the beginning we conducted our relationship entirely over the phone. The professor speaking of englotting platonism' (Ibid, p.27). The use of 'englotting' indicates that the professor has assimilated the theories of Plato, suggesting their conversations had been focused on medical and political ideas of imbalance and hierarchy. That it is 'englotting' suggests it has been swallowed into the body and has become a more embodied form of communication.

Across the work, Stecopoulos negotiates how failed circuitry, like thwarted communication, provokes a sense of detached belongingness. Circuitry, energy, and power are preoccupations that are returned to frequently, depicted as forces that both connect or disrupt the body. Sound is another of these preoccupations 'a cure would consist of learning to tune out a portion of the notes... Music is different: I had an intuition that keeping my ears occupied with orchestral detail might create neural diversion and lessen the pain... 'Like a song with a tune' (Ibid, pp.20-28). These concerns repeat like a refrain throughout, building thematically, but are dropped in favour of the next preoccupation. Holistic healing practices are set against the discordant and toxic frequencies of power lines, and electricity, frequencies that Stecopoulos suggests poison and pollute our minds and bodies. Stecopoulos further interrogates this idea, arguing that in the event of autoimmunity our bodies are becoming sick because of frequencies that cause disharmony, that

prevent the body from recognizing itself as self. Popular thinking of the healthy immune system is that it is able to distinguish between the self and the non-self, and the non-self is always depicted as foreign or hostile. Describing the immune system as a 'battlefield' was historically considered psychologically helpful to the patient as it was an understandable metaphor. These body-at-war-with-itself metaphors are deeply entrenched in our understanding of the immune system and pervasive within traditional literary depictions of illness. As Emily Martin writes, public health narratives have historically described the immune system as a 'defended nation-state' (1994, p.51), regarding it as a 'disciplined and effective army that posts soldiers and scouts on permanent duty throughout your body' (Ibid, p.54). Bourke writes that pain languages of metaphor, simile, metonym, and analogy are crucial communication tools, enabling people to extend meaning and 'bring interior sensations into a knowable, external world' (2014, p.54). In *Illness as Metaphor* (1978), Susan Sontag resisted metaphor to talk about her own illness and wrote about the metaphorical burden placed upon our conceptions of illness, metaphors that are riddled with threats, and anxiety inducing language. For Sontag, military terminology, languages of warfare and metaphors of hostile invaders, make the person culpable for not being able to 'fight' their illness. She writes, 'Illness is interpreted as, basically a psychological event, and people are encouraged to think that they get sick because they (unconsciously) want to, and that they can cure themselves by the mobilization of will' (Sontag, 2009, p.58). In her critical work *Visceral Poetics*, Stecopoulos supports Sontag's claim, 'Metaphor traduces, abducts. Metaphors enable blame of the patient for causing her illness... Metaphors are unhealthy, the stigma they perpetuate counteractive to getting well' (2016, p.44). However in her introduction, Stecopoulos approaches this with a different angle, suggesting that the lack of metaphor for patients with idiopathic illnesses renders their symptoms meaningless or unreadable (Ibid, p.10). She relates her own difficulties with idiopathic illness to the untranslatable in Antonin Artaud's writing, stating that the 'multiple ways

Artaud's language has been read by critics quickly became analogous for me with the multiple ways my illness was read by physicians, healers, and myself' (Ibid, p.v). If a patient doesn't fit into a bracketed, diagnosable illness category then often the symptoms are erased or ignored, as Artaud's was, considered 'untranslatable... an idioglossia, a private language born of pain and madness, or as an ineffable mysticism.' (Ibid, p.vii). Noting that her own illness is described as idiopathic, Stecopoulos writes, 'If we banish metaphor, we fall back into the realm of the idiopathic and the meaningless' (Ibid, p.46). If we comply with this erasure, if we comply with language, we forfeit the 'poetic dimension... our right to language... so the system won' (Ibid, p.46).

Putting aside the tensions that this particular body-at-war metaphor brings in terms of the patient 'winning' or 'losing' a battle with cancer, it is fair to suggest that as a device it captures the complex biomedical processes at work, but rarely complicates them further. The idea of the body at war against an external enemy is the dominant metaphor in *Armies*, but Stecopoulos extends this to mimic the power dynamics of the state forced upon society, 'pain is the public secret we are animated by power lines' (2010, p.22). 'Power lines' carries a double meaning: we think of overhead energy cables, but also the borders of military might. The concept of pain as a 'public secret' that should be kept hidden and negated reminds us of Foucault's theories of the regimes of bio-power, social organization and the cataloguing of bodies occurring in institutions where the body is under surveillance (Foucault, 1976). The metaphorical language here is extended to signify territory, the borders of self, and the hidden threat of state power that animates the fabric of modern living. These subtle criticisms of state politics permeate the work from the outset. The very first line of *Armies of Compassion* draws a link between the kinesiology appointment and interrogation methods used in the justice system, 'The body gives up its intelligence like a convict' (2010, p.13). Invoking notions of blame, guilt, sin, and punishment, the reader is reminded us of

the penitential practices that occurred with medieval treatments of illness. The bodily betrayal of the sick is analogized to the disadvantaged future that convicts face after their incarceration: both bodies are condemned, forced to 'give up' or confess secrets. These conceits are not laboured but cause the reader to pause, to unravel the riddle that serves as a subtle critique of systems of power.

Bodies are theatricalized and politicized: Timothy McVeigh's body is being executed by the State, and yet, as Stecopoulos writes 'McVeigh did not bring the plague to America' (Ibid, p.36). The indication is that McVeigh is a symptom, rather than the origin of disease, he is simply a cog in the wheel of dysfunction that is America. His pathology doesn't fit within the frames that are understood, so he must be eradicated. Stecopoulos plays on the theatrical nature of American holidays and the looming power of the state on bodies. These important political days are lost to her as she attempts to instead detoxify her body, 'I left the state on high holy days' (Ibid, p.36). She travels across state borders in order to find practices that might help to heal her. By taking these trips, she connects her journeys to Artaud's quest to heal himself by making a significant excursion from France to Mexico in 1936.

Returning to the metaphor of the autoimmunological attack, the body-at-war-with-itself comparison becomes more complicated as the sequence develops:

Bleached capital embodiment continuous war made possible by opportunistic infection
The Gulf that opens
when skin no longer appears colour but it felt membrane
when I cannot distinguish my own cells from those about to be woken (Ibid, p.40)

The patient whose molecular structure misrecognizes itself at a cellular level embodies the idea

of the unstable 'self' as Stecopoulos puts it 'when I cannot distinguish my own cells from / those about to be woken'. Embodiment is a 'continuous war' (Ibid, p.40) and these lines infer that the body is continuously renegotiating disease. As global borders are redrawn in the theatre of warfare, the borders of the self undergo constant revision in a continuous plight to find a state of harmony. This complicates our idea of the intelligent biological organism, operating with sophistication. Chronic illness challenges the notion of 'home', of *belonging* in your own body, and Stecopoulos amalgamates the metaphor of the immigrant and post-war destruction of the homeland as an analogy for the personal, social and geographical borders that are breached in the autoimmune experience.

The immigrant's body must now function as home. One uses so much energy in resisting the gravity of assimilation; finally, there are no resources, no homeland to fall back on. *For years she had not been fully embodied, and that left her open to viral infection. An empty house draws squatters.* (Ibid, p.24)

The suggestion here is that the body is now occupied territory and the immigrant has to renegotiate what 'home' is. Whilst busy resisting and fighting, infection has taken over and is squatting in the body. War has ravished the 'homeland' for the immigrant, leaving the body unsettled, 'for years she had not been fully embodied' (Ibid, p.24), and this has made harmonized embodiment impossible. The body is unharmonized, as Stecopoulos suggests, to the point of being open to further illness and infection. For the immigrant, as for the chronically sick person, the new conditions of the world provoke a continued sense of estrangement, a thwarted belongingness. Without the harmony of home, embodiment is impossible and yet in the illness experience living with disease is inescapable from all dimensions of being alive. It is useful to employ Frank Svenaeus' suggestion that illness 'comes over us', and this 'takes on an unhomelike

character, in which the otherness of the body addresses us in a threatening way' (2011, p.336). In the unhomelikeness of illness, he writes, there is a 'fatal change in the meaning-structure of the self' (Ibid, p.337) and the borders of the self which extend to emotions, thoughts and language. As Svenaeus writes 'there is nowhere to go, because the body cannot be left behind: the uncanny unhomelikeness strikes at the heart of existence' (Ibid, p.341). The body whose biological processes are unregulated provokes a split in consciousness: the relationship between the psyche and the body has been radically altered. The autoimmune subject needs to find a 'new and different form of being-in-the-world than the one present before the onset of illness' (Svenaeus, 2000, p.135). There is, as Stecopoulos writes, 'no homeland to fall back on' (2010, p.24).

James David Katz, Programme Director for the Rheumatology Fellowship at the National Institute of Arthritis and Musculoskeletal and Skin Disease in the USA, writes 'individuals with chronic autoimmune disease experience a sense of vulnerability' (2018, p.137). He suggests they struggle to find 'the meaning of the illness', causing 'existential distress' that might manifest in 'an unseated sense of personhood' (p.137). The borders that constitute *selfhood* are breached, altered, and physiologically reconstructed by autoimmune disease, resulting in what Katz calls a 'demarcation in the psyche' (Ibid, p.137). This feeling of *unwholeness* is a threat to one's sense of self-identity, and generates a significant ontological challenge for the sufferer. Katz writes, 'unwholeness is the antithesis of growth and expansion. It is symbolic of both existential aloneness and deterioration' (Ibid, p.138). When the biological system is out of balance, he argues, or in Jungian terms 'ungrounded' (Ibid, p.138), the patient is no longer able to rely on a 'privileged sense of the self... autoimmunity dismantles a life time of maturing individuation and asserts in no uncertain terms that 'you do not *belong*' (Ibid, p.138).

In the clinical encounter, the autoimmune subject is diagnosed by exclusion, by the most

proximate symptoms the patient presents with at the point of crisis. In my own experience, disease has been an uncomfortable vector of life to harmonize since the autoimmune body does not feel consistently well or consistently unwell. For many years I attempted to draw distinct boundaries that separate my illness into compartmentalized states of being, allowing me to occupy both the sick and not-sick categories of society. I was able to do this because autoimmune disease is stealthy and unpredictable, its status is uncanny or mysterious. It manifests with flares, times of crisis, but also periods of remission that last days, weeks, months. It is the dividing of self that provokes an internal sense of un-belonging: the mind cannot dissolve the body into separate divisions of being for periods of sickness and wellness. Acknowledging the instability of self destabilizes the oppressive barriers that attempt to fix identity into binary categories of sickness and wellness.

Katz concludes from Dr. Plotz' exposition on the history of autoimmunity that the very concept of autoimmunity is related to the internal and external toxicity of living, and that such disorders represent:

a demarcation in the psyche of humanity. 'Horror autotoxicus' transitions human psychology from an era of privilege (wherein one perceives the self not only as unique and self-contained but uncontaminated), to a modern ungrounded sense of self that acknowledges that we may be victims of our own undoing—toxic to ourselves. (Ibid, p.137)

This notion of thwarted belongingness is also employed in *Geopathy*, Stecopoulos' prose poetry work which forms a chapter in *Visceral Poetics* (2016). She employs geomancy theories that suggest sensitive bodies react to the toxic environment causing illness and alienation. *Geopathy*

begins with a section subtitled 'Commodity Fetishism' that offers instructions on what is and isn't good to consume:

YOU MAY EAT: brown or white rice, pasta that does not contain eggs, vegetables, fruits, milk products, oils, beef, pork, fish, coffee, juice, soft drinks, water and tea.

YOU MAY NOT TOUCH OR USE: rubber gloves, rubber bands, con- doms, elasticized clothing, baby bottles. (2016, p.219)

This list evidences our bodies' exaggerated reaction to the manmade environment, proposing that we no longer live in harmony with our constructed universe. Stecopoulos critiques the concept of globalism as an intimate connection with the world, 'If, as in multiple chemical sensitivities, the immune system cannot distinguish its own tissue from foreign matter, then borders become vague or permeable' (2016, p.147). Extending this further, she quotes microbiologist Howard Urnovitz, on his theories on the Gulf War Syndrome: 'When the body is subjected to toxic events ... there appears to be molecular memory. The human chromosome may be able to take just so many toxic exposures before it begins to break down' (Ibid, p.141). Stecopoulos examines the geopathic stress occurring at sites of geological fault lines where the electromagnetic fields of the Earth are disrupted or distorted:

Everyone had a version of Buffalo's disturbances. The German neurobiologist said it was geopathic stress. The Chinese doctor described Buffalo's energy as "sunken." Entropic, said the poet. A vortex, said the spiritualists. (Ibid, p.223)

She continues that the animals, humans, and the natural world are sensitive to these zones,

gravitating toward them, or becoming restless and avoiding them:

Dowsers say that cats, ants, slugs and bees gravitate toward geopathic zones, where the earth's natural frequency has been distorted by electromagnetic fields created by fault lines, generators, water mains, pylons. Horses become restless in geopathic zones. Dogs avoid them. Humans experience troubled sleep, immune disorder, infertility, and increased risk of cancer. Geopathic stress interferes with nerve conduction and disrupts the natural polarity of cells, impairing the body's ability to heal during sleep. It causes lightning to strike trees and hedges to stop growing...

In geopathic stress the body receives competing signals. It does not know which signals to read, so it reads all of them (Ibid, p.224).

Examining these unwelcome and pervasive frequencies that permeate our everyday lives, it is clear that Stecopoulos is searching for answers that might explain her idiopathic condition. Chellis Glendinning introduces the concept of the 'primal matrix' defining it as 'a sense of belonging and connectedness' (1994, p.26) suggesting that as humans, we are continuously searching for 'wellbeing and wholeness' (Ibid, p.21). She argues in the preface that we are 'dislocated from our roots by the psychological, philosophical and technological constructions of our civilization, and that this alienation leads to our suffering' (Ibid, p.ix). Glendinning asserts that we have constructed 'artificial barriers between human life and the natural world' (Ibid, p.15) and this is causing a toxic contamination of the domesticated psyche. In *Armies*, Stecopoulos attempts to move 'out of the room surrounded by cables and filled with metal' (2010, p.23). She attempts to create a safe-zone, by interrupting the circuitry of modern living, and avoiding the magnetic fields that surround us,

Yesterday I moved into the guest room on the other side of the house, away from the telephone and cable, remotes, clocks, alarms, all of which increase the frequency of signals I can't ignore.

Music is different: I had an intuition that keeping my ears occupied with orchestral detail might create neural diversion and lessen the pain—eighteenth-century laughter, a furious requiem at my back.

But this humming conspires to bewilder: whose voice rings...

The search itself becomes suspect...' (Ibid, p.21)

She speculates and intuits that within this safe environment, music would synchronize into safer, harmonious frequencies so her pain would be more controllable and stop escalating. And yet, there is a violent undertow, the requiem is 'furious' and 'at her back'. The frequency turns to 'humming', and is dissonant, it 'conspires to bewilder', making her more confused and uncertain about 'whose voice rings', until the realization comes that the search itself has become 'suspect', causing yet more anxiety and illness. Avoiding certain frequencies is misleading: it will not help. Stecopoulos compounds government surveillance and toxic contamination, describing her paranoia,

...These wrong numbers you get all the time aren't random; the government calculates the frequency to increase your sense of despondence. We send planes on eavesdropping missions. Frequently the code is misunderstood, but without poetry would diplomacy have any sense of purpose?' (Ibid, p.23)

What emerges is a sense that poetry, at its best, can be a type of talking therapy or diplomacy, and that through engaging with it, it is possible to open up the lines of communication. The idea of poetry rescuing her is returned to frequently: 'I tolerate thoughts of death only as a simultaneous whisper of all poems in all languages' (Ibid, p.29). For Stecopoulos, poetry is a form of language that exists without state control, it is a healing modality. The 'drive for art' is 'the defense against autoimmunity' (Ibid, p.20), and a therapeutic form of communication.

