

# The Delusional Faith in Immunological-Skinned Existence: Corpo-Affective Enactments of HIV and Anxiety

By Elisa Bosisio & Ludovica D'Alessandro

“The very nature of materiality is an entanglement. Matter itself is always already open to, or rather entangled with, the "Other." The intra-actively emergent "parts" of phenomena are coconstituted. Not only subjects but also objects are permeated through and through with their entangled kin; the other is not just in one's skin, but in one's bones, in one's belly, in one's heart, in one's nucleus, in one's past and future. This is as true for electrons as it is for brittlestars as it is for the differentially constituted human . . . What is on the other side of the agential cut is not separate from us--agential separability is not individuation. Ethics is therefore not about right response to a radically exterior/ized other, but about responsibility and accountability for the lively relationalities of becoming of which we are a part.”

Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*

This article is about entanglements. Here we aim at reflecting on how the notions of ‘immunity’ and ‘immunization’ (Haraway, 1991) may be declined into a consideration of the *corpo-affective* (Górska 2016) enactments of HIV and anxiety – and their discursive conceptualizations – in order to reflect on the constitution of the realms of *self* and *other*. Situated in a growing bio-info-techno mediated neoliberal frame, we aspire to articulate a transdisciplinary analysis of bodily boundaries considering the immunized and hyperborderized body as nothing more than a chimera. As transfeminist scholars and activists we recognize that everything existing is inseparably part of a semio-material entanglement (Barad, 2007; Haraway, 2016) and we consequently adopt analytical glasses whose lenses’ nuances are unable to untangle ethics, epistemology and ontology: our gaze is shaped, inspired and dis/oriented by Karen Barad notion of *intra-action* which explain the collective and always-relational process of the emergency of things.

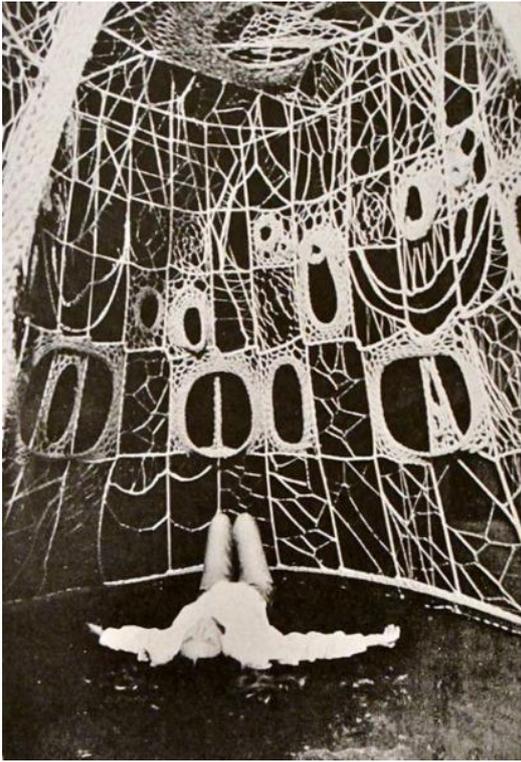
This notion informs, in fact, our new tool/concept of *intra-dependency*<sup>1</sup> – introduced in order to think of a radical and transindividual ethics of care, crucial to point out how the dominant immunological paranoid obsession is an obsolete attachment to a specific biopolitical form of individualism: overall, our political aim is a collective inquiry about how a *breathable life* (Ahmed, 2010; Górska, 2016) for all can be achieved in a *simbiogenetically ruled world* (Haraway, 2016).

How can we disrupt the standardized patterns of self-containment and self-defense? Can we adopt some of the neomaterialist and posthuman incentives in order to transform our Man-centered relational social automatisms? Can we act sustainably as human beings if we do not recognize we are ontologically beyond the chimera of the *skinned existence* (*infra*, Bosisio) of the *One* and *Individual* autonomous subject of the Western modernity? Can we implement the consciousness that every body is intra-actively constituted and non-existent prior to the phenomenon of its dynamic constitution? And how?

Our political urgency is to clear out that the pathologization and individualization (*infra*, D’Alessandro) of the encounter with the potentially-dangerous-other or the subject melting in the agential environment are nothing but the psycho-hygienist political lie of Modernist and Immunological ideology. It is both true about microbes and anxiety: our boundaries are meeting points, drop sites which produce our “own” intimacy.

