

INTRODUCTION

We all know what it means to have a “distressed body.” Or to *be* a distressed body. The former phrase—to *have*—posits the body as something separate from the essential self. This is how it can feel, for example, when in pain. The body seems *other, alien*—like a possession now uncomfortably possessing us.

Yet the depths of this mutual possession also suggest that who I am is inescapably embodied. I wouldn’t quite know how to live a bodiless life, nor would I usually choose to. It is with, and through, and as a body that I play, desire, love, travel, enjoy delicious food, listen to thrilling music—even read and ponder, as you are doing now.

For our bodies are naturally *ecstatic*, from the Greek roots *ek* and *stasis*, meaning to “stand outside.” As a Greek term, *ekstasis* also can refer to “astonishment” or “amazement.” The body does have an astonishing capacity to stand outside itself, to fling itself across the universe through the projective powers of desire, perception, movement, contemplation—whether we gaze at stars billions of light-years away or stroke the cheek of a lover. The body is not just a piece of *meat*, but the way we rush out to *meet* the world. We ever leap beyond our fleshly limits through the agency of the flesh.

Yet to have/be a *distressed* body changes things. To be sick, hungry, in pain, fatigued, afraid for one’s safety, scorned by others, immobilized, incarcerated—these are variants on a theme. Again, etymology provides clues to experience. The word “distress” comes from the Latin *dis*, meaning “apart,” and *stringere*, to “press together,” “stretch,” or “bind.”

When distressed, we are *stretched apart* from our customary lives, and from one another. For example, in the case of imprisonment we are seized from our home, family, habitual scenes and routines, and confined behind

bars and barbed wire. We are *dis-placed*, pulled away from our usual place in the world. Yet chronic illness or pain does something similar. No one else can share our inner experience, let alone fix it. To even put into words what we're feeling is a struggle. We begin to drop away from our customary rounds—stay home from work, give that movie a miss—increasingly drifting apart from the world and our fellows. We sit alone at night with our painful body, but are even “stretched apart” from that. The body is no longer the taken-for-granted seat of our powers but a distrusted *other*. Who knows when it will flare up, that torturer?

This is all suggested by the etymology of “distress.” On the face of it, “distress” should mean the opposite of “stress”—since *di* or *dis*, meaning “apart, away from,” suggests the privative of what is being modified, as in words like “dis-ease” (the opposite of ease) or “dis-pleasure” (the opposite of pleasure). But paradoxically, in English “distress” is *not* the opposite of “stress.” In fact, their sense is quite similar, each word suggesting worry, pressure, struggle, and tension.

Imprisonment provides a clear example. It creates stress—again, from the Latin *stringere*, to “press together” or “bind.” Prisoners are pressed together in overcrowded spaces. Two persons might be forced to share for decades a nine-by-twelve-foot cell. Even worse can be the pressure caused by prolonged solitary confinement, a form of disciplinary torture vastly overused in American prisons. Chronic pain or illness can do something analogous. The sick person is pressed together—with her body, source of suffering; with a disease that cannot be eased; with the narrow confines of her bed and restricted view; with the very fact of bodily vulnerability, aging, and death. Her world presses inward, becoming constricted by limitations of energy, movement, even of interest in outward things. It is not surprising that prisoners, and the chronically ill, can become *depressed* (etymologically, “pressed downward”).

In this book I will look at illness and pain, and the medical response thereto; the experience of being imprisoned in our “age of mass incarceration”; and also the mistreatment of animal bodies, as in modern factory farms. These are bodies that are *stressed*—pressed inward—but thereby also *distressed*—pulled apart. They dwell in that paradoxical tension of forces.

Yet to focus only on distressed bodies would be too distressing. This book is not just about suffering, but its relief. To engage in a phenomenology of experiences of distress, and a hermeneutics of its contexts—how it is culturally interpreted and the institutional practices that surround it—can help locate pathways to healing. (Not to “solutions” exactly—the vulnerabilities of embodied existence are not exactly “solvable,” though modes of re-solving and dis-solving distress remain possible.)

“Healing” shares an etymological root with “wholeness” and “holiness.” Is it possible that even when stuck in prison for an unimaginably long sentence, or mired in chronic pain or illness, that one can yet heal? Or that imprisonment and illness can at times be agents of healing, prods toward growth and wholeness? Can we also think about healing dysfunctional institutions—like the prison system or the modern medical system, which share some distressing similarities? To heal is to reintegrate what has disintegrated, to enlarge what has shrunk. One can reclaim wholeness even in the face of massive disruption. This book will not simply survey distress but search for individual and communal healing.