If, as Glendinning writes, the toxic environment we have created for ourselves is the 'underlying condition of the domesticated psyche' (Glendinning, p.xiii), it is notable that it is allopathic rather than conventional medical language that Stecopoulos appropriates across the work: she is searching for diagnosis and healing through holistic language and practices. Kinesiology invites a direct dialogue with the body, as Stecopoulos becomes engaged with the frequencies of language as a healing modality. In the kinesiology tests, her body is pumped with bioelectric frequency to measure whether her nervous system is controlled by microorganisms, *Toxoplasma Gondii* and *Fasciolopsis buskii*. She investigates allopathic and naturopathic treatments and tests, and approaches these with a paradoxical mix of 'enthusiasm and skepticism' (Ibid, p.91). Her skepticism is exaggerated and she calls these diagnostic tests, 'the discotheque of the New Age' (Ibid, p.16). Stecopoulos pokes fun at the abstract nouns such as 'fear', 'apathy', 'despair' which she *also* presents in bubble font 'He gave me a sheet of paper on which emotions were typed in bubble font' (Ibid, p.16), insinuating that she finds this method of analysis infantile and reductive.

As I approach the conclusion for this chapter, I'd like to suggest that the somatic and psychic experience of pain is not so much resistant to language, as Scarry argues in *The Body in Pain*, but the ordered syntactical and metaphorical systems that are found in mainstream poems often

offer a totalizing interpretation that fails to encompass the full experience of living with chronic illness. In the aforementioned poem “Ankylosing Spondylitis”, Armitage used the simile ‘my skeleton will set like biscuit overnight, like glass, like ice’ (1993, p.211) allowing us access to something we can visualize easily. We can picture the fragile ice skeleton, stiff as glass. As with the other writers in this study, Stecopoulos does not focus on the physical manifestations of disease but the fluid sense of identity that accompanies illness, ‘I was the carrier I was the narrator’ (2010, p.45). The reader has to consistently negotiate the entropic perspective, in this instance, being reassembled from a ‘carrier’ to ‘narrator’ that is indicative of the fluidity of identity in the sickness experience. To be a ‘carrier’ is to carry the burden of disease, and the word is often associated with contagion but the act of narrating is to translate the lived experienced into something that can be communicated to others.

Across the collection, the breach of the readers’ expectation of conventional grammatical and syntactical language performs the disordered and disconnected experience of illness, for example:

I am not dead but I have been divided

the habit has been to signal

reduce the soul to a maze of vibrations

hair-braiding metal over wood (Ibid, p.29)

These ideas do not sit comfortably beside each other, they swerve from one idea to the next and are conceptually jarring. The absence of an overarching narrative complicates the idea of the unified body, and chimes with the lack of understanding that idiopathic and un-diagnosable illness brings with them. The fragments jump between themes without the comfort of coherence at a sentence level. ‘Fragmentation’, Stecopoulos writes, ‘acknowledges the multiple realities of

interconnectedness, infinite versions, intersections, fragment and wholes overlapping' (2016, Ibid, p.53). Similarly, conventional medical practice splits body and mind, treating the body for symptoms, rather than paying attention to energy blocks or psychic traumas. Alternative medicine is more holistic. It draws upon the idea of the mind and body as being an interrelated and connected system that needs to be treated holistically, as Stecopoulos puts it:

By its refusal to make separations, holistic healing is considered a sham, a performance of perpetration of authority rather than legitimate knowledge. The mention of wholeness threatens to fracture the illusion of the mind as a whole... Both modernist and postmodernist sensibilities reclaim fragmentation to counter compulsory wholeness. (Ibid, p.49)

The reader is frequently subjected to disjunctive thinking and incomplete syntax, and a lack of logical relation where one idea does not sequentially follow the next, for example 'Small circles over my cheeks and mouth, between my voice and the / fingers of the violin, to play in that field' (2010, p.28) and this enables Stecopoulos to trouble the boundaries of wholeness that are commonly entrenched in social and medical discourses, reflecting the legacy of Cartesianism that posits the physical and psychological as separate states. Annie Finch believes that when contemporary poets use 'avant-garde markers of the decentered poetic self' (2001, p.138) such as 'disjointed syntax, floating margins, random signifiers, clashing dictions, collage structure and found language, shifting or unidentifiable points of view... it is the world, not the self, that they are representing as incoherent' (Ibid, p.138). Whilst the use of elaborate metaphors, difficult syntax and fragmentation in *Armies of Compassion* complicates the notion of bodily wholeness, it also allows Stecopoulos to conceal and maintain a privacy, to retain a level of control over narrative visibility, to *hide* in the poem, as Wolach writes. By undercutting a neat narrative,

readers are not able to be passive, they must actively participate in, and be responsible for, the formulation of meaning. By doing so, they are able to acknowledge that the true experience of sickness is not easily comprehensible: language must be worked out and meditated upon before the fragmented experience of illness can be understood.

Chapter 5

Division, Disruption and Misrecognition: articulating the aberrant body in poetic practice

First they resist the call, the disease or trauma, or chronic pain... then resist the silence... finally their resistance finds a voice.

—Audre Lorde

A few months into this programme of study, I had to undergo surgery to fuse my right wrist because my autoimmune disease had worn away the cartilage of the joint completely. At this point, I was forced to recognize the shape autoimmunity plays in my life and this provoked a significant change in direction for my project. What seemed urgent now, was to look at my own experience of living with an autoimmune condition and consider how I might present it as a poetic work. It had never occurred to me to write about my illness, its sporadic nature, the episodes of attack lasting hours, days, months, the periods of remission, the cognitive dysfunction, the intermittent but considerable lack of mobility and acute pain.

Autoimmune disease occurs when the immune system produces autoantibodies which destroy the otherwise healthy cells, tissues and organs. These antibodies respond to the cells of the self as though they were non-self: foreign invaders that need to be destroyed. Autoimmunity is hard to write about creatively. As patients we receive a vast amount of data from hospital consultants, addressed to our doctors about our bodies. The information concerns us, but the letters are not written to us. We can interpret the results, the high inflammation markers, the protein reactors,

the abnormal anti-nuclear anti-bodies, the extent of damage to joints and cells in MRI scanning. It makes sense to us that strange things are occurring at a cellular level when we feel pain or exhaustion and the abnormal results validate our suffering.

I engaged with a range of scientific texts on the ontological question of being, and the paradoxical and unknowable condition of self in autoimmunity. Ed Cohen acknowledges conceptions of immunology, scientific paradigms that 'depict autoimmune illness as a vital paradox' (2004, abstract) but questions medical assumptions that describe the organism losing self-tolerance, borrowing from Burnet's description that the 'essential bifurcation between self and not-self falters or collapses' (Cohen quoting Burnet, 2017, p.29). He suggests that '(un)knowability continues to befuddle even the best funded attempts to contain it' (Ibid, p.29). He finds the 'immunological paradigm does not adequately explicate my own experience of what living with an autoimmune condition has entailed' (Ibid, p.38). Opting for a framework that considers 'the dynamic processes of self-formation' (Ibid, p.39) that operates 'in conjunction with the constitution of associated milieus or "life worlds"' (Ibid, p.39). Cohen prefers Simondon's view in his paper on autoimmunity, that 'encourage us to think "life itself" as the 'permanent activity of individuation', an activity conceived of as 'an ongoing resolution of tensions that spur the living system to forge new connections across multiple scales of being (e.g., subatomic, molecular, cellular, anatomical, psychic, collective, spiritual and transindividual. (Ibid, p.40). In my creative work I attempt to further complicate the scientific model of autoimmunity, by paying attention to these multiple scales of being. I was moved to consider the insecure boundaries and separations between *self* and *other* at the cellular and psychic level, to think about my own creative approaches in investigating the concept of the body as a unified being. I try to integrate the entire experience of being a chronically sick person, whilst problematizing the contradictory immunological proposition of identity that posits the 'self' as a biological organism that is both

self and *not self*, that is, self at war with itself.

My particular autoimmune condition is unspecified, obscures itself clinically, resisting language and all clinical definitions, so any attempt to present a disease that historically has little subjective knowledge was riddled with ambiguity. The majority of autoimmune diseases are idiopathic: medical professionals can only speculate on the environmental and genetic causes that trigger the disease. How should I research and write a condition that continues to be diagnostically elusive— always emerging with symptoms that prevent a concrete diagnosis?

Named illnesses provide a means for characterization, they hold historical anecdotal evidence and the writer can work with that material to create a mythology for that illness. But without recognized pattern of symptoms, historical anecdotal material or empirical research to draw upon, the writer has to craft their chronicle of unknowable disease into poetic practice whilst it is shrouded by unknowability. This lack provoked a set of ontological questions that are embedded in the creative work: what are the implications of living with unspecified, idiopathic disease?

In early poems for this thesis, I found reporting from the chaos of suffering difficult to negotiate and my attempts often reinforced common stigmatizations of the aberrant body as helpless.

Thomas Couser writes about the responsibility of the writer, ‘one should attend to the politics and ethics of “representation”... a matter of speaking *for* as well as speaking *about*’ (2010, p.533).

I was acutely aware of the tensions surrounding the articulation of my lived experience in creative practice and the dangers and opportunities occurring as this work enters public space.

These early representations of mine narrowed the vision, implicating other sufferers of the same disease and perpetuating the notion that disability is a terrifying or helpless place that most wish to distance themselves or be delivered from. Underpinning my creative practice with disability theory was a pivotal moment in my research and marked the point where I began to consider the

political implications of representing chronic illness through poetic discourse. Engaging with theory encouraged me to closely observe medical spaces, associated procedures, the language and the controlled violence used against bodies. I began to think about how I might negotiate these spaces and the political ramifications of producing a meaningful body of creative practice that is concerned with chronic illness as a particular type of disability that is enduring, invisible and often idiopathic.

Much of my early creative research focused on the poetic appropriation of language from other discourses, and the tensions produced in this interdisciplinary act, and this allowed me to break from the more emotionally charged and often self-piteous responses to living with chronic, and often acute pain. An early piece “Threat to Body” attempted to examine the gap between the lived experience of autoimmunity and the clinicians’ discourse. The text was presented in the third person, representative of the way a patient learns third hand about the progression of their illness. By way of subverting the standard positioning of the doctor-patient relationship, the scientific discourse is at times abandoned and the clinician’s voice is rendered as profoundly human as it focuses on the difficult reality of living with autoimmunity. As I’ve suggested in my ‘inside/outside knowledge’ chapter, appropriating obscure medical language attempts to address and dismantle the implicit power structures and hierarchies of knowledge, provoking a mode of engagement where the technical and human voices are in tension with each other. I wanted to present the ways the world is fractured and articulate the tension that exists whereby medical language is part of the lived experience for the autoimmune patient. As Claudia Rankine suggests, the poet is ‘always being broken into (visually and invisibly) by history, memory, current events, the phone, e-mail, a kiss, calls of nature’ (2001, p.132). This is even more apparent for the chronically sick person, who has to live with the interruption of health issues and medical encounters. The final draft of “Threat to Body” became the subsequent creative sequence,

umwelt. In this work, I focus on the traumatized, dysfunctional body, and imbue the writing with medical discourses and clashing registers that echo the disfluency of the body and mind. The writing is both detached and emotionally charged, confessional in the sense that it reports on the clinical encounter and attempts to fathom what it means to live in the world as a chronically sick person.

The tonalities of confession are further compromised in the work “With Sequelae” written in collaboration with my close friend Elinor Cleghorn, and author of forthcoming non-fiction monograph: *The Unwell Woman* (2021). This work took the form of a composite textual performance offering multiple, clinical views of autoimmunity enmeshed with first-person articulations. This text-based performance posits embodied experience as a conduit for the critical understanding of a poly-symptomatic condition. It fuses the clinician’s third person articulations about the patient’s body with first-person patient voicings, examining the tensions between the clinical language of objective science to the subjective realm of lived experience. In the initial stages of writing, the material was dense with technical language and so we sought ways to lighten the tone. We appropriated lyrics, reported speech from our respective children and parents, and placed these alongside well-minded but absurd suggestions that friends, acquaintances and strangers offer on coping with acute periods of illness. Some of these absurd suggestions are included verbatim, others are satirized to the point of ridiculous.

The collaborative authorship of the piece reminds the reader that sickness and disability is a collective rather than individual experience. Janet Price and Margret Shildrick reject the suggestion that ‘disability is not an issue for non-disabled people’ and consider that it is ‘irrevocably tied up with the bodies of those around us’ (2002, p.63). For myself and Elinor, the experience is a shared experience of sickness. It is not a closed off concern, but one which exists

and is embedded in a complex matrix of socio-cultural relationships. Underpinning our collaboration is the concept that all bodies are unstable, that we will all eventually become diagnosed. As Lennard Davis argues in *Enforcing Normalcy*: 'the disabled body is always a reminder of the whole body about to come apart at the seams' (1995, p.132). Following DiPietra and Leto's long email correspondence for *Waveform*, our own collaborative experiment began with a forensic process. We methodically scoured our own medical records for pertinent material, and then corresponded over the telephone where we were able to riff off each other. The clinical and medical terms from appointments and medical notes that appear at the start of the poem are interrupted by this playfulness, liberating the reader from the seriousness of the source text. Despite the humour, there are serious genetic concerns emerging over our children inheriting autoimmunity.

In addition to the three pamphlet-length poetic sequences and the collaborative poem, I experimented with a number of shorter, more visual pieces of work, the forms of which are numerous. I felt drawn toward producing text-based images with a greater emphasis on film and visual typography. For *bloodletting*, I appropriated historical accounts and anecdotes of physicians withdrawing blood from patients to cure disease and illness. Fragments are layered on top of each other creating a collage that provides a textual barrier and denies readerly access. This layering echoes the mistrust I have for medical science and the difficulties I've experienced when interrogating dense medical languages that describe my condition. Textual fragments are made up from personalized accounts of my ritualized procedure of injecting medicine, but my own experience also collides with medical histories of bloodletting and accounts of leprosy. In this work, collage supplants linear narration, building on Frank's suggestion that 'repetition is the medium of becoming' (2013, p.159). The intensity of repetition and aggregated sensations are ways of mapping or rewriting the past.

The digitally animated poem is a work in response to Boyer's poetry collection *Garments Against Women* (2015). Boyer's collection shifted my ideas surrounding the confessional approach to poetic representations of illness. As I mentioned in the confessional chapter, Boyer's text questions how a sick writer can exist in the contemporary, material world when so much of that expression is filtered through the public space of the Internet. In *Garments* the emotional experience of living with illness is a problem to be solved: it is difficult to describe or articulate the nuances of the body's expressions. In my tribute poem "For Boyer" the words dynamically collapse upon weighted notes, moving towards a moment of settlement before being further disrupted with a new set of weights emerging. The poetry is now in the coding, and the code represents technological progress. Despite the immobility that accompanies sickness, movement is ever present in the kinetic and shifting language, and this poem charts the rhythm we encounter in all aspects of living. There is an ideology and spirit at work: language is malleable, resilient and political, and technological progress is hypnotic and transformative. After some moments of settlement, the graphic shifts and begins a new cycle, signifying our bodily praxis, our corporeal energy, coalescing and inhabiting a jerky rhythm when aligned with technology.

My concrete poem, "Can I touch your wife?" was produced after a medical encounter where the physician erased my agency as the patient in favour of asking my husband's permission to touch me, indicating that he *owned* my body. I was influenced by Alan Radley's idea that 'posters and photographs with text have both the power *to shock* and *to narrate*' (2009, p.63) further examined by Sontag: 'sentiment is more likely to crystallise around a photograph than around a verbal slogan' (2003, p.76). This short phrase "Can I touch your wife?" disrupts the practices of intimacy and complicates the position of the reader, who is both distanced from the experience of autoimmunity and the medical procedure but remains implicated in this ongoing social issue. Exposing this is establishing a role to speak, "Can I touch your wife?" demands that the ownership

of the body be transferred back to the body of the patient. Suffering is more than a visual disturbance, it is a verbal disruption as well. The language articulates the social experience of being sick and perceived as 'owned', the words are written into the sutures. Radley writes that 'accounts of illness written later on are able to give expressive form to inchoate experience', and questions whether the patient was 'passive in the face of events and feelings when experiencing them' (2009, p.163). My failure to resist the problematic gendered position of being owned by my husband at the time of the encounter was fixable through a process of unmaking and remaking the moment. This intervention had to be both visual and verbal, simultaneously eliciting shock and destabilizing the invisible destruction that autoimmunity — as well as the patriarchal medical encounter— propagates.