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<sup>1</sup> The notion of ‘intra-dependency’ we propose differs from the more commonly found ‘interdependency,’ as it does not describe an entanglement of pre-existing entities, but rather, of intra-actively constituted relations of dependency. This concept is of course inspired by Barad’s definition of intra-activity and by the conversations we had with our dear friend and colleague Sasha Shestakova.



Faith Wilding, *Womanhouse Web Room Crocheted Environment*, 1972 & Shelley Jackson, *Patchwork Girl*, 1995.

Images taken from <https://www.icaboston.org/art/faith-wilding/crocheted-environment> &  
<http://www.eastgate.com/catalog/PatchworkGirl.html>

Regarding HIV specifically, we desire to rethink the virus' transmission as a gender-based political challenge to hegemonic notions of immunology and to public health policies. While the dominant scientific narrative describes HIV as the presence of an alien/foreign/threatening invader able to jeopardize the pure and sacred self, we aim at going beyond the claimed transparency of biomedicine, a discipline dependent upon the ambiguities of analogy driven concepts and veridictions. As far as we are concerned, HIV and anxiety show the ontological openness of our bodies contrasting the narratives by which the most external part of our flesh can almost hermetically separate us from others. These narratives catalyse, on a different scale, the idea that the neoliberal self – whose ephemerality is constantly threatened by new challenges and risks – needs to be affirmed through competition and victory over the external other. Anxiety, which has often come to be described as one of the most experienced affective conditions in today's capitalist conjunction, seems to inform precisely that sense of constant threat and insecurity which characterizes neoliberal subjectivations, whose governability is precisely mediated by the normalization of precarization and its affective economy (Lorey, 2015; Ahmed 2004). Thus, far from advocating for a naïve re-proposition of openness and suffering, we intend to navigate the ambivalent dimensions of a radical politics and affirmative ethics that is

indeed founded on material-ontological vulnerability, but whose existential exposure is currently extracted and manipulated by constituted power in order to produce differentially distributed regimes of precarity and immunization. How can we dismantle the individualistic paradigm in an already entangled world? A serious approach to Feminist Science Fiction and social activism are situated and partial proposals we decided (and simultaneously ended up) to choose. Can we read HIV and anxiety beyond the pathologizing rhetoric of an ideology of borders? Arm in arm, we try to answer affirmatively keeping in our minds (and bodies) the importance of what we called *re-sisterhood* and that we interpret as a mixture of rational and creative collective attempts to produce other ways to survive in a complex world as anticapitalist feminists.

In order to *think-with* these questions, we have decided to articulate our writing in two main parts: one specifically concerned with HIV and one focusing mostly on anxiety. This division reflects the different angles from which we have so far taken on similar theoretical and political concerns. However, we would like to stress the entangled dimension of our work, which is not only underpinned by a common interest, but it has been produced and reproduced through long, tiring, stimulating, fun, and intensive sessions of thinking and writing together around these topics, in universities, libraries, cafes and on our phones, with countless coffees, orange juices, sandwiches and vocal messages. The following sections, therefore, are not just the result of our individual work in trying to reflect on a shared query, but an attempt at a spatio-temporarily situated fixation of the unfixable process of becoming together with our questions.

# Onto-Ethico-Epistemology of HIV: a VulnerableCyborg Challenge to Immunological Obsession

By Elisa Bosisio

## A Trip Back in Time

In 1994 the American performance artist Ron Athey brought *Four Scenes in a Harsh Life* on the stage for the first time: an entanglement of legs, arms, bellies, fingers, tongues, blood. As a queer HIV-positive subject, Athey's aim was to address the non-heteronormative fleshy body as a site of collective querying during the AIDS pandemic: *where are our boundaries? Is skin our ultimate frontier?*

If I lead my eyes from the independent American body-art scene to the aseptic laboratories involved with the National Institute of Allergy and Infectious Disease (NIAID), I will see teams of scientists succeeding in identifying new classes of antiretroviral drugs which were progressively going to transform HIV from an almost uniformly fatal infection into a manageable chronic condition. I can also glimpse a group of HIV-involved activists (ACT UP<sup>2</sup>) performing a pivotal role in accelerating FDA<sup>3</sup>'s clinical trials and making prominent the exigencies of people living with, and dying for, AIDS (Cooper&Waldby 2014).