The methods of analysis I use will be varied. Primary is a reliance on phenomenological analysis as developed by Continental philosophers such as Edmund Husserl, Martin Heidegger and, most important for my purposes, Maurice Merleau-Ponty. They attempt to uncover essential structures of lived experience, especially experience-*as-embodied* in Merleau-Ponty’s case. Michel Foucault’s work on the history of “biopower” also proves useful, as well as that of others who thematize changes in the life-world wrought by contemporary technology. At times I also turn to literary, psychosocial, and medical studies, and even my personal struggles, to unpack the texture of lived experience. I also utilize “hermeneutical” methods as developed by Heidegger, Hans-Georg Gadamer, and others. I discuss not only the *texts* constituted by the ill body and aspects of the medical workup, but the larger social, historical, and philosophical *contexts* that shape our modes of experiencing, understanding, and treating distressed bodies. Particularly important contexts include the Cartesian mechanization of the natural world (human body included) and the capitalist tendency to view the body as commodity, consumer, and producer rolled into one.

Throughout I avoid spending too much time presenting and critiquing theory as such. Husserl wrote of the need for phenomenologists to go back “to the things themselves,” the structures of actual experience. So I have focused on certain “things themselves”—the experience of illness and of imprisonment, the use of pills in medicine, the nature of touch and its healing powers, and so forth. Various authors and theories have been invoked to the extent necessary but I have tried to stay away from technical “in-house” debates, for example, about subtleties in Merleau-Ponty’s scholarly trajectory. I wish my writing to be accessible to the interested generalist and to resonate with the reader’s own life-experience.

The book also refrains from the linear argumentation characteristic of some scholarly monographs. It does not set forth a series of systematic categories, definitions, and explanations that neatly interlock. Rather, chapters

are based on pieces that were published in a variety of venues, originally designed to address different issues and audiences. Here they have been revised and unified in such a way that they now present a continuous exploration of the sources of bodily distress—in our biology, lived experience, culture, institutions—and their potential remedy through more humane and trans-human practices. Yet while the journey has been unified, the reader may still sometimes feel that he or she is leaping from stone to stone, occasionally in unexpected directions. Hopefully, this will be perceived not simply as a defect of the book but a virtue. Each chapter can, to a degree, be approached as a “stand alone.” That is, it takes up a single topic—be it the experience of pain, the use of pills, organ transplantation, factory farming, shape-shifting—employing interpretive tools appropriate to that issue. The reader is thus free to choose a traditional linear path—each chapter does lead to the next, and there are cross-references between them—or to skip around at will. (Notice how many of our linguistic metaphors derive from the lived body—chapters *stand alone*; readers *under-stand* them; one might *grab* your interest as you *move around* the book, *skipping* other chapters—though hopefully not too many.)

Each chapter is titled, as the book is subtitled, a “rethinking” of a particular topic. It may seem anomalous to use the language of “thought” in a book so focused on embodiment. This is so only if one accepts a mind-body dichotomy. Not only can thought be about, but also arise from, the lived body as it grapples with its world and reflects back on itself. I also use the notion of “thinking” in a somewhat Heideggerian sense. He means by this a kind of philosophical-meditative inquiry, distinct from the calculative rationality characteristic of our technological age. This thinking, which is necessarily a rethinking, seeks to be attentive to what is and what is needed; to reveal that which has been concealed by our settled views and practices; and which is necessarily meandering and responsive to the phenomena in their interwoven complexity, not linear and prescribed. This book thus follows the path of (re)thinking where it may lead, including to a multiplicity of methods and topics.

For such reasons, this book also embraces multiple voices. It is meant to be *dialogical*, from the Greek *logos* (“speech, reason”) and *dia* (“between, through, across”). I have said the book “speaks across” a number of issues and disciplines. But to achieve this I needed dialogue partners who could provide challenge, clarification, and expertise. In three chapters on medical practice, alternative and conventional, I worked with Dr. Mitchell Krucoff, an eminent Duke University cardiologist. I have an MD myself but do not practice. Dr. Krucoff was able to draw on real-world clinical examples, as well as

his enlightened vision of what could be. Something similar might be said of the incarcerated men whose voices permeate chapters toward the end of the book, two originally coauthored, one with thirty members of my prison class and one with Vincent Greco, recently released after thirty-three years. Their experience in maximum-security prisons makes them stone-cold realists. Yet they are also visionaries concerning how prisons might be transformed and what persons might achieve even while incarcerated. It is important their voices be heard in a society that systematically silences them.