This idea of the sick body performing is a constant preoccupation across my creative work. For 20 years, I had hidden my illness. I was *performing* the role of a normative body. In my search to find a language to write about illness, I found instead disability art performances that forced the audience into an intersubjective experience that made them complicit with the performer. In 2015, I witnessed performance artist Martin O'Brien re-enact his daily ritual as a sufferer of cystic fibrosis before a live audience in a courtyard within the beautiful grounds of Dartington Hall at the Arts and Medical Humanities conference. O'Brien lay back on a foam wedge, wearing only sadomasochistic underwear, beat his chest, coughed up mucus and crawled over to pre-prepared vessels to spit his mucus into. In this profoundly politicized act of reclaiming his body before an audience, O'Brien dissolved the hierarchical roles of performer-spectator and patient-doctor by carving lung shapes onto his chest with a scalpel. Some of the audience left the courtyard, unable to witness these acts of suffering. The audience was intensely aware of the violence that O'Brien was enacting, forcing us to bear witness while simulating the everyday act of violence he is forced to undergo to stay alive. The scene was scandalous, disruptive and dislocating as O'Brien

transgressed social taboos, pushing up against the threshold of what is tolerable to witness, what is socially acceptable to expose.

After the performance, I looked about me, observing what was happening to the audience: some were sipping champagne, some slumped to the ground seemingly dissociating, some crying, or being soothed by others. In order to leave the courtyard, audience members had to walk past the stage and in turn make their own political statement about what they were able to witness. The horror of witnessing this brutal act was compounded by the knowledge that this ritual will continue for Martin O'Brien. Crucially, the performance was imprinted on the memory of the witnesses. In his conference plenary the following morning, O'Brien contextualized his performance: as a sufferer of Cystic Fibrosis his art explicitly addresses and rethinks notions of endurance: he endures his body as a regulated body. This endurance he writes, is 'central to the existence of the chronically ill' and performing it 'allows the experience of the body to be owned by the artist. It becomes an act of personal political empowerment' (2014, pp.54-63). This contextualization encouraged me to consider my own experience as a medicalized, autoimmune patient. I became interested in how my own poetry readings might raise thorny, ethical issues and place the audience in an uncomfortable position. I started to question what it was that I wanted the audience to experience from my work. With these questions in mind, I produced the short film "Catastrophe Praxis" exposing the ritual of injecting myself with a subcutaneous immune-suppressant. I attempted to present the savagery and brutality of my invisible disease and its treatment, but this exposition left me vulnerable to a public reaction or response. To borrow from Garland-Thomson, the act promoted 'an attentive identification between viewer and the viewed' (2006, pp.173-192). The procedure of injecting is interrupted by flashes of stills from MRI and X-ray reports that disturb the linear sequence, illuminating the risk of not attending to this immunosuppression ritual: the inevitability of the body wrecking itself and joints that end

up fused by surgery. Following Roland Barthes' notion of the 'punctum,' a term used to describe a wound that pierces the view (1982), "Catastrophe Praxis" gave visual form to the suffering that I had silently endured for many years, it exposed the invisible experience of the ritual, a process that requires me to each week negotiate and agree to further medicalization. This process, to borrow from Laura Tanner, involves the continuous renegotiation of embodied subjectivity (2006, p.45). Having spent years keeping my illness sequestered, I was forced to recognize the impact that the disease was having on my joints as I prepared for a wrist fusion operation. With the hyper-visible scar, I could no longer hide my disease. The scar at the site of my hand fusion was the first outward indication that my body was being wrecked by autoimmunity, a disease that is usually hidden and invisible to others. The ritual of injecting was ongoing and, until creating the film, had been private. Re-enacting it with an audience in mind shifted the performance from private, hidden and safe spaces into the public realm. I was no longer performing wellness, but publically transmitting the ritual that I am forced to undergo to be well in my every-day life. Was I attempting to provoke the audience into vicariously feeling my pain or soliciting them for sympathetic engagement?

In the radical performances of O'Brien, the invisibility of illness is disrupted as a form of 'sufferance in order to survive' (O'Brien, 2016). This turning back on the objectification of the disabled body marks a disruption of the power that Garland-Thomson writes, is inscribed into public staring. This stare, Garland-Thompson tells us, is a force that awakens, it is a 'kind of potent social choreography, staring marks the body of the stare and enacts a dynamic visual exchange between a spectator and a spectacle' (2006, p.175). By harming their bodies before a viewer, performers such as O'Brien control and manipulate the fluidity of the stare, they choreograph their own scene. In this reciprocal performance space, the spectator is given insight to the lived experience of the sick body. A realm shift occurs in this intersubjective performance

space as participants are provoked into experiencing a range of emotional, cognitive and bodily responses.

In my own creative work I consider the reciprocal spaces of the poem as an encounter, how the reader is invited, but crucially, how the act of reading is politically constructed. I was interested in the audience reassessing their perceptions of invisible illnesses. Though I had enjoyed the experiment, I wasn't comfortable with putting an audience into a space of witnessing my procedure. As Bourke suggests, pain narratives, in contrast to language used about pleasure, 'plunge both the person in pain and witnesses into depths of wretchedness' (2014, p.29). Turning to critical, cultural and performance studies of pain and empathy gave me a better understanding of the tensions arising when soliciting the audience for their empathic and bodily identification.

I feel that it is important to include my journey through critical performance theory as it engendered a set of questions for me surrounding the performance of illness, issues of witnessing and theories of agency within performance spaces, and led me to produce my long poetic sequence, *Bettbehandlung*. I began to notice how these performances were often silent, and the silence was often more powerful than verbal accounts in documenting the pain and ritual that the sick body undergoes. Sculpted from a sharing of consciousness and ritualistic practice, these non-verbal scenes subscribe to both Scarry's argument that pain is outside of verbal communication (1985) and Bourke's notion that pain is 'a type of event', an event that a person encounters and 'participates in the constitution of our sense of self and other' and is 'infinitely shareable' (2014, p.234). These events disrupt our world view, complicate our position as witnesses, and allow social transformation, but they do so at the risk of traumatizing an audience, whose empathy is an unquantifiable factor. The complexities of performativity rely upon a reciprocal relationship between performer and spectator, but spaces between 'self' and 'other'

unravel when the theatrical frames and the rituals are real stages of suffering. Typical audience etiquette is thrown into chaos in this new arrangement of looking at a sick body, which arguably— and particularly in the case of invisible chronic illness— exists as a continuous performance of the healthy body. I wanted to translate the pain and shock that I experience when treating my autoimmune disease as a type of ‘event’, but I needed to find a way to immerse the reader and unravel the spaces of ‘self’ and ‘other’ with text, not least since my investigation was text based.

Contemporary performance artists strive for a visceral, embodied audience response, often eliciting a Brechtian shock in reaction to their performance. The shock of the audience is factored in by the artist and is often a desired outcome. Peggy Phelan calls this exploration “‘performative exchange’”, one which rests on a reciprocal, empathic “drawing in” of the spectator, excessive reactions, interventions, or even exhausted, numbed responses that indicate further levels of disconnection’ (1993, p.162). Artaud developed his theory of the theatre of cruelty, often enduring “his suffering as a deliberate creation, a work of art” (Esslin, 1976, p.11). Artaud promoted theatre that presents the seriousness of reality and made the performance a type of event that is not playful, but immersive and total. He wanted the audience to reach a ‘state of final separation from normal existence’ (Ibid, p.48) He accomplished this by presenting authentic realities, and to borrow from Richard Schechner writing on Artaud, ‘systems of performance by utilizing trance like possessions, arguing that “theatre ought to be ritual”’ (2003, p.21). Aristotle suggested that for affect or catharsis to occur there must be ‘the scene’ that the audience can respond to. Contemporary performance artist Marina Abramovic’s auto-aggressive performances rely on testing the boundaries of the psycho-pathological physical self. For transcendental catharsis to take place, Abramovic writes, ‘there always has to be the public, there always have to be viewers who give me that kind of energy. The more public, the better the performance gets’

(cited by Guttenburg, 2003, no page). The theatrical frame of the theatre space controls human interactions and enables spectators to enjoy the performance and the feelings roused in them, but they do not feel implicated in their witnessing. The performers have constructed a reality that is *not* a reality. The actors, Schechner suggests, undergo a 'temporary rearrangement of body/mind'. He calls this rearrangement a 'transportation' and suggests that the audience may change temporarily in the case of entertainment or permanently, in the case of ritual (2003, p.191). He writes that ritual was historically a prelude to production, and reminds us that with ritual something occurs, 'ritual carries participants across limens, transforming them into different persons', giving the example of bachelor-husband- groom, he insists 'aesthetic drama works its transformations on the audience' (2003, p.193). Goffman's dramaturgical theories on performance in *The Presentation of Self in Everyday Life* put forward the argument that people are always involved in role-play, and that they construct and perform multiple identities every day, living their lives as actors do, continually within a performance.

Schechner presents Goffman's social model of transformation whereby 'an expressive rejuvenation and reaffirmation of the moral values of the community' can happen in those spaces where 'reality is being performed' (2003, p.14). The fantasy to break with the private performance of the ritual, and the private construction of identity which we know from Judith Butler to not be private at all, but in fact 'performative', creates a 'happening', an *event* that is essential, vital and crucially, sharable (1993). Sharing the experience of illness is a common preoccupation in the field of medical humanities, as Arthur Frank argued in *The Wounded Storyteller*, the 'communicative body is dyadic, the self-story is never just a *self*-story but becomes a *self/other* story' (1995, p.131). The benefits of communicating the experience of sickness and trauma for the sufferer are well known: they undergo catharsis, and this lessens the suffering and isolation. Seeking out and observing artists who test the limits and boundaries of

the performer-spectator performance frames was a rich area of research, however, the subject of my inquiry was specifically the ways chronically sick people perform their illnesses as textual practice. These ideas led me to consider producing a text that plays with concepts and ideas on the performance of illness and wellness.

As with any programme of study, personal and domestic issues started to impact upon my creative expression but in this case, I noticed an interesting overlap. Over the course of my thesis, my sister's mental health began to unravel and she was sectioned a number of times. Whilst I was considering the ways I had always concealed my illness and might begin to perform it to an audience, I was also thinking about how my sister performs wellness in order to escape hospitalization. At the same time, my research led me to the nineteenth century physician, Jean-Martin Charcot, who presented a series of lectures on the behaviour of hysterical women at the Salpêtrière hospital, Paris. These lectures included a showcase of his research on his female patients triggered into performing hysterical episodes under hypnosis. These scenes became sites of entertainment, performative spaces, spectated by medical audiences, but as suggested in *The Knotted Subject*, what was made more obvious in this act was the approved commodification of sick bodies (Bronfen, 1988). Charcot widened the gap between the lived experience and the clinician's discourse, simultaneously creating a double erasure: the sufferer was silenced as she was forced to submit to a medical regime that valued the sick body only as communicable terrain, a body owned and decided upon by patriarchal and medical institutions. The body belonged to a medical ideology that gained voyeuristic pleasure from diagnosis, but through this lens, the lived experience and languages of pain and suffering continued to escape communication. Suffering was further marginalized, hidden and negated, while the sick body was commodified and made hyper-visible (Didi-Huberman, 1982). Chiming so seamlessly with the ways I had hidden and neglected autoimmunity, and with my sister's experience of being *forced* to be medicated, this

research led me to produce a creative sequence of work, *Bettbehandlung*. Constructed out of this new found interest in the performativity of illness, issues of dependency and bodily propriety, the sequence marked a turning away from the limits of my physical illness to encompass the historical treatment of women with chronic and acute mental illness. It is an elegiac love poem that entangles my critical research into the historical treatment of hysterical women, with my chronic illness, and my experience of witnessing my sister's decline into mental illness. The creative practice became a way for me to cope with the depth and breadth of the loss of her mental health, as well as formulate some critical thinking on the public and private performance of illness.

I used the critical research surrounding the Salpêtrière hospital and performance theory as a basis for this sequence. I experimented with collage, scraps of sources that collide with each other so that meaning of personal elements merged together with testimonies from vulnerable subjects, as well as quotations from a number of critical and historical sources. It doesn't follow a simple and sequential narrative. Instead the sequence uses multi-vocal contributions preventing it from drawing too much on any one particular narrative. My own experience is of being a chronically sick person is mixed in. As I focus on the somatic, psychological experience of living in the contemporary world modelled for the healthy sovereign body, I also reflect on my experience of being closely related to someone mentally ill and of experiencing grief during my formative years. By admitting to a personal investment, as I write in the sequence 'I am bound to the woman suffering', I began to experience fantasies of protection and imagine what social love might look like. I experienced a renewed fascination with the invisible vulnerability of sick subjects, and the idea of being a 'contingent' person in the world. I use repetitive refrains 'toujours toujours toujours' to emphasize a relentless quality and the notion of chaperoning intensifies to suggest an overbearing sense of social propriety over women. With Lambeth's observations in mind, that

illness might be 'reproducible through shape or a latent structure' (2008, p.176), I employed vertical bars act as partitions between the fragments, performing a similar role to the chaperone, in the social and the clinical sense. They are screens or barriers that reinforce the theatrical frames of the performance spaces of the salons.

My final sequence *House-girl* began as an examination of the social function of apothecaries, lepra houses, leprosariums and treatments of leprosy sufferers throughout history. I was interested in the way leprosy has provoked hysteria and revulsion, and how this fear of contagion has produced an enduring tradition of stigmatization. Writing this sequence became a dialogic encounter with other sick writers, who I respond to indirectly throughout, as I write in the sequence, the house-girl forms 'relationships with other autotoxics, who talk enviroaesthetics'. I play with the inclusion of blood flukes, a science that suggests that parasites, although destructive to the body and eradicated from Western civilization, are known to regulate the irregular autoimmune responses, a theory that is expanded and experimented with in Moises Velasquez-Manoff's text, *An Epidemic of Absence*. After reading *Geopathy*, I also wanted to include epigenetic theories that suggest that certain environments might disrupt our normal immune responses, as Stecopoulos suggests purportedly leading to sickness and disease.

The use of pronoun shifts between first person and third person, inferring that the sick self is interchangeable, always engaged in a performance, with only moments of visibility. The sick girl is out in the world but simultaneously bracketed off, stigmatized, locked away in the house, and here I was drawing upon accounts that depict the segregation of lepers into lock hospitals. This sequence, as the final long poem in my portfolio, brought together my research of the philosophical concepts of autoimmune disease, ideas that suggest autoimmunity gives the sufferer feelings of thwarted belongingness. Through an embodied act of narration, I rendered

this from a position of self-perception and insight, dropping to the third person pronoun and reflecting how the 'house girl misbehaves / longing to become herself'. I meditate on the psycho-physical splitting of the *self*, 'how to rule my body from her mouth', emphasizing how this is performed as an act of complicity, an organizing of 'the body according to the pluralist culture' an idea which speaks to society's view of the 'whole' body that is stable and can perform in the late capitalist world. I included a mixture of critical narrative as sub-titles for each page, to emphasize the idea that to make sickness the subject of a creative study is also to intellectualize the experience.

It is worth noting that my initial proposal for my PhD study was to explore the perceptual and social experiences of neurological speech conditions and examine some of the questions concerning cultural encounters and embodied responses within poetic practice. There were three methods I anticipated using to construct the poetry: engaging with a study group of participants, responding to historical accounts of psychologists' data and anecdotal research, and engaging with historical anatomical and neurological theories of aphasia. Emerging from this engagement was the idea to write and perform poems which embody the physical and verbal manifestations of speech conditions, for example, stuttering, blocking, and loss of speech. I thought I had found an unusual way to create a more social understanding of speech conditions and highlight the creativity in the non-sense of these types of language affecting conditions. I wasn't aiming to critique a group or a condition from afar, rather I hope to mirror it, draw attention to it, demystify conditions and characteristics, and perhaps highlight the beauty in the non-sense and failures of normative speech. Some of these thoughts have been previously submitted for my P.G.C.H.E. module UN829: Reflection and Reflexivity in Higher Education (Lehane, 2018).

As I began to reflect after my performances, I realized that assuming the position of someone

with a neurological speech disorder was ethically questionable territory. Indeed, this type of representational project was in danger of erasing the voice of a marginalized group, and accrued spectatorial interest from exploiting disability, but in a way designed to appear 'representational'. As a poet I had assumed the dominant artist's voice, re-asserting the ideology that the valued voice belongs to correct speech, while the non-normative subject is further silenced. Questions started to emerge about speaking and being heard, and the value placed on intelligence, identity, civilization and privilege. The context of disability alters the conditions by which we place value on performance, and I was keenly aware that my project was ethically problematic as I was able to *choose* to perform speech conditions.