In front of the modest photo collage I completed during my time travel at the beginning of the 90s, I cannot avoid seeing a serious bodily consciousness materialized in a complex knot of infected bodies, art performances, critical scientific involvement, daily chemical drugs usage, desires, love for life, hope and embedded *precariousness* (*infra* D'Alessandro).

I see different bodies engaging creatively in both *death* and *survival*.

## What Can a Body Do? What Is a Body?

I take a jump into the present. It's March 2019, I am in Milan and I am listening Paul B. Preciado declaring that in XXI century the body occupies the same place occupied by the

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<sup>2</sup>The *AIDS Coalition to Unleash Power* (ACT UP) is an international, grassroots political group working on a non-heteronormative conception of health. HIV-positive, patients queers and their allies, they are self-defined as «a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis» (<https://actupny.org/>).

<sup>3</sup> The Food and Drug Administration (FDA) is a federal agency of the United States Department of Health and Human Services. The FDA is responsible for protecting and promoting public health through the control and supervision of pharmaceutical drugs (medications), vaccines, biopharmaceuticals, blood transfusion, medical devices etc.

*industrial factory* in the XIX<sup>4</sup>. Politically speaking, the body became the *topos/tropos* where the most significant processes of appropriation, expropriation, re/production but even hacking and liberation take place.

The figuration Preciado proposed clashes with Western Modern understandings of the body as an *a posteriori* animated portion of matter limited to its epidermal borders and separated from the others, the external, the non-self. Otherwise, such a proposal fits with Spinozian feminist neomaterialist recognition of the body as a porous construction whose borders are blurry and confusing, in continuity with the others and the environment. With her *Manifesto for Cyborgs* Donna Haraway was one of the firsts to conceptualize the human body as a *naturcultural* and *continuist* intertwining of matter and mind, namely the partial result of the *semio-material* unfolding that makes up the *knots* we call *things*. As an implicit Spinozist, Haraway dismissed the body-mind dichotomy and acknowledges matter as agential, intelligent, relational itself. By slackening human atomistic posture, she made the human body explode and implode simultaneously: the prophylactic universalized Western Vitruvian body was finally undressed and its parts were disarticulated. The first time I have read the *Manifesto* I could sharply picture the multiple complex mechanisms working into the Renaissance *automata* as anything but dialectically in conflict with human embodiment: we humans appeared as a *bio-mosaic*, a pastiche of molding components mutually confusing their internal and external borders. Mere vision became irrelevant in my understanding of the body. It suddenly appear clear that the *non-mediated* human gaze cannot arrive were a satellite or a scanning electron microscope can; indeed, the naked eye cannot grasp neither the effects of toxic nanopowders on our lungs, nor the multiplicity of microorganism inside our cavities, whereas those physical triggering contacts matter in terms of touch and bodily experience. A lot.

As an enthusiast Haraway's reader, the body appears to me as a space-time conjuncture where human *corpo-reality* is ultimately inseparable from the environment; and a viscous porosity emerges beyond what I call *skinned existence*. The body structure exploded beyond the existential posture confined to the so-called final membrane supposed to separate the subject from the environment; an epidermal frontier that could not anymore explain our feelings, experience, troubles because its mesh was significantly widened.

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<sup>4</sup> In March 2019 the trans\* political philosopher Paul B. Preciado gave a lecture entitled *Revolt in Technopatriarcal Times* at PAC, an international public space for contemporary art based in Milan.

The complexity of the body is confirmed by Lynn Margulis' techno-hybrid-eyes. Pivotal among Haraway's allies, the biologist Margulis addressed almost all her studies against the reduction of life to gametes and sexual reproduction by recognizing the creative and generative *agency* of bacteria, fungi and other microbes in shaping the bodies at the cellular level: the processual molding of microscopic *others* determines our existence on the same level of vertical transmission. Following her visionary theory, every body should be recognized as a *microbiopolitical ecology*, a melting-pot of quasi-collective, quasi-individual parts: after all, every nucleated cell is the result of a long lasting micro-social generative cooperation and cohabitation among a myriad of organisms which finally produced an intimate ecological settlement indifferent to Modern, Cartesian human cognition but not to human material, flashy embodiment. We are in front of an *evolutionary theory of community* that puts in crises the impermeability of the autonomous and universal Man under several respects, not least in the fight for a better understanding of health.

