INTRODUCTION

Healthy Markets

Tracing Capital through Histories and Compositions of Wellness

> I do not believe the story of my scholarship is separate from the story of my life or the body I live.
>
> **—Stacey Waite**

Achy Affects surfaces out of chronic longing, from my desire to capture feeling in language yet repetitiously failing. Writing (much like be-ing) aches under the weight of its responsibilities—to get it right, to do no harm—but writing also stings with pleasure, cramping in creativity, vibrating with wonder as the page, as our day, unfolds. *Achy Affects* is about how thought feels, and how composition nurtures this amazing relationship between language and the body, even as we fail. *When in doubt*, one of my past poetry mentors told me, *describe the world*. He was protecting me from the lure of closure and claims. His advice (as I continuously return to it) asks for quiet attention bound up in the body but expanding beyond the parameters of skin. His advice calls for a leave-no-trace poetics. He had me read Rainer Maria Rilke, promised me elegies do more than memorialize, that they invoke feeling and collapse time. Describing the world entangles us in troubled translations, fractured hermeneutics, and fraught processes pocked with human error. But the err is unavoidable. "Leave no trace" means we move carefully through our landscapes—not perfectly, but with the least amount of harm. When I spent two weeks backpacking in Denali National Park, I took a four-hour class on bears, river crossings, and unpredictable weather before receiving a

backcountry permit. There is no trail system in Denali—just high brush and arterial glacial streams. "Walk side by side with your partner," the rangers told me, so as to minimize any inadvertent trail-making. "Leave no trace." My partner at the time was Michael, my then husband. Those two weeks I was attuned to everything: the wolves howling, of course, and branches snapping, the bear prints by the tent in the morning, the interminable rain, and the constant buzz of mosquitoes, but also my body. It became just a body in the backcountry. Just movement, muscle, and preservation. I was sinew and synapse, on the cusp of a collapsing marriage. My body was meaningless, and I was grateful for how little it held.

I read Rilke in our tent while the Alaskan sun, mid-August, never fully set. My mentor turned me toward the elegies but Rilke's letters packed smaller, and I was already at low thresholds for the elegiac. Jeans rolled up and propped under my head, I reread his most famous counsel to the young poet: "live the questions."[1] I love this line. Every time I return to it I reabsorb its stun and verity. Rilke advises the young poet to slow his epistemological anguish, to relinquish the satisfaction of telos for the needling delight of process. It's not that we stop searching for answers, Rilke clarifies, but that we stop demanding them.

One hundred yards upwind, Michael hid our bear canister—stuffed with food, ChapStick, toothpaste, and anything else with an inch of scent—under some dense scrub, then stacked our mess kit on top of the canister as a warning call. If an animal got into our gear, the clatter would signal precarity and possible imminence, some heavy force lumbering its way to us. I lay awake listening for that clang, straining my ears against silence. I did not want to get divorced, but I'm gay and trans. And Michael is, well, neither. So while these inchoate severities brimmed often, pressed against skin, they did not breach. Instead, I endured a long, uncertain ache—restless, desiring, and unsure—to which Rilke's calm counsel was at once implosion and balm. To live the questions was to displace knowledge for feeling, to risk everything.

Over a decade later, though I now explicitly identify as queer, I still pang with the thought of *not knowing*. As in, *how did I not know* such an intimate part of myself and how did this illiteracy metabolize as pain? Over a decade later, I still move further into myself, still find myself a mess in process. Out of this private pain—my embodied illiteracy and its material detritus—a public possibility emerged. I wonder, what if we heed Rilke? What if living the questions was a politic, an aesthetic, or the way we honored our bodies and the way we composed our lives?