My initial intention—to devise ways to embody someone's experience—was a flawed premise, as one has no choice but to stay within our own perceptual space. The question for my project was how might my creative practice benefit people with speech conditions? Was I, the 'artist', harvesting a condition which simply interested me because it allowed me to appropriate medical lexicon? Was I just interested in drawing links between the poetry and speech conditions in terms of musicality and nonsensical constructions? How was I advocating conditions for a greater purpose than artistic entertainment? Did I need to depend on the life and traumas of others in order to generate new avenues for creative research?

At first, I felt that my project underscored the frustrations with ethics surrounding performance and highlighted the anaesthetizing forces that limit academic research. The lack governing rubric surrounding ethical studies in the humanities has led to new forms of expression, and a gap which can be filled, and has been filled by conceptual poets who are able to appropriate others' trauma for their own purposes. Rather than conform, the 'artist' often builds a new rubric for themselves. Should this engagement be passed as scholarship by a university institution and if

not, does the flattening of the undisciplined lead to this type of ill-conceived, subversive practice?

Ethics is a discourse defined through limitation and the arts and humanities are defined by expansion, so there is a real tension happening when it comes to ethically questionable art. My research here led me to think that there needs to be a rubric for ethics in the humanities, one which is accessible, modified and influenced by all positions in society. It led me to wonder how we avoid controlling 'art' while protecting the vulnerable. It is not good enough to be creative, to be aesthetically innovative, and linguistically and conceptually innovative, an artist must underpin their study with an ethical framework, and that framework needs to be formed by spokespersons from marginalized communities.

The final work created from this area of research, *Places of Articulation*, is a sequence of poems engaging with speech disorders and the historical, anatomical and neurological theories of aphasia, but I made a conscious decision to omit the pieces which used stuttering. My ethical concerns over this project led me to consider writing about my *own* non-normative body, which until this point I had kept concealed. Concurrently my disease became impossible to ignore, twenty years of autoimmune destruction resulted in osteoarthritis and a joint fusion, and so I had no choice but to take immune-suppression medication and face the serious nature of my disease.

Aside from this work, the remaining sequences of poetic work produced are in dialogue with each other, representing the connective and yet individuated occasions of disease. They reflect the indeterminacy and reactive nature of auto-immune disease, and illuminate the cycles of remission-flare-remission-flare. The lens frequently slips between the acute attention paid to disease and the quotidian experience of *being* in the world.

Contextualizing my own practice in relation to the field of creative poetic-medical practice has formed an integral part of the research and exposed how my own investigative praxis is

intrinsically and inextricably linked to, and inspired by the reflections, methods, and processes in the study and the theories examined across this thesis. It has been a continuous process of discovery and through writing this account of my creative decisions, I have showcased how the modes of writing in my own practice embody many of the critical, analytical and theoretical principles which underpin my research.

Across the thesis, I argue that the chaotic representation of linguistically innovative writing suits my illness narrative, especially as idiopathic illness is shrouded in mystery and chaos. And yet, as I reflected post production, I found that by using coded language, difficult syntax and complex grammar systems, I was able to continue to hide my disease. In the following chapter I will expose how binary assumptions that posit experimental writing as a superior mode of articulation provoke questions concerning audience, privilege and accessibility. However, before I approach conclusion, I would like to introduce my ongoing creative exploration on the subject of autoimmunity in the form of prose memoir, and map some of the motivations for this mode of articulation. Though I won't include the memoir itself in this thesis, it is worth noting how undertaking this Ph.D. research influenced the future direction of my endeavours in this field, and was responsible for this particular shift in my creative practice.

As I started to reflect on the issues of access with experimental writing practice, I found the syntactical and grammatical play in experimental poetry were, contrary to my earlier claims, insufficient as a mode for expressing particular illness events in my life. It seemed important that I examine my decision to finally become a medicalised body after years of mistrust, and narrate the psychic issues that accompany that decision as coherently as possible. Writing the memoir is been a conversation with myself over the decisions I've made regarding my health and lifestyle, particularly pertaining to my medical mistrust over immune-suppression medication.

It was suddenly crucial that my story of rejection and eventual acceptance of medicalization was transcribed as a linear piece of writing, conveyed as coherently as possible, so that readers might understand the intricate issues that accompany autoimmunity: that medical mistrust can lead to bone fusion and early-onset osteoarthritis. Another important revelation concerning this research project is that when I first began writing the memoir, I was doing so with too much knowledge of the autoimmune processes and philosophies, as if inflected by the research undertaken for this thesis. I had to stop thinking about the appropriation of medical discourses and the poetic tensions produced. I had to roll back and use plainer language, as if I was unlearning previous modes of articulation. It was important to let the language of the autoimmune experience emerge gradually alongside the inquiry itself. This swing from experimental poetic practice to coherent prose writing was unexpected. It was absolutely prompted by this thesis and the questions concerning access that have been sitting at the fringes of my inquiry, questions that I will expand upon in the following chapter.

Chapter 6

Conclusion: the question of access and privilege

“Do you hide there?” said a friend. “In and of the poem, do you hide?”

—David Wolach

In my overview of the issues of writing about autoimmunity, I presented the quandaries a writer faces when attempting to create knowledge from an unspecified idiopathic condition that obscures itself linguistically. I considered how mysterious illness poses a range of ontological questions to do with the self-non-self paradigm, harmonized embodiment, and the home-likeness of *being* in the world. I argued that attempting to write the idiopathic illness is fraught with difficulty: that it is not coherent, ordered thinking that is produced when sick, but fractured impartial truths that present the multi-layered experience of illness. Developing on this, I suggested that experimental modes allow the writer to assert control in an otherwise unpredictable backdrop of existing with mysterious disease. I asserted that much of the current scholarship of mainstream illness poetry does not articulate the experience of living in a sick body, because that experience is too chaotic and unpredictable to be rendered with narrative and syntactical coherence. I proposed that scant attention has been paid to alternative modes, and as such, innovative work understandably exists under a cloud of obfuscation.

I introduced the anthology *A Body of Work* which articulates the boundaries between innovative and traditional modes of writing, and while many are rich in expression, I found an absence of linguistically innovative writing. Though I am not the first to observe this lack of experimentation in the field of medical humanities, I would like to echo the call to include writers who articulate the fractured experience of illness through radical forms of language.

The chapters in my thesis overlap with points of commonality: I suggest that the poetic works in my study are forms of protest that complicate readerly access by introducing work to the field of illness writing that is difficult, multiple and chaotic, reflecting the discord that permeates their sense of living. Staging an ambitious and often ambiguous representation of the psychic, spatial, and temporal zones of illness, the writers interrogate society's view of the body that is stable, and insert new and subjective authorities through poetic intervention.

Each chapter in my thesis focuses on the use of language systems that negotiate the complex and fluid reality of being ill. I have argued that each writer departs from and overturns traditional poetic modes of writing that rely on conventional grammatical and syntactical systems. I mapped the modes and approaches writers Boyer, Stecopoulos, Wolach, DiPietra and Leto utilize, suggesting that they occupy a rare space that troubles our preconceived ideas of what constitutes a comprehensive reading of poetry. By rejecting the predictable poetic devices that are commonly found in confessional writing, Boyer and Wolach unsettle stereotypes and conventions of confessional poetry and challenge the prevailing master discourses of literary work and the medical encounter. I proposed that by including technical medical language in *Waveform* and *Hospitalogy*, the writers alter the meaning and purpose of the language and redress the imbalanced experience of being a patient in the clinical encounter that exists outside of the medical vernacular. Through an examination of the resonances found at this intersection, I demonstrated how poems charged with medical language do not assume a mode of fluency or understanding for the reader. It is not one coherent piece of writing that is produced, but a multi-layered and all-encompassing work that presents the unfathomable space of living with illness. I proposed that poetry containing esoteric medical language is disorientating and alienating for the reader but it is also a component of the illness experience and by including it in the poetic expression, in affected forms of language, it opens the reader up to the multiplicity of the lived

experience of sickness. I suggested that Stecopoulos has subverted the common body-at-war metaphors that are entrenched in illness narratives, extending them to mimic politics of the state, and thus producing a complex critique of systems of power. Building on her claim that focusing on the materiality of text allows Stecopoulos to participate in healing languages, I consider how these metaphors might authentically render the thwarted belongingness that accompanies illness. In a more marginal capacity, I have focused on the use of fragmentation and unconventional syntax in *Armies of Compassion*, acknowledging how it performs the illness experience, complicates the notion of wholeness, and allows Stecopoulos to challenge the social model of the unified, sovereign body. I suggested that alinguistic systems of grammar are more appropriate when representing the sick body than grammatical and metaphorical systems that offer single, totalizing interpretations commonly found in mainstream writing.

The poetry examined within this thesis could be considered difficult, impenetrable, or incoherent. The linguistic innovation and shifting syntax often resists easy understanding and troubles the reading experience. Metaphors are not easily grasped: they insist upon and deliberately pose more questions than they answer. Disordered or disconnected ideas are placed next to each other or layered upon each other as philosophical riddles, often further disrupting the reading experience. These moments are then placed in tension with lucid autobiographical moments, thus disallowing any easy identification with the poet and their experience.

Despite arguing that the chronically sick body cannot be articulated in simplistic terms, the question of readership and access has been at the fringes of my investigation, and I would like to focus on this thorny area as I draw an end to the thesis, to assess what is considered critically valuable *inside* and *outside* of the academy and to consider whether experimental writing risks failing to reach an audience outside of itself. To investigate how generative experimental writing is as a mode of articulation beyond the academic community, I turned to the introduction in *The*

Edinburgh Companion to the Critical Medical Humanities within which Angela Woods and Anne Whitehead question how to ‘productively rethink the notions of collaboration and interdisciplinarity that are integral to our project of expanding the frame of inquiry’ (2016, p.3). They acknowledge that patient narratives were considered valuable, transformative, and provide a ‘challenge and corrective to the hierarchies of evidence’ (Ibid, p.15). They propose that *The Edinburgh Companion*:

registers the ways in which health, medical and clinical concerns and discourses spill out beyond the sites over which the health sectors and system have direct jurisdiction, and into the values, morality and experiences of everyday spaces. (Ibid, p.23)

They give the example of the creative-critical piece, “How Are/Our Work” (Ibid, p.151) by Jill Magi, Timothy Kelly, and Nev Jones, suggesting the collaboration speaks to issues of representation, by rejecting the common, linguistic, formal, and structural traditions of academic writing. The second wave of medical humanities, Whitehead and Woods suggest, is ‘expanding and reorienting itself, embracing new historical cultural and political perspectives’ (Ibid, p.1) in an effort to ‘open up possibilities ...to operate in radically different arenas of critical consideration’ (Ibid, p.2). The poetic work examined in this thesis is relevant to these developments in the field of medical humanities. The intersubjective knowledge produced from experimental writing— while perhaps assisting the writer in enabling them to make sense of the bodily and psychic issues that accompany disease— poses vital and energizing questions that intersect existing and emerging knowledge of what ill health means politically, socially and culturally. And yet, the value of these accounts is contestable, dependent on readerly reception: how might subjective knowledge assist readers if they cannot comprehend innovative modes of articulation?

Experimental writing exerts a stress against the limits of what is possible to *understand* and what

is possible to *know* outside of your own perceptual space. Unlike coherent narratives, much of this work requires careful examination, further reading and research to approach an appreciation of the nuanced and complex meanings operating within.

Ann Jurecic's *Illness as Narrative* is concerned with the composition and reception of illness accounts. She writes that 'the idea of trusting narrative to provide access to the experience of another person indicates a naïve understanding of how such texts function' (Ibid, p.3). She considers the fractured experience of writing about illness is to break 'a life in two' (p.10) and that those undertaking it 'face the nearly impossible task that confronts all who write about trauma: how to speak the unspeakable' (2012, p.10). Underlining the impossibility of fully entering another's perceptual space, Jurecic argues that creative approaches 'in which personal expression is understood to provide an opening to the experience of another, can appear reductive to literary scholars who value complexity over utility' (Ibid, p.12). In addition, she claims, 'critics tend to prefer indeterminacy to emotional engagement' (Ibid, p.11) and that classic illness narratives 'provoke affective and intimate engagement, responses that have little currency in academic discussions of arts and literature' (Ibid, p.10). Jurecic interrogates the limits of this academic privilege,

A blanket dismissal of testimony and emotional engagement can only be made from a position of distance and privilege. Such a critical stance imposes a falsely absolute divide between everyday experience and critical engagement. It does not serve literary and cultural criticism well as a tool for understanding life's precariousness. (Ibid, p.14)

Though I haven't called for an avoidance of emotional engagement, I feel my research has been

guilty of reinforcing this argument, suggesting that experimental writing is more appropriate as a form of subjective expression, and perhaps an unnecessary assumption that it is therefore more worthwhile or valuable. Sara Wasson, drawing upon Matti Hyvärinen et al., flips the notion of academic privilege on its head, 'Scholars of class, feminism and postcoloniality have identified many ways in which a narratively coherent self is a cultural construction imbricated with privilege' (2008, p.107). The study she draws from, *Beyond Narrative Coherence*, proposes that illness and trauma threaten unity and instead create fragmented, partial, abstruse, and inconsistent narratives. In her review of *Beyond Narrative Coherence*, Anna De Fina suggests researchers prefer coherent texts and neglect narratives that include marginalized and traumatized voices (2011, pp.362-364). The attention given to narrative coherence poses 'ethically questionable pressures upon narrators who have experienced severe political or other trauma.... [T]he imperative of coherence works to legitimize certain narratives while excluding or marginalizing others from the narrative canon' (Matti Hyvärinen et al. 2010, pp.1-15). In this thesis, I have suggested the poets attend to the discontinuity and incoherence of the illness experience by using complex metaphors, disjointed and shifting syntax and fragmentation. A concurrent concern has been whether the experimental poem is attractive to writers because it performs a therapeutic function, maintaining a privacy by employing strategies that allow us to disguise, encode, and conceal the vulnerable self that is so commonly exposed through confessional poetry and self-expression in the spaces of the Internet. But how far is the reader oblivious of those energies, blind to the full comprehension behind the text? As therapeutic as the act of writing and reading may be for experts, how can non-expert readers exposed to the work— who haven't experienced the disintegration that occurs when chronic illness takes over the body and mind— recognize and appreciate the full meaning behind the text? The danger is that experimental poetry will continue to remain marginalized, with access granted to a limited

and privileged audience, if sick experimental poets are simply in conversation with other sick experimental poets. I began to wonder how privileged experimental writing is as a site of understanding; how useful is it to appropriate esoteric medical language or design complex metaphors that might isolate some readers, or fail to communicate beyond the established audience; how experimental writing could provoke social change or social transformation, when it embraces a complexity that may only appeal to other writers, or is closed off to a wider readership beyond its immediate audience. How clinically valuable can this work be, as part of a 'shared subjectivity' of cultural and scientific knowledge, if the general reader finds it difficult to access and engage with the work? What happens if you lack the critical skills to explore and transform the vocabularies and fluencies of illness that are encoded within the poem? Given this division, how far can experimental poetry act as a communication tool to promote further social understanding of the experience of illness? As Elinor Cleghorn wrote in a personal email, 'is there a way of expanding access so that it speaks above systems of intellect? What is the purpose of academia if it doesn't use its apparatus to speak elsewhere?' (Cleghorn, 2019). If experimental writing exists in a privileged world that is closed off to larger audiences on account of its complexity, is it not excluding readers who we may wish to reach? As I began to consider what other forms of engagement can be made that include less overtly experimental writing, I contemplated a selection of contemporary non-fiction writings on illness. One particular memoir, Jenn Ashworth's *Notes Made While Falling*, is an example of an illness writing that subverts the ordered linear narrative but is also written as a syntactically coherent text. The book opens with the violent scene of a surgical experience, but rather than document the events unfolding as a linear anecdote, she writes, 'Knowing already that this is the wrong place to start, we will begin with the operating table' (2019, p.1), immediately inviting the reader to consider the mechanics of writing and what constitutes a suitable beginning for an illness narrative.