*What is a body?* A pastiche! An ongoing material and instable process where the subject is ontologically plural.

### **Neomaterialist and Cyborg Attempts to Understand Health, Sickness and Virality**

Conceptualizing the body is a serious affair, especially in biomedicine. In this field choosing a bodily paradigm instead of another means standing for different medico-social politics. Discussing about the body can be crucial in producing necro-bio-political regimes and a specialist knowledge charged to decide who has *to live* and who has *to die*. To be clearer, different *under-standings* of the body shape different definitions of *disease*, and consequently of care and survival.

As a subject diagnosed with *womanity*,<sup>5</sup> I early discovered that biomedical disciplines are not a neutral verbalization of biologically given conditions but discursive practices influenced by socio-cultural imaginaries. In *The Birth of the Clinic* Foucault coined the tailored term *medical gaze* in order to describe the emerging of a new field of knowledge on the body. In entering there, he remarked, the human body also entered the field of power, becoming a target for new kinds of political manipulation. Medicine's textual and intertextual non-referential functioning emerged as a normative apparatus that reconfigures simultaneously the flashy individual bodies and the social body according to the classical strategical analogy

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<sup>5</sup> I adopt Paul B. Preciado understanding of sex as a biomedical diagnosis declared by doctors at the subject's birth through politically prescriptive exclamations as *it's boy!* or *it's girl!*

between the biological human organism and the political system: *which kind of clinical body for which kind of society?*

Inspired by Foucault's readings, I believe that the adoption of the Vitruvian conception of the body at the core of contemporary mainstream medical policy is coherent with the individualist principle of being independent and self-reliant that ruled capitalism. Capitalist societies are, indeed, rooted on a legitimating solipsistic and autopoietic subjectivity whose integrity is guaranteed by a precise scientific conceptualization of the body accompanied by endorsing definitions of medicine, health and suffering. I understand this politico-productive process as a productive medico-political injunction, and I ask which kind of society could the acknowledgment of a sympoietic body produce? What kind of biomedical practice could follow if the Vitruvian paradigm were replaced by the neomaterialist figuration of the cyborg as an intra-produced material processuality?

I am interested in discussing how the adoption of a neomaterialist and queer understanding of the body can overcome the idealized universality of the male solipsist subject and turn the tables. In the following paragraph, I will briefly analyze some definition of *disease* considering them as functioning and significant implementations of opposite concepts<sup>6</sup> of the body.

A first explanatory definition is the one proposed by the WHO in 1946 and still permeating the public opinion: «a disease has to be defined as the *opposite* of health as a state of *complete* physical, mental and social well-being, not merely the absence of disease or infirmity.»<sup>7</sup> Such an explanation depends on a modern highly performative idea of purity and perfection in continuity with ableism. As «the opposite of health» every disease become a deviation from an ideal wellbeing, a sort of death's anteroom or, at least, the mark of an existence almost unworthy of life. This understanding results highly problematic for those who suffer, especially for those who have experience of chronic illnesses. A(r)ctivist Johanna Hedva explains how the adjective “chronic” comes from the Latin *chronos*, which means “of time”, specifically “a lifetime”, and how a chronic illness is an illness that lasts a lifetime. In other words, it does not get better because there is no cure. Can we be politically satisfied of a definition of disease that oppresses doubly those who are condemned to be physically, mentally and socially (I say *physic-mental-socially*, in a single neologism) marginalized for good?

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<sup>6</sup> I talk about *concepts* in a Deleuzian sense. In *What is Philosophy?* he defines the concept as a nomadic and non-fixed philosophical tool crucial to change our approach towards an opaque and changing reality.

<sup>7</sup> WHO (1946) Preamble to the Constitution of the World Health Organization. WHO, New York, USA.

Once through immediate symptoms, once through a paternalizing process of epistemic (and ontological) marginalization?