The Conundrum of Cure: Confronting Telos

When not slogging my heavy pack through the bristled tundra of Alaska's interiors, I lived in Eugene, Oregon, trekking across the tamer wildflower meadows of the Cascades every weekend and working as a barista during the week. I also volunteered with my local harm reduction organization. On Monday nights I joined an outreach crew to stock an old RV with sterile needles, condoms, hot coffee, tampons, Narcan kits,[2] and day-old baked goods. We drove to the edges of downtown Eugene and parked on a dead end next to the railroad tracks, setting up tables and unloading supplies while participants gathered. Often the train thrashed past and I found myself trying to yell over the metal scream of tracks, *Have you exchanged needles with us before?!* Collecting used needles and offering packs of 27- and 29-gauge sterile syringes to new and returning participants, we formed relationships and watched relationships form with people using drugs in our community. Sometimes participants stayed to chat, other times not. But they each left with safer drug-use supplies. Our primary goal was to collect used needles and offer sterile equipment in return. And like most syringe exchanges across the country, ours was a huge force for stymying the spread of HIV and Hep C in the region.

I received hours of training before doing syringe exchange—in STI testing, administering naloxone, and intake forms. But what stuck with me the most was my training in language. In fact, that training came to inform my politics, my abandonment of telos and my investment in process, and my divestment from the individual body as a site of study. At exchange I was trained to speak of process, not results, to expunge shame from the scripts on drug use and instead address current need. For example, the more we say "clean" the more we reinscribe drug use as dirty. The more we celebrate sobriety (something I was explicitly told not to do) the more we reinforce recovery and rehab as the only logical responses to drug use. It is not a new idea that what we say (compose) has direct impact on the material reality of our communities. But it is an idea that requires ongoing attention. Here's another example.

A few years ago the sheriff of Butler County, Ohio, refused to provide lifesaving naloxone (aka Narcan, an FDA-approved nasal spray that immediately reverses an overdose) to his police force and emergency teams, explaining, "All we're doing is reviving them, we're not curing them."[3] Coded in medical telos, "cure" signals a normative expectation of health, that one should always progress toward an acceptable future. Butler County suffers

hundreds of overdoses each year, and yet its sheriff suggests *recovery supersedes material lives*—that it is actually better to be dead than alive and using. His statement is founded in eugenics, exposing the historical codependence between healthcare and capitalism, wherein the body is (and has always been) the site of exploration and profit, wherein we come to define health as the ability to ensure solvent futures. Because we have been socially trained to experience distress around those who do not display futural projections of health, we've been taught to pathologize (or criminalize) anything other than the productive. Lorde has already warned us. Ours is "a society where the good is defined in terms of profit rather than in terms of human need."[4] If she is right, and of course she is, then ours is a society that steeps our lives, our very bodies, in capital.

While recognizing the multiple ways we might identify the kinetic tides of capital, I use it to describe a social world saturated by consumption, commodification, and profit—an intricate but enriched network of synaptic exchange charged by soluble possibility. Power shifts along the grid, lighting up some spaces while rendering others dark. Capital has codified the violent and extant legacy of the United States. Establishing itself as a world power through the exploitation of laboring human beings, our capitalist statehood continues to drive our lives into profitable ends and permeate our social worlds to stir profits through any means possible; we must recognize this includes the means of our bodies too. It always has. Our worth is diagnosed and determined by our ability to work, to "give back" to the economy.

Achy Affects is a response this, to the ways capitalism and healthcare convene to rhetorically organize (that is, compose) our bodies into categories of risk, waste, or worth; and it is a response to how capitalism's enforcement of "better" or "more authentic" selves is motivated by money and labor. The good life is a vanishing point: our best selves are just ahead, if only we work hard enough toward overcoming the pain of our marginalized status (even as systems keep us marginalized). Colleen Derkatch explains, "What it means in contemporary Western culture to be 'well' is predicated on the entanglement of seemingly opposed logics that together create an essentially closed rhetorical system where wellness is always a moving target."[5] These opposed logics limit us between two fixed points—sick or well, estranged or connected, dysphoric or euphoric, sober or using—promoting narrow yet dominant narratives of the self; these logics normalize and then commodify outcome. Capital exploits the feeling of euphoria to market it as result, for example, as the desired state and cured condition to dysphoria, what Hil Malatino

calls "teleological modes of gendered becoming."[6] But this narrative neglects returns and revisions. It neglects the ongoingness that is my trans body moving through joy and grief simultaneously. And it neglects the significance of relapse in recovery.