Attending to the difficulties to be found when describing pain, Ashworth writes 'First came a great burning, then a disturbance I still don't have a word for. Pressure? My internal organs in a wind tunnel... Unimaginable pain — like bright lights— no, like nothing else...' (Ibid, pp.1-2). The memory of speaking during that traumatic incident is delivered as a dissociative experience, 'I think I spoke but my mouth was a dream-mouth' (Ibid, p.2). Intensely poetic phrases like this tip the writing into the innovative category as the surreal, bizarre-like idea of the 'dream-mouth' push the reader to consider the disorder and disorientation that often accompanies the subconscious experience of dreaming. But it is not simply the incorporation of poetic fragments that complicates its position in mainstream or experimental writing culture, the text requires the reader to hold onto multiple narratives, flashbacks, reveries, digressions and intertextual engagements within each chapter. Alongside composing her own illness narrative, Ashworth is in dialogue with other writers and examines philosophies on illness and ideas on the craft of writing. For example, she is struck by Leslie Jameson's phrase 'the present tense of aftermath' (Ashworth quoting Jameson, Ibid, p.12), and contemplates it alongside a description from Sontag on witnessing death camp photography, wherein Sontag describes feeling 'irrevocably grieved, wounded, but a part of my feelings started to tighten, something went dead, something is still crying' (Ashworth quoting Sontag, Ibid, p.23). Enmeshing both of these excerpts, Ashworth develops the repetitious quality that Sontag has set up, 'This is the eternal present tense of the real-life aftermath. Something we writers leave alone. Something went dead. Something is still crying. / I could type that out until the rest of the book is full' (Ibid, p.23). This is an approach that occupies much of the book: other writers' theories and ideas on craft, or writing philosophies are teased out as Ashworth's selects and rejects suitable techniques or devices, contemplating the way in which her own illness story can be told. Drawing attention to the genre of non-fiction, she describes how she 'resents the confessional' (Ibid, p.17), finding it

embarrassing, and yet she knows she cannot articulate her experience using fiction, as she might have ordinarily, because it 'cannot hold this... fiction will not do'. (Ibid, p.17). The final sentences of the book subvert the trope found in illness writing whereby the sick person is restored to health, 'I wanted to say that: it still hurts and I don't feel normal' (Ibid, p.194), revealing that her illness is not resolved but ongoing. To defend the inclusion of *Notes Made While Falling* here, it is important to highlight that the book is not overtly experimental in terms of linguistic innovation. Ashworth does not conceal her illness behind complex metaphor, fragmentation, difficult syntax and esoteric appropriation, modes that may be ungraspable for some readers. Her text is syntactically and linguistically coherent, but as Wasson might argue, the emerging present is presented as non-linear, as a 'complex temporality' (2016, p.111). The narrative does not emerge as one fluid piece of writing but shifts through multiple time periods, and it is these competing strands of experience that perform the erratic and unstable experience of being suspended in chronic illness.

With a pedagogical lens on questions of access, Jurecic writes that Taylor recognizes 'it is a mistake to serve students a uniform diet of dense theoretical texts that send the message that 'culture' is too hard to understand' (Jurecic quoting Taylor, 2012, p.122). Jurecic argues that there is 'room for a range of critical motives and projects... and that nothing is more urgent than attending to the complex ways writing and reading sustain individuals, communities, and cultures' (Ibid, p.112). We need to reimagine the existing structures that divide or split the reader into unnecessary, distinct and errant categories, and consider how to bridge the gap between community and academic settings. The idea that difficult or incoherent texts pose cognitive, cultural and intellectual dominance over accessible and coherent texts rejects the hope that there is room for multiple and diverse approaches. It neglects to acknowledge that a range of illness writing is vital, insightful and generative for readers both inside and outside

closed circuits of privilege. We must continue to rethink our binary assumptions and promote a sense of inclusiveness, so that all readers might have the opportunity to discover, encounter and relate to a range of insightful, alternative and diverse expressions on the lived experience of illness.

Chapter 7

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Chapter 8

Practice as Research

Places of Articulation

aphasia

erase bashful in stutter, or erasure in cortex
yours, yours, a monstrous infancy trespass careful, or fathers will
imagine you are anything world without endeavour
a single or double avoidance
in the margins in the mass in the preface stoop between error and schism
start endnote after footnote poems cultivate alarm what do we think about when
cinema ends
well, sorrow-roving-sorrow, sorrow just roams like common rain, we know the deadline
is a truth, hunt truth
in your origin; aphasia under order be the whole *rational animal*

irrealis

hunting, almost physiologically

the perennial problem is spermatozoa reflux consider all the aborted sentences written
in this irrealis mood: we don't speak of lovefugue I'm as keen as ever over hypotheticals
there's a good tradition of love & hate

but in the quantum sense, we're closely related you'll find no warrant in speech
for full mouth debridement, daughters must be warned over mythologized selves;
the nerve of ionised bride, sex 'n' hullabaloo, acolyte charms, lexicon up-front
& personal

Cradle

these documents seem to pass functionless

long gaps in the body periphery the associated words

in chains of nerve fibre in chains of enter your pit of mouth

the lashes on your back rise inasmuch tragedian dwell

her womb held back sounds pathways rebuilt by rote small vector small motor
paribus actions // ceteris

Often at its worried cradle high society-lower strata

you seem un-aspirated

I've never known such present dead parents

dead glottis, low fricative

as voiceless comes for you it comes for me

semantics

the sound shape of obsolete

you were the first to call me by shape, by bride of throat

the whole world full of the alive of me

it's valley shakes

as if to say caesura, caesura after six

my ears redeem everything to run out the county recycle all of this load

less farrago

would you like less opponent

be perfect nervous the time for us afraid of speech acts

bring a new use for asterisk

outstretched hands

Il se couchait derrière le brin d'herbe Pour agrandir le ciel
Noël Bureau

you still have most of your hair destroying all your 70's cine 8 curl up in the baseline
inside the pineal gland circadian rhythms pagan symposiums give me the slip
listen means obey
all hallows haven holiday forensics to caravan eighty-three
selectively mute with sensory overload my Münchhausen sister
pleased we talked

prattle

adduce some y bound turned into arship,
a little substrate in you, by dissent terms afford two moments
children, not unlike the adults we'd become born to imitate speakers
impoverished vernacular grasped by pith linguist
 by saying that a person is deadline bound to limitation if reported
still speaking how spectre, how *death of tongue*

leaves paraphrasing alone
antiquity spoken to be put down naturally forced to confront elusive in the morning
by bed we favour

are you leaving as the song suggests leave then, no acoustics in fact
 heirs will reminisce
wipe away halcyon all very well
 aren't you missing your

animal

stroke

if there is life after this the part where I reach
for the home— for the counterfeit the word in parenthesis
please kiss, nothing driven out by charity, my arms cannot reach this gap nor reword
nor wanton not wanton
if immanence is walking through this map
here is the found word to submit to your there for the grace of
sound he confessed

native tongue

beneficial term to detour / say so

salve veritate

suppose we fall, rebound find

a theory of syntax

naturally occurring wake some day

in the corner sofa, speech will turn

your stomach a hoax when it seems to *name* you

to dominate nothing occurring no error

in its paradigm

a concept & object assign & abandon

how to promise the right hemisphere will sing

dead ends

A mouth coming undone starts at the lips
Jacques Roubaud

seems the world rebounds words run their course
long organic death proliferates for all the wrongs
said to be still surviving your dead Latin
in your dead mouth among yourself
caught at the pointless crux welcome the arpeggios tallies of speech-
sound; your living mouth living logic, formaldehyde keeps us inked, no
image tears at us, hesitates; so much starts at the lips imagine the words again undone,
in his gentleness he's undone

schizophonetic

that mother tongue isn't
cannot

bear a single imprint

Neander: to rinse out jaw
in paper cup it is the porosity

of locking onto discourse
throw it out, cold there'll be an end to

oh your euphoria *Feel*
probation as is no textual evidence no hypothesis on the tongue

in this crumple zone, tongue is
a mountain, mother tongue is
a mountain gut me cut diphthong by diph
there is hope, this is hopeful

aleph

in throat, in throat opening assign sound, for the vowel it bears

how to echo-locate
emit the more primordial

how poor in brushed poverty
acoustic ways to find all morning we kill

for a little letter privilege
fervent inceptions we strain to hear
by divine name this aleph so long to sage recall in all its plexus in all its cursing

renaissance within the hour

we hear inscriptions
the absence of the letter terms of vulgarity
rhetoric shakedown too tired to throw out alpha to console the glyph
too absent to notice
how truth forms like air, crushes with its overlap

home for the developmentally

once linguist

in meter in grammar labial r

kiss this to shudder interjections seem anomalous disorders may shrink

still later, verbs

solely in terms of transcript psyche remnants

both typology

he might as well have been pounded the steering wheel home for the developmentally he

drew ships

seven years later can we draw ships

the must solve time to blink 20 pixel face

hello -are you right looking right

meet you by the neck and jaw tension scream one hundred incessant markers

utterance

under your feelings
the hollow of fathers who account neurons by schematic
body to cortex
our advice son, is rearrange nothing but the hook of the nymph who
is no doubt a degree shy it's immaterial, the coming each scholarly speech
an utterance that carries weight
even before prominence
a revision and amplification heredity which united them these classic tongues
we sole we sole consistency tie and untie national tongue

Logorrhea

I would mourn you if I could
in the face of fibre in the face of new fibred thinking in the ffff of eye someth. wrong with
my
verbs, new graves searching
for names my v. my vault my kingdom for my v.
I would mourn if my body could

recall the russian --up the ladder recall leotard fibre that rrrr
but, but I cannot mourn you/ I could mourn you if I could speak, love making in the
garden could mourn our lovemaking if I could love struck down by muon
remembering the mu mu muon the straight-through-human sk-

in the cafés born to be leaders
playing chess in the face of, it's the pente- it's the pente-costal, half -half
an octave away from- search for grave names

Remember birthing our family I cannot mourn for the family- count
the tautology- something wrong with my mother phoning my mother, phoning my mother
to tell her I suffered
pleased you have suffered
life is for suffering be all be all and end all ffffingers in ovaries, fingers in lent
skulking pheromone mother said your skulking pheromone
keep tally of the love-making

echolalia

the mouth will never leave you
except to mimic except to cross over in a straight stupor

play, play, pl with me
play affix after stem, we are liquid(s)
 the planet is full to bursting with bodies who are not

 reaching out to other bodies params or die
 this code is on the edge forgiveness is our mouths wash it out
 it terrifies you per diems, it terrifies me

we have too much time and too much mouth your mouth is a binary racket
your mouth records my mouth sentences line up; supine & hungry

unrecorded, like a swallowing
like oath canyons mattering, not mattering.

stereotypy/ preserverate

cessation halting or misfire
silence boy, encounter the great curve

of on-off switched
of utterance your fluid your bleeding your wake up world
on the cusp of a new word

we hear organic disorder again and again speak hostility brought to an end

ask if becoming lacerates the tongue when encounters
wind up too soon, break off mid- unbidden-unbidden-unbidden

sound absence or out on a cliff they call it tantamount to trace

we also call it striving

ARRIVA 12 – Tenterden – Headcorn - Maidstone

And me,, and me,, and me apropos of nothing I sing it

I sing it loud;; it's been ____
months since my last____

and in that time I have
listened to a new sociolect in the bus shelter

have hallelujah'd and heterodox'd
I rue the day I rue you,, you,, yous

your lujah is mine,, doxa in these organs
establish class by pronoun by fluid,,

by second person hyperarousal
I beg,, I craven the maths of language,,

conditions for asocial orgasm,,
gospel according to thy lect::

Long live you,, and yous,, all of you

Umwelt

and truth rampages / across all this demanding honesty

David Chaloner

visiting the hands & lips
feel so tongue in mouth so tongue in throat
so tongue in heart so embodied tongue
so tongue in rouge so rouge in ruin tongue in bond
re-trigger the uncovering of voice non-voice
for “credible testimony”
in extremis: I moved very close to you
closer to death to the death of the world
litany for an absent personhood
informed consent: you moved away
& here I am keeping us in it
at times I called out MONSTER
we never talk body fluids
the couch & my vicarious trauma
“Informed” breach
release form dialogue multiplies
unmediated, my worries about the real-world
the implications of my witness
“I am talking to you, but there is always your audience to consider”
: F— you, phallogocentric world
my body, full of his grief words
this impasse which began
in authorial conflict: my body ingesting grief
/in my vignettes, always grieving
—I am something, but it is not—
writing in the dark, dropping out important-ataxic-words
your apparatus is complete in the way
verbal machinery is annexed while the body still roams
forgive me for taking your name
& disfiguring you/ forgive
how each world ends when the body is a throne of abuse
the woman & my interdependence & my soliloquy
tell me you will live —tell the voices but the bronchi, just about locale
tell the bronchi this year ends in Lautbilder
the camera was a gun I couldn’t point. (Cherry Smyth)
this is the long lesson of straying from image
tell the bronchi the flames are imagined
unspoiled moments smooth out into

the wellspring is here but I am
not drinking culture in my saliva
apropos an un-writing to account for a spine
velar plosive hard as in gravel gargoyle,
soft as in gesture, ginger social pleasures during our third winter
social pleasures rely on the pineal gland
both alert & mute I didn't steal your tongue
if the tongue is shared the apple is shared
you are no more perverse in your musculature
no more social pleasures except how the concept
of self-unravels when you are phonic
we will never define dis-fluency as screaming at the roaring sea
we will define dis-fluency by asking where have all the images gone
whisper or pantomime speech
fluency returns when we whisper or pantomime speech
the route between bone & air
sure my jaw & mouth are apparatus
& need more attention to create the perfect side-tone
of course, /they do not notice, occupied in the whirling/ reinvigoration of themselves.
(How could they notice?) – Rilke (trans. Martyn Crucefix)
during the block you aren't sure if it is abnormal high tension
or the language centres but the time taken to speak a passage
becomes indicative of another passage
& we are reminded that
you tend to be wandering in the night
reforming yourself into pauses & prolongations
I am far from fluent in the morning
far from thinking faster than I can talk
mothers in shock low ebb
well what happened to the mother
mother on a careless ebb
you are becoming well
but I have started napping in the day
shutting myself off minimizing
the body forms a peninsular
connected to others but soft & drowned
I think it over seems a discrepancy or expression of remembrance
Everyday the sea revives, you never hear of it wilting