Though I serve as the primary author of all chapters—when they first appeared and in their revision for this book—I also try to speak not only for but with others. I would say the same to you, now the book's primary reader. That is, I hope the words will speak to you of distressed bodies you have known, your own or others, including institutional bodies. I hope you will also feel free to contradict or supplement the arguments and voices found in this volume. Only in this *dialogue*, the “speech-between” the text and reader, does a book leap to life. But let me start off the conversation by supplying a brief guide to the book's contents.

The first part is entitled “Illness and Treatment: Phenomenological Investigations.” It primarily (though not exclusively) uses phenomenological methods to examine what it is to be ill or in pain, and how modern medicine does—and could—respond.

Chapter 1 begins with a classical literary example. On the way to fight in the Trojan War, Philoctetes develops a foul-smelling, agonizing foot wound that provokes revulsion in others. He is abandoned for ten long years on the desolate island of Lemnos until a prophecy suggests that he must be brought back. I read Sophocles' play as a reflection, literal and metaphorical, on how illness places us in exile—from our own body, our comrades, the cosmos. Again, it is in the nature of *distress* that one is pulled apart, displaced—and also pressed inward (*stressed*). Philoctetes, moored on his isolated island, serves as a launching point for our explorations.

In chapter 2 I turn specifically to the issue of chronic pain. In this case I draw on my personal (rather unpleasant and ongoing) experience, as well as multiple studies and authors that have surveyed the theme. Pain proves to be far more than an aversive sensation. Chronic pain, in particular, involves the sufferer in a complex experience filled with ambiguity and paradox. The tensions thereby established, the unknowns, pressures, and oscillations, form a significant part of pain's *painfulness*. I examine nine paradoxes that surface in lived experience. For example, pain can seem an immediate sensation but elicits complex interpretation; it pulls one to the present but also projects one outward to a feared or desired future. Chronic pain can seem located in the

body and/or mind; interior to the self or an alien other; confined to a particular point and/or radiating everywhere. Such paradoxes, epistemological and existential, are an ever-present challenge for those in long-term pain.

The next three chapters, originally cowritten with Dr. Krucoff, examine the therapeutic responses to distressed bodies. This analysis remains for the most part within a modern, Western context. Work in the history of medicine, and medical sociology and anthropology, have shown that sickness and healing can be understood and treated in widely variant ways in different time periods and cultures. However, for we in the contemporary West, propagating a medical model that is now circulating the globe, it is a pressing task to understand where we have arrived, how we got there, and where we might travel in the future.

Chapter 3 explores the healing role of *touch* in the clinical encounter. All too often modern medicine is characterized by the “objectifying touch” of the physical exam or an “absent touch” insofar as technology has altogether replaced embodied contact. Yet for an ill person, feeling exiled from others, even from one’s own painful body, touch can play a crucial reintegrative role. Unlike other sensory modes, touch unfolds through an impactful reciprocity between the toucher and the touched. For the ill person this can serve to re-establish human connection and assist therapeutic change at the prelinguistic level. Chapter 3 is a rallying cry for the recovery of touch as a diagnostic and healing modality.

Chapter 4 examines a polar opposite approach—the ubiquitous use of *pills* in modern medicine. I discuss four properties that characterize the material nature of pills: they are ingestible, potent, reproducible, and miniaturized. This allows them to serve as ideal consumer items for distribution and sale, and also as model technological “devices” capable of downloading into the body needed chemicals. As such, they seem to promise a solution to many of life’s ills. In our cultural fantasy, pills can be used not only to treat and prevent disease but to raise energy, lose weight, lessen pain, lift mood, cope with stress, and enhance sexual and athletic performance. This chapter explores the many adverse side effects of pills themselves as well as of the exaggerated cultural fantasy that accompanies them. I suggest an alternative way we can view and take our pills—or, in some cases, not take them.