How did we get here? There are many ways to answer this question. One is that our vulnerabilities have been curated over centuries of exploitation. Under the (ongoing) practice of imperialism, the US healthcare industry was established through logics of "discovery," often at the cost of non-consenting patients; and it continues to make health compulsory in order to capitulate to capitalism, wherein the body equals profit. "Eugenicists one and all—they considered some body-minds good, using as their criteria whiteness and wealth, heterosexuality and manhood, US citizenship and Christianity, ablebodiedness and ablemindedness," writes Eli Clare. "Other body-minds they deemed bad—marked by defectiveness, degeneracy, deficiency, perversion, feeblemindedness, poverty, criminality, and weakness. They worked to reproduce the 'good" and discard the 'bad.' History is a torrent shaped around them."[7] The torrent torments still. But the "bad" is not just discarded—not in late capitalism. "Bad" must be redeemed and rehabilitated. Rebranded, even. Throughout these chapters I will describe the relationship between capital and US wellness culture broadly conceived and articulated, but I'll start here with the foundations in US healthcare specifically, looking at the ways capital and medicine make singular bodies the exoticized site of knowledge extraction, out of which we get necessitated telos and compulsory health practices.

I will outline a brief history of this relationship between capitalism and the singular body, nurtured as it is by the idea of optimization, to then move toward delinking telos from health, and to finally offer methods of composing bodies with care. *Achy Affects* proceeds from these efforts, specifically on how we might avoid re-marginalizing the marginalized when our political environment diminishes the complexity of so many accumulating cultural crises. For this reason, among many others, I center ache as a transient heuristic.

Our Exhausted, Aspiring Bodies

Michel Foucault famously wrote, "It was the taking charge of life . . . that gave power its access even to the body."[8] Foucault of course went on to name this political intervention *biopower*, an "indispensable element in the development of capitalism"[9] that commissions and justifies government or institutional

control over our bodies, urging them into labor, urging them into profit and normalizing this process. "A normalizing society is the historical outcome of a technology of power centered on life," he writes.[10] Power operates taxonomically in the normalizing society by imposing category on the broader social imaginary; the body is measured and appraised, qualified and hierarchized. The body is composed. As Big Pharma expands its range of curatives it also expands its range of illness in order to market its products. The more that can be deemed ill, the more that can be made better. The more that can be optimized, the more that can be sold.

Foundations of care in the United States were based on category, the colonial drive to own and make known, to script the flesh as identity. C. Riley Snorton argues this explicit point when he asks, "What does it mean to have a body that has been made into a grammar for whole worlds of meaning?"[11] To answer Snorton's question, it means our hyper-surveilled bodies are hyper-scripted. Foucault further argued that one's behavior and body fortified into fixed identities through cultural shifts in imagination that aligned with disciplinary shifts in the nineteenth and twentieth centuries. We became our behaviors.[12] Gay sex, for example, was no longer registered ephemerally as a temporal act spurred on by feeling, but was compounded into identity: sex became homosexuality. This shift, Foucault tell us, produced cultures of policing founded in binaried regulations—"normal" authorizes deviance, "healthy" informs pathology. While these taxonomical moves occurred within the walls of the clinic where the body exudes knowledge (is coerced into doing so), they quickly found circulation in everyday notions of being and becoming.

As national markets transformed into globalized systems of trade and relationships, as sovereign governments gave way to democratic empires, capitalism permeated Western life, where the "ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death."[13] While social categories were once catalyzed by public institutions such as school, church, the clinic, and courthouse, the market shift invited the individual to regulate social life. We became interventionists, disciplinarians, and regulators. "Distributed throughout the brains and bodies of the citizens,"[14] write Michael Hardt and Antonio Negri, we internalized demands for betterment as moral, taking on the responsibility to be and become healthy, to know ourselves, to know if we are gay, whether we are at risk for addiction, what kind of diseases stream genetically through our kin. This optics of autonomy obliges us toward (re)productive futures while organizing otherness into

categories of pathological dissidence. By pacifying its population through the interminable supply and demands of markets, with a politics that places life at its center, healthcare and capitalism establish the worthy body. Under the auspices of the medical-therapeutic industry and scientific objectivity that claims neutrality and positivism, the subject appears through differentiation. What makes us different, makes us.