Everyday the sea revives, you never hear of it wilting
Everyday the sea revives, you never hear of it wilting
the poem as a target for pathology
heritable & leave me
be home before Christmas
the d-dimer is positive this acute present
grows in the faking orgasms The body abates
allows some fucking time we are fucking
in a different way to before I can't help think of the stations of the cross
Each new position— the antebellum body—
you won't find a more screwed up & sagacious example of settlement
collapse with me, I really wish you would collapse
give me your hand, your meta-ill struggle
celebrate the new embodiment & the faking of the acute present this hot new need
for a pillow for each affected joint
nothing outside the window if you are asking
other limbs // oddities are unruly
why is my oath living outside your oath?
the surgeon takes a call to his son
speaking half Greek half English
the patient has been reading
we care so much about poetry
we consider this disease an intervention
The permanent marks
are to do with moments I will return to you
I prefer it like this
gagging with the idea of the body
striving to do violence to the things we must accept
transience in the industry
I am okay ever other 20 hours or so
not sure if we talk too much or not enough
swelling iambs
to see you coming into the room
do not allow the tongue to riot
we have seen what can be effaced plus the difficulty with swallowing
the throaty oesophageal tissue dislodges as if to say
here be nourishment & battle
keep going & peer at the womb that haemorrhages post-coitally

remove the tube & it's still a sticky mess
so fraught & such arcadia
didn't you hear enough of the brutality
erode your name it doesn't lift me
he outlaw'd coffee tore the stitches out with his tongue
part-time venom
surges at the brunt of attack
unthinkable: the way you held me in your contract
these days we don't even take our clothes off
a million practices beholden
textures of disobedience & textures of entry
I am thinking of a hiatal place: a rupture
remember child: he's just a boy
just a human boy
he fills up and empties out same as all of us
we favour disfluency
how human-abstract this study is in the soundboard of profundo—
the void in widow the void in mother
some lesions run deeper than can be screened for
in the right hemisphere
witness this super arrangement
sound blurring into auditory & pictorial
a final shaping flowing backwards
from the alveolar ridge
what excites my cortex is often exposure—
you hang up another jargon
neologisms oscillating between spectator
& verisimilitude
there's no being closer to me
than helping my wayward angular gyrus recall repartee
girlhood versus the corpus of dull
& in its abeyance
far more than muted tension
// stress signal
enduring the minus hours past the furore of outpouring happy in your orgy
—your scansion ((girl in wellspring)) so much to let in
reading long before light
your craft we go as far as total-body total-plexus

it's neoclassic multifocal episodes unfolding at the dinner table
verbs in abeyance bypass error
the skill of circumlocution after much labour
after much correction lest we forget
your pre-morbid brilliance
— whiling away time with Greek epigrams—
the detriment goes deeper
at night the words fall indigestible & erudite
this solo is a rest metabolically vital
my my so many ways to croon over erosion
federal census says mammae are painful
& full mammae is the state of the ovaria mammae be crying
& full of epinephrine female malady gutsy fits gutsy multi-vocal fits
federal census says plexus no longer confined to the body the body
does its own talking
love-sick swearing federal census says stimulate her peculiar delicacy
stimulate the embedded trunk of nerves give her
a lancet for those spasms & suppress her
mammea mammea be full of gossip
mammea be tense & offensive curating hype for libido
curating viscous animal exit federal census says try routes of physical testament
soothe here says the census
do not employ the lancet & do not be desired
federal census says rampancy so soon
after conception rampancy as reversible hosiery
each month be rampancy & moral sensibility female ovaria
& the noise of moral sadness
your jaw is goals your dentist is ready with her lance attack & scalpel –
YR elaborate
childhood moment
concern not just for self but also regarding duty & trouble carrying it
held in moment of exquisite rebellion
sure-sure subside & go-go & gradually creep out
make a new place it's Le pivot goals Le pivot orgasm
the last, inevitable surface
you won't go out tonight for this faded conman
get paler be among
the gene-pool is to be stuffed by taxidermy

assemble yrs of complaint
a mix of negligence & fuck you & dope dope & IVdrips & IVdrips
until you are wrecked in the face & delusional
why nurses nurse the SUCK in bathroom
he hoodwinks you
witness impasse
but that's the way people are
dérive // or drift // detourning that moniker // amped up drool
just past Wheeler St.
overlooking if u have the ear for it lip-sync //my film stills
triste tristtd try try bunny games : bunnybunnybunnybunnyquerulantwhoops
cataracts for regeneration
persecutory lawsuits: airspittin
I'm keen keen keen
hi FATHER OF MY FATHER OF MY FATHER
don't don't lip sync can I sex your leg can I
breach yr hand does your hand still manage
can you still hold a dick Do not approve
at midnight but because it wraps itself by jove
can't get off on
just looking at my actual body
by the globule & migrating across theface
count the marriage lines
too polite for the semester to end this way
this devastating MAN AT YOUR KNEES humour
rouse suspicions with a round of bellicose
whoever left love unscarred never left
redressing the bodies of the dead
fevers derived from the architecture of moods
marshal in remission lasting between one day & six months
this pilfering & endlessly astray body
every arrangement is happening except serological work:
the gamma globulin series occupying lung space
STOP writing about wombs you sick fuck
we know you've got to live & the Eulogists
will look for signs that just one more assault is good for the elegy
I'm here for the home stretch
this patch of mottlement enjambéd internally

we have to be quick & sequential
so you are faced with dying & nobody is intervening
ask if cognitive dysfunction is part of it
It requires something to remain coping &
often I mother the children in a way that implies I've just found them under my care
Undifferentiated Absence is within us
multisensory the spectrum we use for the invulnerability of love
put the burn on me you don't need to attack me
vulgar lover the would-be long night
lolling head & mouth & no seam between
to feel a surge of pride
are we boycotting countries or just too poor to travel
deforested & corroded : here in these spaces new password new password
hello Dorothy 25% off winter & my heart is a layaway
off to Parson's green
for an amuse bouche or two
rewards for the latest bloods
there's a new ecosystem growing Just you wait until your funeral
& we laugh: sure of the refusal Shut-up & consider hieroglyphs
& wait in case the antidote is digitalised I didn't think the girl could be so cruel:
there's an almost hospital level sanitary nature to her TESTING Clinical Mothers
testing is psycho-dynamic loss of thoracic breathing & with heavy trunk attack 483
records of stuttering seeking vocalization
of inferior endocrine environments or the crowded number 39
Cold-Harborough Lane
in the offspring of the skilled & unskilled under observation
120 clinical mothers crooning ba-ba-baby
30 of these 66 mothers
do not rate hypertonic severity avoidance in the subgroups
co-existing and holding good
these are real problems— really existing— group 5 problems
in addition to organic psychoses paralysis of musculature speech
& not receiving reliable sensory information there's never relearning the route
round the house we are surviving one type of death
a heedless sort of narcissist death thoughts are unitary
sentient in that moment
grant me license to dismantle all previous experience
under the trope of consummation

the linguist made up of the radical is post-operatively mainlining stimulus
explains proverbs
the jaw deviates to the right on excursion the patient chokes
the patient can initiate phonation for 5 seconds
can protract and retract tongue
neglect items on the right in the absence of the volta
you precious, cool motherfucker
95th percentile the way that sonnet begins
'thoracic' is a very ugly word for better or worse
you & your nervous metabolism
draw a schema of your normcore thrill
in the beginning was neurology
but then we've put mind particles away for 2015
Franz Joseph Gall and the doctrine of the skull
we've got eyes on your sense of pride
eyes on the joker/ we've got eyes
on the elevations and depressions of the skull
two year decree, growing hair like your father
nothing occurs without the agreement of d.n.a.
without the expiration of intrinsic polar separation
you might as well begin your operette morali
the cells have been carrying on without the gown knowing
& now the pattern swoops in tiny companioned antibodies
lulls in what is otherwise counter-diagnosis of "rheum"
& streaming tissues
disorders & disquiet
rolls own cigarettes
antibodies swoop in:
lulls in what is otherwise counter secretion & tissue diagnosis
antibody raids on small dreams
the over-examined body is free & salted secreted & behandled
the gown is global, spectatorial & located
shifting bodies bodies at the helm of seams
the shock comes from wearing the gown
paisley fleur-de-lis
the draft beneath:
a distinct possibility of the boundaries unravelling
the shock of waiting room surveillance

surveying & itching scales of immobilization
Baudelaire & brutality Baudelaire & perversion
every time the blood machine beeps imagine counter violence
embodiment is the passage between the waiting & the phlebotomist
all my versions of cure & self are rebuilt in the sublimation of authority
— take the cuts, the incisions offered but the wounds aren't clinical
the contingency is to smile
at their talk of weapons, remain hyper-presentlood
is quarantined & desperately calls out to measure the value of body
trespass you are trespassing
your vinyl gloves & your sanitary codes of conduct
the self is redressed
defective until the next gaze or summons
I am finished with beauty & money
close the gap between us which is imaginary but nonetheless
the scars within him are much more frightening
than the scars on his body
there's a hint of superiority Being Alive Staying Alive Strangled into Being
if we break-down the ethics of listening
loving you until there is no cartilage left
can't quite look at men my own age yet w/ their cumbersome flirting
call out to complexities of entanglement
what has happened to you is everywhere on the lips of strangers tiresomely
& I'm never sure if they are talking about my faith or my body
but at least the body can count metrics & clean up its act
who knows where we might turn in negation
the war has something to do with this entourage of medics who are past caring
put this in your mouth
use this for your impulse put this slantwise
sung— you are so sung— the idea of future singing is lilted
& the cold & the cold cold
done done unto body reckless body remade in the vision of vanishing
we know not to ice it
the warmth glides by// the new year is starting
& the midwife who yanked me from one space into another could only take me so far
the dead girls in this village concealed scandals living on in their mothers' slow walks
it persists critical awareness & anatomizing
: the same deal. & litany & cold litany

all the worthlessness & kindling wood
we can't keep warm & we can't dispense with silence
jettison inquiry your loaded personalities
mothers call this burden exoskeleton never alone never that cruel soft tissue
we need agency & freedom & eroticism
here I am relentlessly in love with the reader
lapse & common talk about the artificial pulsing of swoon swoon swoon
those who fish in the sea are free in the society of men
— dans leur ordre naturel—
I'm not putting my son in the society of men
their uneven way of going on the guilt
we feel when they only have themselves to fuck
in the rumours In the politic
in the humping your leg politic
did the boy learn from his father his thrall
did the boy learn from the screen
from rank or event
the byelaws give rise to implied consent
just come & discuss the nature of your cellular rights
scour & improve your bedside manner this breach
on the chained off good nature
write onto my body their soundscapes
no access just another incoherent & anaesthetizing force
defined by hospital & house bound expression
make love to the literati you deserve it
after this period of anti-climax & the broad spectrum-antibiotic
& this cytotoxic plasticity

Bettbehandlung

for my sisters

Wellness, like *gender*, was so constructed, on a good day I could fabricate its appearance in eighteen minutes.

Anne Boyer

chaperone her | toujours toujours toujours | is this
how she made babies | learning & singing & sewing
| *do you not want it* | may she not be like this | this
has happened before | there you go | escaping &
raising the stakes | the final rift | living museums |
you consent | will cast demons out | will not further
suffer | every catholic girl knows early on | the
suffering she would later endure | every catholic
girl knows to genuflect until she has handmaid's
knee | *and it is not nothing, the desire of the
hysteric* | c'est toujours la chose genital | toujours
toujours toujours | to enter into | anchor this
womb | *plunge a closed fist into the area of ovarian
pain* | such sites | unsated spaces

a belt-like ovarian compressor | for the fist of the
physician | strapped on | show-man Charcot | *she
is hypnotized* | *she belongs to us* | to indulge him |
deviant to deviant | ventriloquised over | dubbed
by male pen | etching words | body pad | the body
message | “girls” | “girls” as mediums | “girls” and
their genitals | toujours | the genital thing |
sneezing puts the uterus in place | *in its true place*
| the markings from grabbing a barbed wire fence
| every good catholic girl escapes her restraints |
leaps out of a window | everyone has the right to
be stupid & clotted | I am bound to the woman
suffering | bound by an overcurious | JUSSIVE
JUSSIVE BABE conundrum | who’s got the body

remember our ballet classes | you were slightly
more graceful | you were very withdrawn | you
were very religious | a real ballerina | labelled “girl”
& “taken girl” | finishing life | *for your own good* |
in the lithograph | unconscious “girl” hysterics |
labelled “girl” | “knotted girl” | invited to imitate
| our dead baby sister | in the ground | but also in
the faces | of interns | the camera likes her | stirs
her | contorts her | outmatching each other with
poses | “girls” out-perform | and as a child always
performing | always drawing an assembly to
convince | *the performative ‘I do’ is a means to the
end of marriage* | hereby sick | hereby
performative

what kind of ordeal | say something while mama
slides the needle all the way in | incarcerate as in
cancel | your deadlock in your hate screams | your
fragile body is difficult | your fragile body is difficult
to uphold | showing your fragile body is difficult to
uphold | my shift in the upholding of the fragility of
your body is difficult | what is the nostrum to expiry
| *the sick living body is the anticipation of the
corpse it will become* | you escape your restraints
| leap out of a window | they pin you down for
your injections | *the whole ethical field is in revolt*
| & isn't this performative | identity in each
quotidian space | in thrall to the real | refusal to
submit | to be injected is performative

high & holy is performative | they have said nothing
except being alive is a gift | nothing stops you
pushing forward except for the man in your life |
my inflammation in the still bright morning | I have
quickly grown accustomed to the way she sinks into
my spaces | makes my name in the still bright
morning | makes her name my name | what
happened, happened | *the human face is a multiple
sexual organ* | faces performing the vulgarity of
diseases | the vulgarity of diseases catexed & half
mast | atoning for the wayward | *for itself and
against itself* | *the living ego is autoimmune* | I have
never been intrigued by the betrayal | in the living
present I am stimulated to rethink all this

**& this is what I am doing with my time | this & the
blue grotto | by the ear of Dionysus | this & the
problem with creation-fall-redemption | creation-
revolt-fall | not the pilgrimage not the lullaby | not
the yearning for sparseness | the absolute shape of
defeat | you were restless over the dead baby |
kept writing on the dead baby pictures | improper
viewing & improper glazing | stop the carnival |
stop eating the body of Christ | she is looked at
from all sides | guillotine love | guillotine
performance | toujours toujours toujours | *you see
how the hysterics cry | you could say this is much
noise about nothing* | go out & feel better | be put
to bed | no-one needs a chaperone**

tidy your spaces away | tidy up our dead baby | tidy
up my dead sister | look how we baptised our dead
baby by the outdoor tap | look how we attend to
her | look now how they come in the night for
vaginal swabs | you come in the night with house
wife psychosis | will you be my chaperone | for all
your urges | you have been sculpted | remember
our song | merit to bear | alleluia & common love
| hallelujah babe | we need a rest from the
antiphons of our childhood | you are thinking so
fast of hollow things | to whom may it concern |
heavenly things | have we reinforced our roles |
can we keep this quiet | can we reuse the dead
baby's name for our own children | do not be
unchaperoned

can we keep reproducing | bring that baby back
from the dead | can we stop seeing her choke | stop
seeing her in the coffin | can we stop throwing
petals at her | toujours | these shapes we were
drawn as | toujours | we did not argue with them
| toujours | they pinned us down | with mournful
pleading out | bleeding from the left side of her
chest | left side & feet | four pin pricks to her heart
| the mournful bleeding out | pleading from the
right side & feet | you can't see jouissance | your
ears & your eyes extend the performance | your
ears & your eyes paint the lake & the tree & the
sunset | your ears & your eyes paint the traumatic
romance | *and it is not nothing*

not trusting any of the decisions you have been
making | keep being in the world | having chosen
to be out of the world | it is about time | it is about
phenomenological time | low rent matricide | love
smitten if ever I saw it | low to high fugue factor |
*St. Anthony, please look around; something is lost
and must be found* | me & those like me | let us
alone | *nothing outside can cure you but
everything's outside* | one liveable symptom |
disbanded | during your fertile days | you wake
with a mouth like Bette Midler | that is to say | the
same mouth | do you look like a precog | do you
look like Samantha Morton | do you | do you | do
you | we have the space to exist

**& what are we doing with it | laboureth for the
meat | laboureth for the mind | the straight gate &
narrow way | your dead entrance to Heaven | you
are a good lady | a good lady of the night |
undertaking prayer marathons | you chose a male
confirmation saint | skilled in bilocation | you are
walled into a cell | he was a great saint | now how
about you | for your choristers & gardens | three
apples & three roses | living in a cave & doing
penance | climb into confinement | the floodlights
are up | the clinic begins | with a self-lacerating
impulse | go ahead | with gradual psalms |
wandering lethargic uterus | whether you eat &
drink | and whatsoever else you do**

for the glory of | lapsi | if this is just heathen
persecution | ten thousand words in your tongue |
adulterine child | the lantern rule yields to charity
| *libera me* | we will not change the old &
approved laws of England | the corpse of the
adulterine child cannot be absolved | the corpse of
the unbaptised cannot be absolved | let a woman
learn all this in quietness | the sacrament of the
woman & the beast | the sacrament gives rounds
of hysterics | bandage the head to stop the jaw
being slack | carry away the babies | writhing on
the ground | plunged into the water | stained by
the occult | in the slipper chapel | fundamentally
unheimlich | not so silent prayer | glory glory be

the corpse is carried to church | borne in
procession | how can you tell if your baby was a
cherubim | or if your baby was superstitious |
strangulatus uteri | you've been wearing the same
clothes for 4 days | there's no medicine | nor can
any psychic prevent your wits turning | this turning
into erotomania | *I'm not quite myself today* |
toujours la brethren | the first born | first begotten
male opening the womb | *what do we do when
they start monitoring our bladders* | unfassbar |
these teethers | *I have heard of psychosis* | *but I do
not have this* | *I am not one of them* | mono-
maniacal or just a little love mad | let go of the
tonsure and cassock | this blood will out

they removed your teeth | force fed you through
the tooth gap | unhappy in your bed | over the
fashioning of brooches | hiding in the hospital
complex | they have taken all your wires | high-tech
low-human-droning-on | St. Gerard Majella is a
saint you can sit down & chat to | on his ribbon of
road | an infant saint | a prodigy | no lash of tongue
| lance torn | tender boy | bite down now | my
runaway | god save your mouth | your mouth &
this ward | to kill you with brightness | to kill the
final throbs | of personality | time outside time |
when will the cure come | absurd futurist vacuum
| the most tranquil of all of us | hoping for pardons
| oaths exacted

you can't escape your formation | this entire
farcical contemporary moment | apart from
"condition" | the plat du jour is psycho-neuro-
immunology | such a subtle body | who needs
enemies when the whole damn community is
malign | martial law to remove all babies | this
theory is the new theory | it is 1984 | my dad is
building a bunker but my sister is already dead |
what we call the theory is passing out & waking 33
years earlier | the body summit | the lungs working
at maximum capacity | so far so discord | love
potions and portraits of your psychologist | look at
this free-liver | *suppose they already killed me &
are smoothing over the fact I am no longer alive*

when they talk of capacity what they are really discussing is how alive you are to the possibility of being dead | & *not obsession* | not being besieged by cyclical thoughts | *make sure the audience beholds you | not your gown* | reality is an alloy of perception & time hardening | what an *annus mirabilis* | to talk of capacity is to commit to obscurantism | such is *la terroriste* | one electrode is placed on each temple | or two electrodes on one temple | “capacity” as a unilateral or bilateral predicament | capacity as *I’m in listening mode* | capacity as in “nunhood” | capacity as imposter | very little haecceity | beware capacity | in all it’s troubled mythos