The prophylactic obsession for purity underlies even the definition of *disease* proposed by the Dorland's Medical Dictionary between 1980 and 2007: «a disease is a particular *abnormal* condition that negatively affects the structure or function of part or all of an organism, and that is not due to any immediate external injury».<sup>8</sup> Here the usage of the adjective *abnormal* subtends the idea of *norm* I read as a political arbitrary tool implemented by dispositifs of power to legitimate themselves on scientific narrations and through the establishment of distinctions between the normal and the pathological or broken, dysfunctional. Further, the Merriam Webster Dictionary in its 1945 – 2019 editions depicted the disease as «a condition of the living animal or plant body or of one of its parts that impairs *normal* functioning and is typically manifested by distinguishing signs and symptoms».<sup>9</sup> *Normality* is involved again as a synonym of natural, neutral.

All these definitions do not sound wired or exaggerated to me. Actually, they sound coherent with my reactions when I was diagnosed with endometriosis, first and vulvodinia, later on. Being sick is becoming unsuitable and weak. Having a diagnosis is interiorizing the disease as a neutral condition: it makes you feel armless and incapable of any deterritorialization. But is this subjectivating process unavoidable?

As a medicalized subject who want to continue living a pleasuring live, I want to hazard a big theoretico-political jump and discuss a definition of *health* which could lead to an affirmative re-understanding of what a *disease* is: I will analyze an institutional understanding of disease and then I will interpret it beyond its own literality.

In July 1984 the Working Group on Concept and Principles of Health Promotion of the WHO's Regional Office for Europe talked about health as «the extent to which an individual or a group is able to realize aspirations and satisfy needs and to *change or cope with the environment*». The body shape I imagine emerging from this proposal has the figure of Donna Haraway's cyborg: it is an affective network, not a biological fixed organism. The subject is, here, recognizable in continuity with the others and the environment. Declining this definition in Harawayian terms, I see the outlining of an idea of health as an ongoing performance of *response-ability* (Haraway 2008, 2016) where the body/patient is not a detachable and isolated monad.

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<sup>8</sup> W. A. Newman Dorland, *Dorland's Medical Dictionary* (Amsterdam: Elsevier, editions from 1980 to 2007).

<sup>9</sup> Online consultation on [www.merriam-webster.com](http://www.merriam-webster.com).

Unfortunately, the 1984's definition is not globally implemented yet, inside the hospitals, in our patient-doctor talks as well as in our experiences of illness.

Johanna Hedva come back helping me in tracing the provisional profile of health I dream to shape and re-shape collectively. She accompanies me in understanding sickness, illness and disease entangled in a collective hermeneutic of the *transindividual* subject. Her *Sick Woman Theory* recognizes that the body and mind are sensitive and reactive to regimes of oppression – particularly under the current regime of neoliberal, white-supremacist, imperial-capitalist, cis-hetero-patriarchy. In Hedva's situated recollection on health, sufferance and politics all of our bodies and minds carry the historical trauma of this, that it is *the cultural world itself* that is making and keeping us sick, especially when a diagnosis gets the spotlight on wounds everybody silently keeps. In her experiential theoretico-political understanding, the bio-clinical subjectification cannot be disarticulated from the psychological, psychopolitical and social performances: the intra-active articulation of the differential process that produces diseases | illness | sickness is implicitly present in her intimate theory. If a *disease* is a condition that is diagnosed by a physician or other medical expert, *illness* is defined as the ill health the person identifies themselves with, often based on self-reported mental or physical symptoms, and *sickness* is related to the social role a person with illness takes or is given in society, in different arenas of life<sup>10</sup>: in Hedva all these intra-actively emerging dimension are held together and the cyborg emerges at the very core of their productive cracks. As we have seen only by adopting a feminist and continuist understanding of matter and bodily existence we can depict the non-normative idea of health we need to take care of our cyborg, hybrid body in an entangled in a semio-material world.