A present-day example: hepatitis C survives outside the body for up to six weeks, and if contracted can turn chronic in as few as six months. Patients have limited treatment options—among them, painful injections into the stomach with crushing side effects and low clear rates. But a twelve-week course of Sovaldi, taken orally with comparatively mild side effects, boasts 90 percent clearance among patients. After three months, liver enzymes return to normal levels. That is, only if patients can first afford the $1,000-per-capsule price tag and $84,000 for the entire course of treatment, which is not covered by Medicare or Medicaid and only rarely by insurance plans. Other treatments fall into comparable cost brackets while, on average, hepatitis C patients struggle financially, often unemployed, underemployed, and uninsured. Hep C clarifies the parasitic relationship between health and capital in a system that makes incessant demands on the body. With Hep C, the meddling hands of Big Pharma undeniably showcase capital's determinations of health, but what requires further interrogation are the rhetorical methods used by the state to dictate, circulate, and administer these definitions of (and attachments to) healthy bodies. Deeply rooted in historical eugenic principles, and through the teleological language of achievement and progress, US healthcare has justified its interventions by insisting on the body as producer of knowledge. The Hep C patient, stigmatized for a disease contracted by shared drug equipment, must obey medical direction under the intense scrutiny of what their body offers. The submissive patient makes known (often against their will) the difference between clean or contaminated living.

Jasbir Puar explains that our bodies are cataloged "in relation to their success or failure in terms of health, wealth, progressive productivity, upward mobility, enhanced capacity."[15] If we can always be healthier, then we are incited toward the interminable creation of the healthiest body. Health discourse replicates this tired practice of embedding responsibility within the individual body through neoliberal notions of wellness. Inside and outside of the clinic, we find (and acclimatize to) language that moralizes our choices: sobriety, natural childbirth, normal BMI, clean eating, or hitting rock bottom, disordered drinking, born in the wrong body, etc. Language

not only reports on the body but, through the compositional habits of the medical-therapeutic industry, it determines the limits of the body.

I will say this here and throughout *Achy Affects*: we need the clinic, the doctor, the surgeon. We need cures and optimized care. We need to be healthy. Rather, I am critical of *how* language is employed and how it influences our ways of thinking about our bodies (and in turn, our selves). In particular, our culture of optimization and constant labor requires us to think of our risky bodies as aspirational, that because we *can* overcome what prevails us, we *must*. The aspirational narrative is the legible narrative, and therefore comes to dominate our expectations of what the body should or can do—from rock bottoms to years sober, from sick to cured, from closets to parades. I lament the loss of multiplicity and the tempering of imagination under such compositional restrictions. Writer, artist, and user of drugs I. Thaca has already said as much: "I do not buy into the idea that eventually I will hit some 'bottom.' Using does not have to entail despair, misery, and heartache. . . . I'm so alone in believing that [using] is a choice that can be consistent with a happy and successful life. That is the hardest part about being a user: not internalizing the belief that I am a piece of shit and trying to live a life of satisfaction and dignity that everyone tells me is impossible."[16]

In addition to telling us we're "pieces of shit," aspirational narratives also strip us of agency and distill us into the simplistic binary in which some have power and others do not. We end up re-marginalizing marginality when focused so solely on telos, on fix, when our language on human life and vulnerability lacks depth, and in a desire for reconciliation with otherness, resists the complexity that makes our communities vibrant and full of possibility. Singling out the marginalized against a center, even as this model might helpfully illuminate how power moves through and dominates vulnerable communities, also circumscribes a center that retains its hegemonic status. Barbara Christian writes, "Constructs like the *center* and *periphery* reveal that tendency to want to make the world less complex by organizing it according to one principle, to fix it through an idea, which is really an ideal."[17] We risk overexposing singular behavior or injury, forcing a world of meaning onto the shoulders of one person or one community of people.