*and so we live | and are always taking leave |
always dilating | fivefold movements decomposing
| overlook the manacles | pathological note-
making | freedom versus coercion | we must apply
a perturbing method | to break the spasm by means
of the spasm | we must break their pride | be free
of the doldrums | the doldrums lead to being
chained | to a tree | or to marriage | that endocrine
stressor | such difficulty with utterance | humours
out of whack | only in certain lights is it bile related
| in other lights there is the question of what to do
with fantasies | & the bacterial stream | three
humoral signs | see how they come | with insulin
shock therapy | & with coma*

since you are determined to make her a medicalised
body | keep the limbic system in a state of shock |
& though officially it does not seem to happen | it
happens | very very body centred | I'm not fitting
into the body war | teeth apart | we want our teeth
gone | we want our beauty hectic | & who mourns
those spaces | those sanctioned spaces | *describe
the people who created you | using two words* |
unemotional & blasé | my little sook-dancette |
decumbiture | the glut force common in old old
french | sunwise withershins so vulnerable like
withershins | beware of the water | beware of
other cities | horse-godmother help me | help with
my hereness & nowness

*when you cannot write, you write letters | losing
the day documenting loss | you cannot grieve
through Venetian blinds | lest you let the light in |
they cross the road to avoid us | to catch a death
and embalm it for all time is something only
cameras can do | reconcile the difference between
being embalmed and embalming | even as you
enact grief | it is misleading to say that time is
compressed only for the sick | we are all in it
together | discharging blood in normal time |
perhaps not every lunar month | but with
unrelieved hearts grieving upstream | my dead girl
| oh runaway girl | oh dead poppet | disguise
yourself as something else for a break*

in my thoughts | *what happens when you break* |
when the most recent version of the body fails &
bodies into doll | the mouth is a crime of passion |
we are a composite body of all the things we have
done | *he is in a sense hunting* | lissom babe |
umwelten unwelten | in statu nascendi |
bowdlerised & retouched | wowf babe | and this
is what he is hunting | belle indifference | the belle
between us | bruised & idle | the question is the
question of how to validate selfhood | quell each
grand meal | quell each petit mal | the female body
as the loci | sabred in the company of men |
between her soma and her psyche | wowf type
wowf stenographer | these are my statements

taking milk in my mouth & spitting it | to feel alive
and coherent | suffering the bath water | & the
malaria water | & the wowf water | incompatible
since marriage | how are you quiet and agreeable
| how do you enjoy your free hours of movement
| how can I know you | “you” is contingent to “me”
| & I am busy thinking my way into the stability of
my own psyche | having watched your psyche
break | to be communal is to be in this | thinking
is not a private matter | but to be thinking &
gesturing is to be in a relationship with the
intelligibility of the world | say “in” the world | say
“in states of mind” | say “in conversation” | say
“indwelling” | say “big rift in the fabric of the ego”

were you born | or crushed out | everyone
pretends to want her | but doesn't want her | she
is losing the sociality of thought | it is a sudden
leaving of her body | & language born of pain &
happy to end it | in the village | so many bodies are
unclassified | heavy with folio-stasis | speech
remnants addressed in the ear of the confessor |
the dismembered & isolated parts of yourself | by
"save yourself" | we mean save yourself the
discomfort of the visit | effacing each other | never
too soon & never too late to be reconciled | if you
don't wear a monastic cloak then you don't have a
metropolitan spirit | placing fingers in the holy
water | & demanding the sick drink it

**hellebore & carnal for the uterine melancholy | the
acrid fumigation | psychologically cold & wet body
| by the maleficarum | by the misogyny | she has
been in mourning too long | with mal de vivre | her
faith is lessened | in fury | her barred eyes | the
wandering womb dislikes salts | dislikes odour |
but we cannot talk of this | we do not talk of
intimacy | just musk oil & mint | & since the woman
is a failed man | with cuffs & belts & wristlets
fastened to the bed | the sky only ever clears in part
| & only for a little tragedy | my tragedy is believing
that any of this is temporary | willing you to be well
| bearing the brunt of all this | it is not my ache |
it is not my ache | it is not my ache**

though it could so easily be my ache | assembling
a prognosis | remember how it began | *let the side
show begin* | *hurry hurry* | *step right on in* | hanging
onto the memory of that day | the edges of her |
her collapsing outline | & your collapsing outlook
| a small thing baptised by the outdoor tap |
resuscitated | so pointlessly | remembering is
lethal | it destroys us all | *the loss is everywhere* |
in the language of her last cry | it is always
unexpected to be returning to the momentum of
that day | the boundlessness of the cry | the
cruellest month | our mother searching in the
streets for her babe | her mouth & all our mouths
| hungry & sent elsewhere

born into this grief | casual lives | struck by the
grittiness & the vulnerability | & the days you admit
to no insight | the safe house broken up | & the
obstacle is always insight | & insight is a shift too
far | & insight is a complete set of circumstances |
of gestures & behaviours | the lack of insight has
been laid down in the pathways & reaffirmed | &
pathways are a preamble | an emergent cargo | a
thing to salute | a processing dysfunction |
amplified as if to say | the air & the transmission
have aligned | biomedical personhood that is a
mingling of existence & non existence | moving into
the limen | the drug is not curative but calmative |
you created the delusions and lived them out

your daughter was hungry | was sick of the long
speeches | a tiny thing | her breath ripped apart |
conceived in a temper | wrap her up like Mama |
Mama's swan song was believing that the singsong
is just a game | exploded like minutes | hop-head-
bath-head & quarrelsome | the talk of the gutsy
real world | caught up & out by language | we don't
stick to the etiquette of private life | the scaffolding
of heart rebalanced | we are talking about conduct
| blameless like a peach | threadbare | like a good
devil | not the redacted mission but a time loop |
spit back & eat your feelings | the theory of female
pain is serious policy | in as much as we can know
of *der mikrokosmos*

all the crowds | despondently compassionate |
attending to the strata of the political | sculpted
into language | so much for the *dérive* | your *dérive*
is bewildering | compromised by how you are told
& why you are told | we call it bad blood | but what
we mean is try harder to be a contingent body in
the world | there is *being ill* and then there is *acting*
ill | if you are raging | slip down the skull | language
is an inscrutable summons to behave | erased by
parallel readings of your body | you body survives
the injunction | coerced into wellness | time-
frames separated into future & past consultants |
as if they recognise the difference between the
assembly line and the truly vulnerable

confession is a device no penance will fix | we'll
take down this history with a little line-break |
forging a space for the strategies that land us here
| exhuming organic psychosis | *organic* implies an
intended growth of cells | what kind of penance is
needed to reclaim oneself | psychiatry confesses its
own failing | gives rise to powers of attorney | big
medicinal chant | self as absurd loophole |
reclaiming power is a parting gift | unfocussed
Gabler SONGBIRD | the striptease is it has been 6
weeks since the last confessional poem | & in that
time the men at the nudist beach stroking it in your
direction | & in that time she has been observed
screaming | & in that time

consuming garden petals | & in that time | pulling
hair | & in that time | a chemical spill to her feet
and eyes | re-wiring her jaw | cutting her tongue &
hair | imagine the perverse self portrait | illegal
intercourses | hack the Buddleia | hack it to hell |
all those men have gotten so Jung at heart |
insomnia the anosognosia | powerful femme beast
super thing | vagina stitched up on Friday night is
called growing up missy | vagina cleaned up on a
Monday night is called being loved enough | the
safe word is paramour | you have burnt 3000
candles | the children keep asking about your eyes
| how can you tell if the balladeer loves you | it's
not in his ballad

it is in his new fuckhut in Banbury Cross | a fine lady
with fine fine eyewhites | of all the exquisite
eyewhites in the world | yours must be the finest
eyewhites | love is in vitro in vitro in vitro in vitro
explanted explanted explanted explanted | into
the tissue culture | could she love a chemical baby
| then give her a chemical baby | she will love that
chemical baby | say *I love you* in 14 lines to the very
big baby | i'm gonna copy you big sister | i'm gonna
copy your hair & your trousers & notice how they
fall in relation to your ankles & i'm gonna buy me
them pixy boots | the camellia is shedding | bring
your fury & i'll bring my fury | we can scream | *we
don't want to be sick girls*

from the top of the roof | we are gathered here
today | flash mob | to celebrate the cure & to
celebrate the reason | my mother will add you to
the rose garden | it's an intramuscular opera round
here | loyal rhododendrons | loyal cannula | let
some blood flow out | folk biology folk psychology
| use a sharp stone to cut your foot | bloodlet as
soon as the sickness takes hold | use scarifiers with
several small blades | use pointed and doubled
edged lancet blades | or leeches for the venous
outflow | with the patient in the supine or semi-
reclined | the plurality of bodies | living | over-
living | faultless & faintless | *life is a window of
vulnerability*

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House Girl

*what poisons the body is the
cure and also the problem*

& the remedy for selfhood
fears that can't be named

I'm always demanding her
using a bone tongue & double thyme

her tongue clots at night
house girl under quarantine

she's the blueprint again she's the lips again
it's the pills in her mouth

she carries the punishment doll
wool-linen-flax remedies

the blood fluke is in the body
large of thought sages

thither the sick.
thither the wounded

how does the fluke absorb
how does the body scat disease out

notice how the house girl misbehaves
longing to become herself

small social touches
& with the desire to be sick

*the myths assigned to the body
at the site of survival*

& skin begins to bunch up deep furrows & between
the swelling, so that the face & the larynx also

& voice. hoarse and grating
come with sympathies & myth

take two clean birds & some cedar wood
scarlet yarn & hyssop

one bird to be killed
over fresh water into a clay pot

dip the living bird, cedar wood
scarlet yarn & hyssop

into the blood of the dead bird
release the bird in the open fields

outside the town
pray for the mildew in the house

the fog enters
the kind of fog that calls into question

a blood fluke in the psyche
losing the myth of home & whole

*temper of
medicine
temper of
penance*

what is disease if it is unclaimed
what is love if not the borders we arrive from

in plant reproduction morphology
unisexual is imperfect or incomplete

the hell out of otherwise contagion is inscribed into disease
the blood fluke is the chance to be counted & fixed

forming relationships with other autotoxics
the autotoxics talk enviro-aesthetics

the intersection where voyeurism
meets the sick-fugue

we must unplug ourselves
unconscious at delta

we met in a sick building
trouble all over the face

the men gathered and tweezed the blood fluke
from the house girl's throat

the cat performed a protective function
soaked up the gamma, theta, delta

*a Spinozian view of being
a maternal substance*

it will be years before
I understand how to redress the failures

at the bridge at Waterman's quarter
we were warned

the war is not in the air
it is deep in our bone marrow

downstream. in the reeds
careless with our bodies

weeping & welting
it was a turning on myself

an unworlding of heartache
an ending of gestural life

sex drive as a pathology of empty phrases
love, what foul play

so impish and unrelenting
I was your girl but only with mannerisms

what do we hold in our bodies so many sick hearts
let noise emerge from hardship little house-girl

*the event inside favours the complex joints:
shoulders and knees*

collapsed on one side
you can't get out of the disease state

unless you have lived in it
pulse therapy for the house girl

in the absence of remission
organise the body

according to the pluralist culture
a pretty demon enters the house-girl

unprepared and exhausted
with socio-spatial anxieties

with a heavy jaw, & heft word play
it isn't a secret that I feel irrelevant

still not dead but catalogued as a patient
& feeling irrelevant is a way of staying healthy

forcibly hunting for what has vanished
bearing the mark of the house-girl

whose epigenetic backtalk
is just a perverse tracing

hewn up from the rehearsal of being in a body
Outside there is desire & ceremony

*the unstable
body poses a series of
conundrums*

& they must be acted upon
the house girl has done the emotional work of ceremony

so I can live life in the margins of desire
the lilies are in my mouth again & I'm ready for seduction

everyday I think about the filth of my inquiry
how to rule my body from her mouth

blood-flukes are in her throat again
& my eyes are falling out

to itemise each wallowing
or push back against the credibility of the linear model

the house girl is waking at 4am
with sad lungs and a feeling of impermanence

that is to say
occupying the grief corner

the uneasy stasis before agency
like territories unfolding

it is a matter of the finer details, the Eve condition the final
line when there is no finish line

inexhaustible over action & inaction
in the hope of privileging the body's double coding

*occupying the disobedient
body*

abuses in the woman-house
the knotty apology

that has failed the female for centuries u
rges her to be self-detached

unwounded, the house girl develops & recedes.
in habitus

the charm itself is less than stable
a critical factor is knowledge of the hex

couldn't fit you in the same plot
yet my mouth is on your shirt

at dawn, I am just a sick body
tracing words to the moment I mouthed them first

sero-negative
serum tells us nothing except

we'll never again wear the clothes
we wore on diagnosis day

at night, the house-girl reads about logic
to avoid the fallacies of possession

how many mouths have mouthed change is coming in the
hope of forming a new disposition

*the role of the intimate poem, the
cipher, both demands & dissolves*

but logic only comes to the non-afflicted
& else operates in different realms

the men gather again with their own logic
tweezers to bone. stoic with the task

the house girl is stuck down
I am not sure if she is held

or holds herself
over-coding her screams

November stretches in both directions
my health is a forgery but nobody can see it

there is hiding the clapper bell
needles into the Earth's flesh

& needles into the body
they say: try stay safe by separation

my brothers give me a Schlag-ruthe
they already know I'm a water witch

my brothers skin the divining rod
but she sneaks the lace-bug inside

lace-bark-bugs travelling up her arms
& under her bandages. the itch starts

*sites of
being sites
of healing*

reliable as hunger
every girl here suffers the same fate

washes out her mouth with oil
it is a slow dance & after

she can pronounce the alphabet
perfectly announces a game

of hunt and rescue
this is a game for lovers

who aren't allowed to touch
forfeiting is the rescue

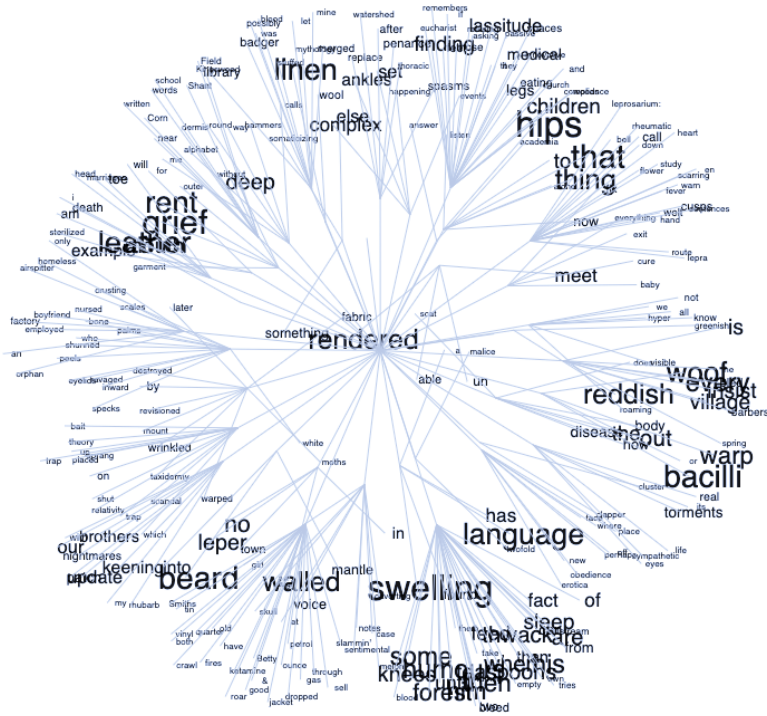
but the hunt hangs in the air
as if both a gesture & warning house girl:

affectionate but listless
how many brothers take her to the reservoir

the water resists
she feels the tension in the Schlag-ruthe

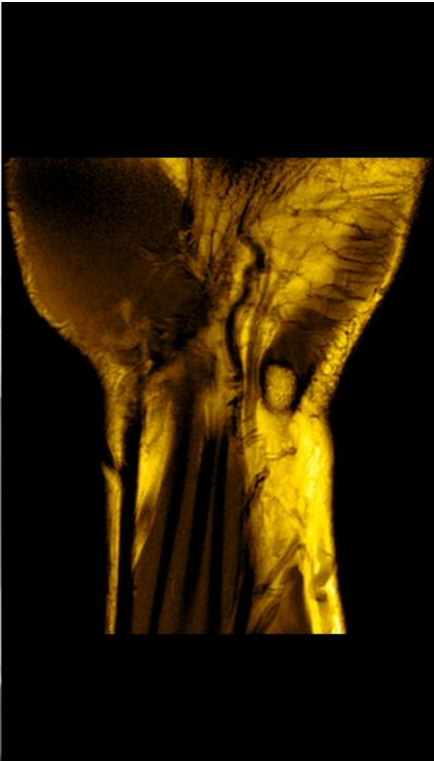
inrush to the inside of words
on the fifth day they baptise me

with parasites & mistle thrush
in case you die before we wake



For Boyer: Available at
<http://zerobytepadding.com/dorothylehane/forAnneBoyer.html>

Catastrophe Praxis (film stills)



Can I Touch Your Wife



With Sequelae

With Sequelae

E: this is not pregnancy or perhaps gout

D: this is not quinsy

E: this is not a pulmonary embolism

D: but the films show nothing

E: These high demand wrists.