Chapter 5 steps back to take an overview of the modern medical paradigm—and how our phenomenology of illness has suggested it could and should transform. A conventional critique of medicine is that it is “too materialistic” and therefore insufficiently holistic and effective. Yet this critique may be ambiguous and misleading. “Materialism” can denote the way financial

concerns drive medical practice (as in capitalism). It can also refer to the mechanistic model that treats the patient as a body-machine (Cartesianism). I suggest that neither is a true “materialism,” but actually signify the dominance of high-level *abstractions* in medicine (such as financial and diagnostic-coding numbers) rather than a focus on the needs of the embodied, sick person. In a sense, medical practice is *not materialist enough*. Using examples—prayer/comfort shawls, an unusual Indian hospital, a popular alternative to nursing homes—we see how an authentic materialism might humanize, even spiritualize, medical devices and environments.

This leads us into part 2 of the book, on “Medicine and Bioethics: Hermeneutical Reflections.” In this part I draw on thinkers like Heidegger and Gadamer, who teach us of the import in human existence of interpretive acts. Chapter 6 suggests that clinical medicine can best be understood not as a purified science but as a hermeneutical enterprise. A diagnosis and treatment plan are pieced together from ambiguous signs and symptoms. The interpretive process is rendered complex by a wide variety of textual forms. I discuss four in turn: the “experiential text” of illness as lived out by the patient; the “narrative text” constituted during history taking; the “physical text” of the patient’s body as objectively examined; the “instrumental text” constructed by diagnostic technologies. I argue that certain flaws in modern medicine arise from its refusal of a hermeneutic self-understanding. Seeking to escape all interpretive subjectivity in favor of a purified vision or mathematics, medicine has threatened to expunge its primary subject—the living, suffering patient.

How would a hermeneutical self-understanding shift not only clinical practice but the field of bioethics? This is the subject of chapter 7. Frequently, the bioethicist seeks to resolve a quandary by applying an overarching theory—for example, Kantian “respect for persons”—to the particulars of a case. I suggest something of a reverse approach. Paying careful attention to the interpretations of, and the dilemmas faced by, real-life participants—clinical, emotional, social, financial—can deepen and change our case reading. I use the examples of “truth telling” and “autonomy.” Seen from the heights of Kantian theory, it may be clear the doctor should “tell the truth” to enhance the patient’s “autonomy.” But what if “auto-nomy” (“self-rule”) is already disrupted by disease and therefore in dire need of repair? What if medical language and institutions are disempowering? In “telling the truth” medically, the doctor may yet destabilize the patient’s own narrative quest for meaning. A hermeneutical bioethics seeks to disclose such contexts and deepen reflection, rather than simply to provide “the answers.” Along the way it may also generate new questions that a traditional “top-down” bioethics has overlooked.

Chapter 8 applies this approach to issues in organ transplantation. Should a person be allowed to sell a kidney to an eager buyer? Should a government “presume consent” to harvest cadaver organs unless a person deliberately opt outs, or is this state intrusion? Rather than engage in standard ethical theorizing, I look at the contexts that shape practice. These include the capitalist model of the body as a producer, consumer, and commodity for purchase, and the Cartesian notion of the body as a machine with replaceable parts. (I here return to themes from part 1.) I propose instead a phenomenological model of the body as in deep connection, even interpenetration, with other bodies from before the time of birth until after death. I suggest ways this would reframe our very understanding and practice of organ transplants. Chapter 8 completes our discussion of matters medical and involves the most sustained *philosophical* treatment of the paradigms underlying the modernist view of the body, as well as a possible alternative.

In part 3, “Discarded and Recovered Bodies: Animals and Prisoners,” the book takes its analysis in new directions. Parts 1 and 2 focus on the ill body and its treatment by the medical system. But this is far from the only sort of “distressed body.” We can imagine any number of others, each worthy of an extended phenomenological/hermeneutical workup. Such include the bodies of domestic abuse victims, displaced refugees, those who feel shame around physical appearance, people coping with challenging disabilities, the aged struggling with late-life breakdowns, people of the “wrong” gender or skin color living in sexist and racist societies, and on and on. Such crucial topics are taken up by many other authors and disciplines. My personal interests and engagements, along with developments I witness in the larger culture, lead me here to write on issues concerning prisoners and animals.

I call theirs “discarded” bodies. In the United States, more than two million men and women are incarcerated. Many billions of animals live out brief, and often painful, existences in our factory farms. These lived bodies are displaced from our society and our consciousness; they reside in conditions we are largely unaware of and, in fact, are often prohibited from knowing. It is important to remember the forgotten, to penetrate beyond the walls, bars, and razor wire that conceal them. In this way we reclaim our fellow beings in the circuit of compassionate connection. Examining the situation of prisoners and animals together also creates a reverberating circuit for reflection. How is it that we treat so many people as if they were “nothing but animals,” removing human rights and placing them in cages? Conversely, how is it that we can cage and abuse these animals, disconnecting from them and from our own humanity?