When Dean Spade wants top surgery, his only option requires, of course, medical and therapeutic intervention. He must first secure low-cost counseling, wherein he is forced to provide normalized (aspirational) accounts of his trans experience to be approved for a double mastectomy. I will later go through a very similar experience (see chapter 3). As Spade explains, he must

want to "fully" transition before he starts any "alteration."[18] While "fully" implies a teleological demarcation, an end goal, "alteration" implies removal from an original. By understanding gender transition and expression under the aegis of the medical institution, Spade argues, we come to view gender as disorder in need of a coherent solution. Situating his experience within Foucault's notion of the will to knowledge, as a lens through which to analyze the medical-therapeutic industry's regulation of and treatments for trans patients, especially as it has historically sought to reinforce normalized gender categories, Spade draws on his own story to illuminate the material implications of trying to navigate a clinic that will both help and harm him. But he resists these expectations, and through his resistance Spade demonstrates the need for language unconsumed with category and arrivals. He scrutinizes the passing imperative to analyze how authority is given, as default, to the medical-therapeutic community, which only serves to reinforce false concepts such as "real" and "legitimate." Spade's storytelling exposes the prerogatives of successful transition as defined by a binary, questioning what it may mean to allow people agency over their own gender compositions.

While many trans people experience uneasy, incongruent, or painful relationships to our bodies, this is not the whole of it. Emma Heaney describes the "narrative of entrapment" as "the assumption that trans women's very existence *means something* outside itself, something about the gender of a putatively cis general subject, imposes a representational disjuncture between trans self-knowledge and trans *meaning*."[19] The narrative of entrapment produces figures and allegories rather than agency and authors. Heaney is also pressing back against cured states, aspirational templates. "The diagnostic insistence that trans people are uniquely defined by alienation from the body denies the challenge to cis understanding of sex that is posed by trans people who claim the right to determine the sexed and gendered meanings of their own bodies, with or without medical services."[20] Because trans folks are often perceived as alienated from or by our bodies, we are coerced into aspirational narratives and consummate rhetorics. We are called on to produce ourselves, to make ourselves readable, to explain ourselves, to overcome the real and imagined pain of embodiment for an authentic and authenticated destination that is the body. We're never quite enough.

The reality that we cannot escape the systems hurting us means that even when we're not in active pain, we might instead experience chronic ache, because we rely on sources of external power to aid us. Even as we resist an industry's hands on our bodies, we also depend on networks of care. We need

care; optimization offers very real sources of survival. So if we're not destroying the clinic and we cannot escape capital, what then are we doing? Well, we're attempting to describe the world without holding it hostage to singular compositions. We're attempting to honor the question the body finds itself in. We're writing into the question of how we might move from healthcare as elite and objective to quotidian and communal. The language we use, on paper and out loud, matters. While we're taught to scrutinize our own bodies to mark their successes and failures, in holding ourselves accountable to others' ideals and expectations, what mostly emerges are feelings: anxiety, shame, caution, pride, eagerness, anger, fear, vulnerability. Those feelings are telling us something. Despite their erratic movements and inconclusive energies, feelings yield knowledge. In fact, feelings, Lorde said, are our most genuine path to knowledge.[21]

Ache and Feeling

I take as fact that our lives are saturated by the pain of capital and that we are exhausted by its expectations on our bodies. But while capital harms us to make us profitable, we are also always deeply feeling creatures, made of more than just pain. We imagine, create, retreat, and work. We love and break up and make terrible decisions, decisions that don't define us but do make us. So often, struggle is cast as singular, and therefore surmountable, a mess to wipe clean. But my body betrays this narrative at every turn. My body is the site of ongoing uncertainty, in process and aching over that reality. And within this specific ache, I recognize those myths—that knowing all of ourselves makes a morality, that overcoming pain is compulsory and therefore possible, and that the good human is the known human—I recognize that these myths fail us.

Audre Lorde should be considered an early affect theorist. When she says there are no new ideas, only new ways of making them felt, she is saying that *thought feels*, which means through the sensations of the skin into the quotidian blink of the day. I can think of no better definition for affect. Our contradicting collage of sensations pulls at our attentions. To listen is to allow feeling its place in our imaginations. "For there are no new ideas. There are only new ways of making them felt—of examining what those ideas feel like being lived on Sunday morning at 7 A.M., after brunch, during wild love, making war, giving birth, mourning our dead—while we suffer the old longings, battle the old warnings and fears of being silent and impotent and alone, while we taste new possibilities and strengths."[22] With *feeling*, there's no contained goal in sight, just the motions of the body existing and having