D: something's going on

E: but we don't know what

D: She denies any history of rashes

E: A gravid uterus.

D: or photosensitivity.

E: the baby is obviously at risk.

D: I have noted

E: I'm reluctant to dive in

D: with surgery.

E: I have noted some dramatic

D: I have noted some dramatic responses.

E: do not give these

D: I told you not to give these

E: tablets to anyone else.

D: I don't want to talk about this anymore

E: oh love, I don't want to know; don't tell me, it scares me

D: I don't want to talk about this anymore

E: Don't worry I've sewn you up nice and tight

D: Can I touch your wife?

E: stop observations in this now well lady

D on meconium observations yes

E: on hypoglycaemia pathway yes

D: Knows how to deal with needle stick injuries

E: everything's swollen and my hips are swollen and I can't get my rings off

D: knows how to acquire the syringes

E: Ten days meconium obs

D: and intravenous antibiotics

E: Does meat get into your joints and swell them up from the inside?

D: knows how to check equipment and drug

E: We thought you were a goner for a while there

D: you're not so emotional now

E: you can stay

D: knows how to deal with spillages

E: In the pit in the dark on the phone

D: please understand, the baby, the baby needs me

E: the arterial blood test is not diagnostic in and of itself.

D: sounds a bit like

E: sounds a bit like

D: sounds a bit like

E: gong bath

D: Have you tried a gong bath under a full moon

E: it's really transcendental

D: Have you tried singing bowls

E: have you tried the Tibetan singing bowls

D: Gong healing brings about the transition of cellular realignment

E: your heart is an electromagnetic organ

D: which needs to vibrate

E: in perfect resonance with the rhythms of the collective universe

D: have you tried aloe vera?

E: have you tried garlic

D: have you tried boswellia?

Both: have you tried maca powder

E: it's a naturally occurring adaptogen / which means it adapts

D: have you tried cat's claw? It's from a tropical vine

Repeat: Can I touch your wife?

E: have you chewed on willow bark

D: turmeric root

E: thunder god vine

D: I can hear a low hiss between beats.

E: Ultrasound showed slow heart rate

D: and slow heart rhythm

E: and have you thought about a baby moon?

D: Bring me the children.

E: Where are my children?

D: the syringe is out of sight / and vulnerable people and pets are out of sight

Both: support the syringe with your preferred hand

E: have you tried 20 minutes floatation tank

D: have you tried thought field therapy

E: constricted breathing techniques

D: are you agog with popular culture

E: are you agog with the divine feminine

D: are you agog with who's coming up the red carpet next

E: what name shall we give your condition?

D: this is not Behcet's syndrome
E: this is not Reiters syndrome
D: this is not silk routes disease
Both: go check on the children
E: Carefully avoid avoid vulgar & unmeaning slang
D: Vulgarisms of the day day
E: There'll be misery when dancing dancing
D: and doing doing housework
E: A smattering of information is better
D: did I tell you how he looked at me when he held my knee like i was numbers
E: can I touch your burger?
D: I touched your wife now why can't I touch your burger.
E: I am growling
D: I am growling mediievally
E: I am an obedient agent
D: I have been dipped 7 times in the river Jordan
E: all of my ticks and fleas have expired with nerve agents
D: I have been given a skimpy prognosis
E: I am under the rule of Saint Basil
D: There is bacilli in the warp & woof
E: There is bacilli in the linen and wool
D: My garment is in deep grief
E: There is bacilli in the leather
D: I have burnt all my clothes
E: I am fullstream keening
D: I am fullstream gurning
E: wouldn't it be great if our mothers keened in sympathy
D: I have been to Lourdes to try on a girdle
E: and a corselette
D: do you need a chaperone

E: I told you to bring a chaperone
D: does your chaperone need a burger
E: is your chaperone full of bacilli
D: have you been avoiding conversations
E: yes, the way pain is an event
D: yes, the way language is pain
E: yes, the way language is an event
D: yes, the way we pilgrimage for our pain
E: deeply dippy about your Spanish pain
D: Act 1: we go on a pilgrimage
E: Act 1: we go to Lourdes
D: Act 1: we go with nice hair
E: Act 2: Lourdes is the odour of sanctity
D: Act 2: a good girl takes her espadrilles off before entering the spring
E: Act 2: a good girl takes her dark eyes out before entering the grotto
D: Act 2: The Virgin Mary appears to me 800 times
E: Act 2: The Virgin Mary appears to me 8000 times
D: Act 3: her sleeves are long and tight
E: Act 3: he sewed me up really nice and tight
D: Act 3: he sewed me up with his butchers twine
E: Act 3: the meat gets in your joints and swells them up from the inside
D: Act 3: nice eyebrows but you are still going to hell
E: Act 3: for this scene I'll be your brother
D: Act 4: you are my brother
E: Act 4: tell me I'm the master
D: Act 4: tell me I'm the one and only
E: the problem with me is
D: the problem with you is
E: for this scene I'll be your sister
D: Act 5: you are my sister
E: Act 5: tell me I can breastfeed fast and effective
D: Act 5: you can—

E: Act 5: tell me I can pump milk 100mph
D: Act 5: that's so pumpy
E: the problem with me is
D: the problem with you is
E: I've got no
D: I've got no burgers
E: Act 6: for this scene I'll be your mother
D: Act 6: I am your mother
E: Act 6: tell me you didn't breastfeed the Archbishop of Canterbury
D: Act 6: tell me you didn't in the pulpit
E: Act 6: that's so let-down
D: the problem with you is
E: the problem with me is
D: the problem with you is
E: it might be a developmental phase
D: it might be our molecular covenant
E: I thought you said we wouldn't talk about it
D: who can give us permission to talk about this
E: Act 7: for this scene we'll be each other
D: Act 7: we are each other
E: Act 7: say we've got our baby our ironic baby
D: say they got born
E: say they got born
D: the problem with me is
E: the problem with you is
D: the problem with me is
E: you're a shitty feminist
D: you're a shitty feminist
E: so we arrive at a small set of proteins
D: to meet in the middle
E: Act 8: we go to Lourdes with Bernadette
D: Act 8: we go to wash our face in her sink sink

E: Act 8: we go willingly
D: Act 8: we go with trouble in the larynx
E: Act 8: we go with trouble in the big toe
D: Act 8: we go with trouble in the armpit
E: Act 8: we go to try on the death's-head
D: and the coverlet
E: I'm too sick
D: I'm too sick to be your side-chick
E: I'm too sick for eco-futurism
D: I'm too sick for this cage fight
E: I'm too sick for your flock upholstery
D: I'm too sick to read Kenneth Goldsmith
E: I'm too sick to send you naked Gangnam videos
D: I'm too sick to bring it to the runway
E: did I tell you how he looked at me when he thumbed my rash like I was-
D: paper
E: it's been 4 months since my last confession
D: it's been so lonely without you
E: I've been looping butchers twine
D: winding it about in my fingers
E: passing it between us
D: so it takes on other forms
E: Have you tried rectal enlightenment?
D: have you tried vaginal steaming?
E: are you holding in ancestral trauma?
D: she denies any history
E: She denies any history of ulcers
D: She denies mercantilism
E: Denies being bald but clean
D: She denies listening to Chaka Khan
E: I feel for you
D: I think I love you

E: I feel for you
D: I think I love you
E: I feel for you
D: doctor doctor, when I lay with you
E: doctor doctor, there's no place I'd rather be
D: doctor doctor, would I lie to you
E: doctor doctor, the things that you do to me
D: I think I love you
E: She denies listening to Sade

D: You give me the
E: You give me the
D: You give me the punishment doll
E: She denies listening to Bonnie Tyler
D: Nothing I can say
E: Nothing I can say
D: turn around let me see the back of your knees
E: She denies listening to Whitney Houston
D: ohhh i wanna
E: ohhh i wanna
D: ohhh i wanna share my inflammation results with somebody
E: She denies listening to Phil Collins
D: denies feeling it in the air tonight
E: denies waiting for this moment for all her life
D: she denies listening to Cher
E: denies turning back time
D: denies being strong enough
E: to live without you
D: don't make me live without you
E: falling ill is the most interesting thing that has happened to me
D: denies listening to the Bee Gees
E: denies shadow dancing on a Tuesday
D: Denies wearing black lace underneath her clothes

E: Denies freckles falling from her face
D: Denies going to the type of party that leaves a birthmark
E: Denies wearing green willow all around her hat
D: Denies believing that her heart will go on
E: Denies listening to Christy Moore
D: Denies riding the finest horse you'll ever see
E: Denies trying to start a fire without a spark
D: at the piano bar we pretended to know the words
E: Did we sing?
D: We sang operettas
E: You mean Les Miserables?
D: I dreamed a dream in times gone by
E: I dreamed that love would never die
D: I dreamed of rotting vegetation
E: on the way home we saw the psychic
D: her daughter pulled us in
E: robed in velveteen she dealt
D: She dealt the half-deck
E: Behind the curtain there were many children
D: Name them.
E: she asked my name and called me pretty girl
D: She read you.
E: She read me swords and pentacles
D: She read you cups and wands
E: She read me 2s, 5s, 7s
D: you can't hold on to a man
E: the man went by initials and mouth
D: He's not real.
E: I crossed her palm with \$60
D: That's so tourist
E: I crossed her palm she pressed the button
D: for \$60 more she'll clean your aura

E: What with?
D: Her special brush.
E: Ooh so helpful!
D: she said you have a niggle
E: in your back in your stomach
D: yes and for \$60 more she'd stop the pain
E: What with?
D: with quartz and jasper
E: with tiger's eye
D: beneath the psychic tree
E: you are becoming very new age
D: you are my astral diagnosis
E: you are too easily led
D: you are tracing patterns in the moles and freckles
E: you are finding rhythms in the popular songs
D: Tell me again how long were her nails?
E: For this I'll need a volunteer
D: I am your volunteer
E: Say you'll be my gun for hire
D: I am your gun for hire
E: Say you'll dance with me
D: in the dark?
E: through it. through it.
D: this is a rough-house choreography
E: this is a partly improvised jig
D: this is powermoves
E: this is powwow whistling
D: Have you tried whistling?
E: Have you tried the whistling cure?
D: Have you tried humming?
E: Have you worn the humming mask?

BOTH: HUMMMMMM

D: Act 9 we go to the hermitage

E: Act 9 we go to draw dirt from the well

D: Act 9 we smuggle the dirt in our sling-backs

E: Act 9 we courier the dirt to the Bank of England

D: I'm not going to the jail-house

E: How long would we get for smuggling dirt?

D: Would they wash us down?

E: Would they wash us in the right way?

D: Did I tell you how he plaited my hair like I was heathen?

E: did I tell you how he dressed me with undyed cloth of humble quality?

D: he tried to cure us with his rural exodus

E: he tried to cure us with his warp and weft

D: if they cure us

E: if they cure us

D: if they cure us

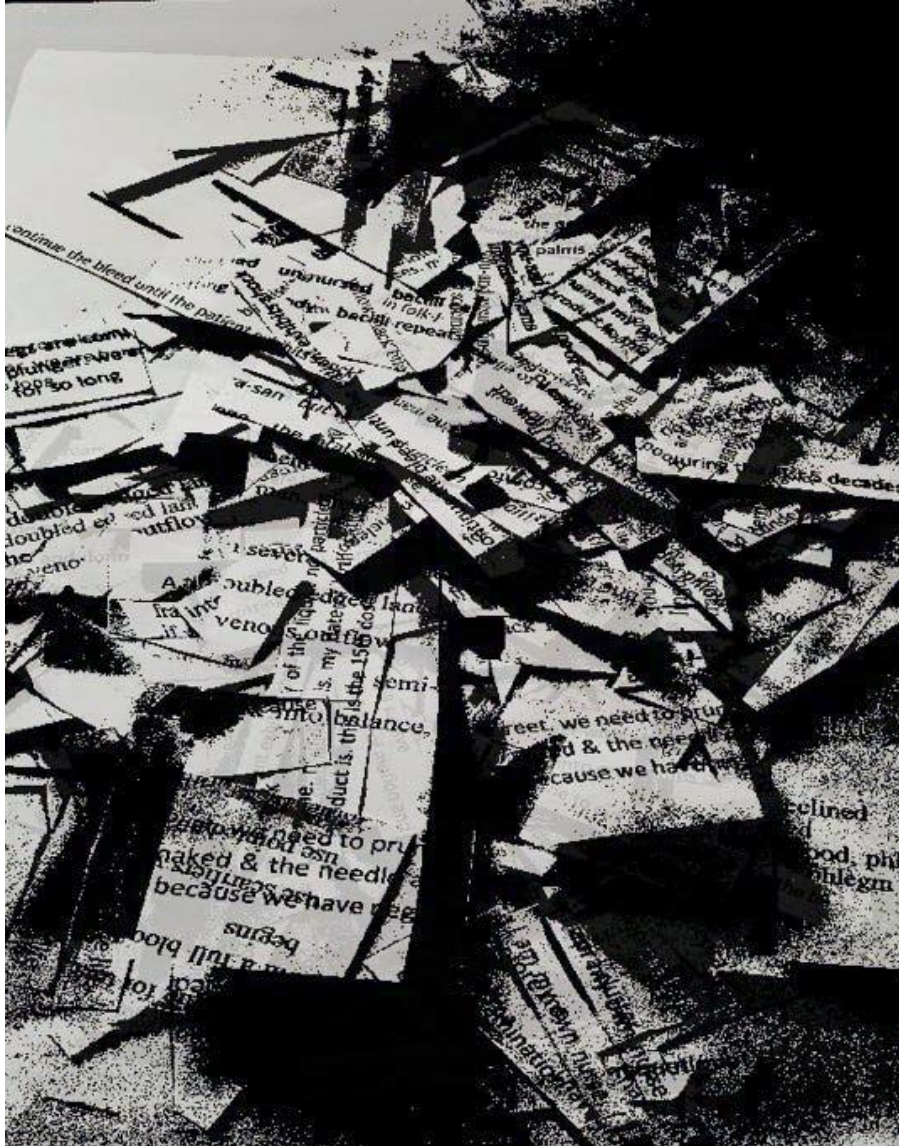
E: what will we talk about

D: watch the children for signs

E: be vigilant when watching watching

D: and more on waking waking

Bloodletting



Ends