### **HIV body politics**

In this paragraph, I will openly discuss HIV *corpo-affective* enactments (Górska 2016). So before to start I need to clarify that there is a difference between **H**uman **I**mmunodeficiency **V**irus namely the agent understood to cause AIDS and **A**cquired **I**mmunodeficiency **S**ndrome itself that in strict biomedical usage refers to the later symptomatic stages of HIV infection when the T cell count has dropped below a certain level. More specifically, AIDS is a sum of opportunistic infections due to HIV, caused by

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<sup>10</sup> Anders Wikman, Staffan Marklund, Kristina Alexanderson, "Illness, disease, and sickness absence: an empirical test of differences between concepts of ill health", *J Epidemiol Community Health*, n. 59 (2005): 450–454, doi: 10.1136/jech.2004.025346.

bacteria, other viruses, fungi, and parasites that are normally controlled by the immune system.

By adopting the Vitruvian body paradigm, HIV infection is considered as the most proximate etiological cause of death for AIDS. The virus is a neutral object whose *nature* can be understood in culture, its effects are limited to the causative relationship between a microorganism and an atomized disentangled body. The medicine paradigm which follows is satisfied by the identification and the act of naming pathogens in order to study them on Petri dishes and synthesize an efficient drug; but it drastically fails in translating a disease in illness and sickness, taking into consideration all the complex network of affects that every embodiment produces, especially a disease corpo-affective experience. I consequently feel the response-ability to adopt Karen Bard (2007) notion of *intra-action* and Stacey Alaimo notion of *trans-corporeality* (2010) to articulate the processual functioning of both healthy and sick bodies in a feminist way. Such an approach permits to read the human body as a network that works as a knot into another scale's networks: the body becomes a drop zone where constitutive processes of becoming are re/produced by articulating their simultaneous inseparability and differentiation. In other words, intra-activities articulate the *corpomateriality* (Lykke 2010) of healthy and sick bodies as entangled territories where nature and culture, inside and outside, matter and void, environment and subject are molded in the processuality of ecological life. We are the result of chemical exchanges, political deliberations, resistance practices, toxic agents, cultural emotions, and all those factors contribute equally to our health and suffering.

I could recognize this corpomaterial sensitivity by reading the first lines of *The Biopolitics of the Postmodern Bodies*, a magistral essay where Haraway mentioned the necessity to frame health and diseases as naturcultural fluid conditions. She was remembering a friend who died with AIDS when she mentions the urgency to study viral infections as a socio-biological *intra-actively* produced figuration where at the stand is our biological trans-corporeality:

1. Disease is a language.
2. The body is a representation.
3. Medicine is a political practice.

The field is changed: if left alone, the Petri dish became an obsolete interface for understanding the complex relations between a naturcultural agent as the HIV and the naturcultural human subject. Disease, illness and sickness are molded in a semio-material continuum where the individual and collective naturcultural bodies are involved together with the environment. The three key-points mentioned above are proposed by a sociologist, Bryan Turner. He pointed his gaze on the relation between the body and society and he understood how science is plunged in culture as well as society cannot completely avoid to be matter-based. If we take this seriously, every bodily experience appears as an instable frame for a provisional internally generated relational difference rather than a mimetic picture ready to become a definitory paradigm. If we read Haraway, Barad, Alaimo and Turner diffractively, an infective agent as HIV acquires political meanings and asks us to become response-able. Diseases are socially experienced, socially constructed and consequently require to be socially cured: health is not a condition we can solve *in being tested negative*, as well as sickness/illness is not only being tested positive. A diagnosis should take into consideration the social acceptance of suffering and the political ability to give proper affective responses to an infection. *How do we take care of whom?* should become a key factor in diagnosis and prognosis' processes.

The construct is at the center of attention. As Haraway said making, reading, writing, and meaning seem to be very close to the same thing when we discuss our bodies and our experience in suffering. All the mutually constitutive relations of political economy, symbol, and science inform contemporary research trends in bio-medico-political knowledge, and they should matter in clinics as they should do in politics.

HIV, I argue, is not a passive and fixed microbial agent but an artifact that could be altered at will. What does it mean? That HIV does not exist "in nature"? Not at all. But HIV cannot be understood only in labs.