Chapter 9 starts with the peculiar institution of the factory farm. Somewhere along the line the traditional farm was reconfigured according to the model of an industrial factory. As in the previous chapter on organ transplantation, I address how capitalist modes of production, and Cartesian mechanism, have operated synergistically. The animals, as worker-machines, suffer from all four forms of “alienated labor” that Karl Marx describes. I also examine another factor—the anthropocentrism dominant in Western culture (and many others). This prohibits our viewing animals as moral subjects, allowing cruelties more unrestrained than those directed at people. But reforming factory farms involves more than seeking to “humanize” conditions. It involves questioning our very categories of “human,” “animal,” and “machine” so that we might attend to and respect other living creatures as they are.

Chapter 10 turns to incarcerated persons. A phenomenological analysis reveals how imprisonment constricts, disrupts, and fragments lived time and space, and one’s experience of embodiment. Yet the prisoner is not passive in all this. He or she constructs strategies of response. Working with dialogues from my prison class, I give examples of two such strategies that I respectively call *escape* and *reclamation*—that is, imaginatively flying beyond the constraints of prison or working with them in a positive fashion. There is also an *integrative* approach that combines elements of both. Even in situations of severe restriction, the human being retains some freedom and responsibility—that is the *ability to respond*.

Chapter 11 switches focus from the way an individual can reform his or her personal experience to the reform of penal institutions themselves. Discussion with a class of thirty men (who served collectively as coauthors of an original version of this piece) shapes these reflections. Prison was not something they had studied but *lived*. They draw on personal experience of what damaged—or occasionally assisted—their quest for positive change. They are critical of the typical “endarkened” prison: Marked by despair and stasis, it classifies and isolates inmates, judging and punishing them for demerits. The “enlightened” prison would embody opposite values: support for hope, growth, individuality, and community, with merit recognized and rewarded. Perhaps this is a utopian ideal. Yet the values of the “enlightened” prison begin to manifest, in some small way, in our classroom and other such supportive communities.

Chapter 12, originally written with Vince Greco, a prisoner who was recently released, synthesizes the topics of previous chapters—that is, prisoners and animals. Its first part explores the correlation between the two in the public imagination. Prisoners are often portrayed as savage and animalistic.

This justifies the caging, and sometimes brutal treatment, to which inmates fall prey. More positively, the second part of the chapter looks at the surprising relationships that inmates are able to form with actual animals, sanctioned or illicit. I explore how cross-species communication nurtures an ethos of mutual protection, care, and growth. The “endarkened” prison comes back to life. If prisoners and many animals are *discarded bodies*, they can yet reclaim and rescue one another.

Perhaps it is not just prisoners and animals, but all of us, that need rescue—from our flattened world with its anthropocentric focus on screens, devices, material gratifications, and monetized relationships. The final chapter of this book explores a way in which we heal and expand by *shape-shifting* with animals and other natural beings. “Shape-shifting” refers to the human ability, through imagination and praxis, to merge our bodies with those of the more-than-human world. I explore how this is accomplished in areas as diverse as children’s play, mythical and religious iconography, spiritual practice, sports, fashion, the performing arts, even blockbuster movies. This potential for shape-shifting with other creatures is grounded in our evolutionary history and biological kinships. It is also revealed through a phenomenology of the lived body, so central to the entirety of this book. The body ever leaps beyond itself to communicate with and incorporate its surroundings. Too often this is simply a human-constructed world of buildings, cars, computers, and TVs. Cyborg-like, we merge with our own machines. But when we shape-shift with other creatures (and rivers, trees, and mountains), we recover our animality and, paradoxically, our humanity. We also regain an eco-spirit of valuing the earth.

Distressed bodies can be de-stressed. Discarded bodies can be reclaimed. At times, this is a solitary quest: a person rendered lonely by pain, illness, or imprisonment must often summon up resources within the self. But this pursuit need not and cannot be only an individual one. A communal effort is needed to assist one another and to remake environments—the modern medical hospital, or worse, the prison or factory farm—that can severely stress already distressed bodies. This we do by “putting our minds together,” but also by “walking shoulder to shoulder,” “working hand in hand” (or even “hand in paw”). We are not just minds, but embodied creatures. This can be our curse, yet also a great blessing.