In *AIDS and the Body Politics*, Catherine Waldby shows how HIV changes its shape if read from different political standpoints. If we compare the explanation of HIV infection as proposed in the most diffused immunology textbooks with HIV and AIDS activists' strategies of resistance (see ACT UP) the interpretative crack appears so deep and wide to give the impression of two different viruses. On a side, some of the most diffused academic handbooks describe the viral infection starting from a precise understanding of the immune system as a national border line, so as the virus as an «illegal aliens»<sup>11</sup> or a seducing and

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<sup>11</sup> Emily Martin, *Flexible Bodies. Tracking Immunity in American Culture from the Days of Polio to the Age of AIDS*, (Boston: Bacon Press, 1994), 54.

destroying «female praying mantis»<sup>12</sup>. Following this working/producing interpretation, the integrity of our skinned bodies has to be medically safeguarded from a myriad of invisible feminized and racialized invaders. On the other side, queer HIV-involved community always analyzed the nationalistic and misogynistic interiorized lenses as an ideological lever to shape a precise *imaginary anatomy* that nothing has to do with patients' taking charge. As a Foucauldian, Waldby understands clearly that immunology, etiology, virology and epidemiology are produced as gearwheels of that system we have already defined as racist and patriarchal: their acknowledgments are teleologically oriented towards a nationalistic idea of health. The protection of the borderized heterosexual male body – the penetrating and impenetrable reproductive&active body –, the body without orifices, is the ultimate goal of a Vitruvian morals of care. The fantasy of the permanently *hard and ready* phallus determines the perception of the male body's surface as intact, aseptic: a perfectly controlled/controllable unity. And it is not a neutral matter!

Under this perspective, homosexuality was understood in continuity with femininity in immunology, virology, public health and politics: female and gay bodies are porous, cloacal, open, welcoming for the stranger. Such an analysis of bodily shapes matters when increasing degrees of risk – and the consequent division of population in risk groups and “normal” population – got associated with their presupposed anatomic ambiguous porousness. Here the feminized body is understood as a suitable environment for the hiding of the virus and its consequential spread.

It is not casual that at the beginning of the HIV diffusion, etiology maps the flow of infection from its presence in female and male gay bodies feminized as cloacal, impure, because of its anal penetrability.

Does it seem a “medieval” discourse? Between 2017 and 2019 I got tested for STIs three times. All in Milan. And all the times I was asked whether I had sexual intercourses with bisexual men. Official biomedical policy still maps the flow of infection from its presence in the gay male body, through the transmission body of bisexual men and heterosexual women to the ultimately cultural body of the heterosexual masculinity.

It seems to me that viral infectious diseases are not simply a clinical challenge, but even an *onto-ethico-epistemological* one. Unlike bacterial infections, antibiotics are completely armless against them. Viral diseases as HIV are not a pure matter of wellness, but they are an urgent and disorienting concern about identity. Let's think about viral replication: viruses

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<sup>12</sup> John Dwyer, *The Body at War: The Story of Our Immune System*, (Sydney: Allen&Unwin, 1993), 152.

replicate only inside the living cells of an organism by colonizing their genetic identity with viral genetic one. The threat is nothing but easy: viruses replicate themselves through the annihilation of human cell's reproductive logic and they force human cells to replicate viral cells. Talking through an anthropocentric point of view, viruses oblige human identity to participate in its own infectious defeat and they soften the previous naturalized identity frontiers. They figuratively make tremble all the prerequisites of our non-ecological, nationalistic and capitalist world. They make our bodily porosity evident. And some bodies are historically the most suitable to play the role of the vectors of those microbial threats.

The challenge is double: on the one hand, adopting an understanding of the body as vulnerable and cyborg; on the other, avoiding any negative usage of this conceptualization but implementing a cyborg-vulnerable-politics. The porous body is not to be taken as a *depotentiating* limit, but as our biological condition.

### **Techno-Mediated & Feminist Survival Strategies in an Infected World**

Another jump, back to the beginning of my writing: Ron Athey is playing with blood on a stage in the USA during AIDS pandemic; ACT UP is fighting with the FDA in order to obtain better treatments. The body is on the stage, it is vulnerable, promiscuous but still live and possibly joyful.

I am writing from 2020 and for the last two years, leading scientists have agreed that the risk to transmit HIV could not just be reduced but stopped completely if a subject under proper antiretroviral therapy (ART) reaches the undetectable viral load in blood tests. Namely, an overwhelming body of clinical evidence confirmed by NIAID Director has firmly established the HIV Undetectable = Untransmittable (U=U) concept as scientifically sound, say officials from the National Institutes of Health. It means that people living with HIV who achieve and maintain an undetectable viral load – the amount of HIV in the blood – by taking and adhering to ART as prescribed cannot sexually transmit the virus to others.

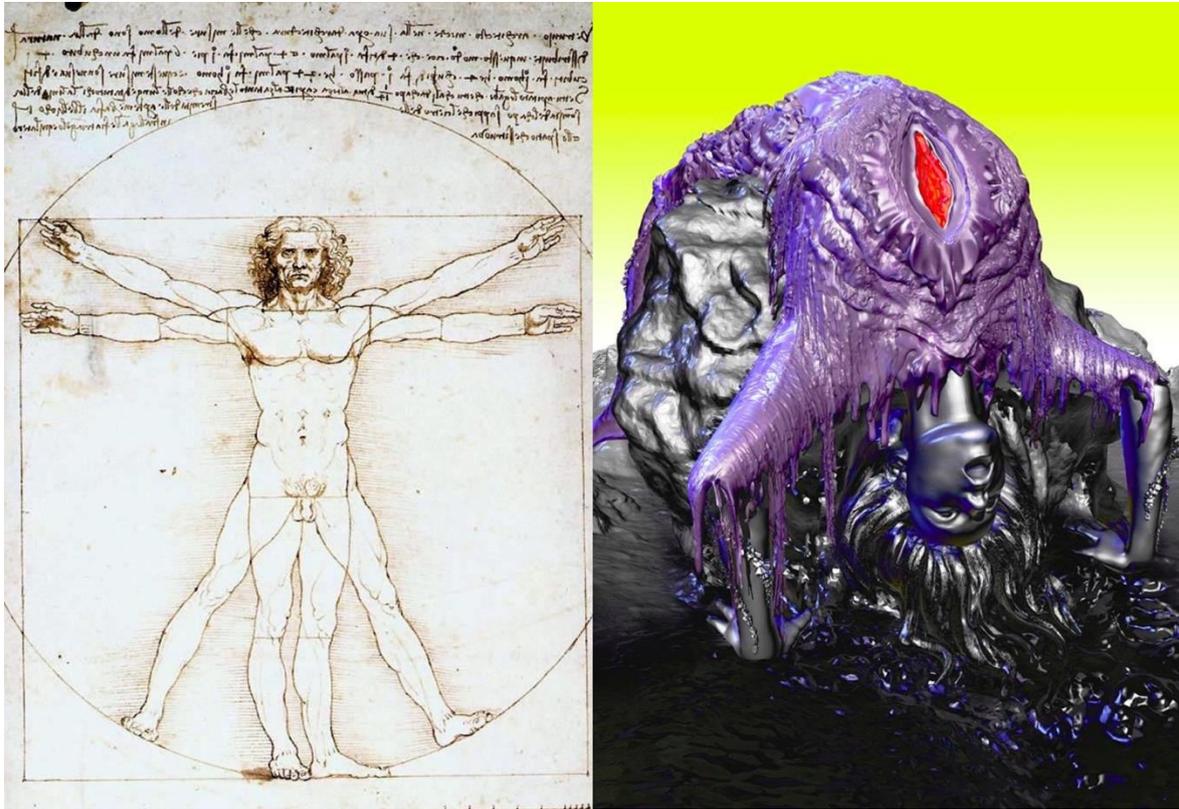
I don't want to play the role of clinicians: I am "simply" writing as a philosopher, as a subject diagnosed woman, as a medicalized person and an activist. I do not want to dismiss the suffering of people dying with AIDS or the mourning of those who lose a friend/partner/mate/relative for AIDS, but contemporarily I cannot avoid to ask myself *what does last generation antiretrovirals told us about HIV, and broadly about diseases, health and our body' shape?* And I cannot avoid thinking what would have happened to all those sick body who were not considered as part of a semio-material world. What would have been of our

communities if body and mind, nature and culture, biology and sociopolitics had never been separated, but considered parts of a process of differentiation we are responsible of? I want to continue asking: *what if* another medicine? *What if* another sensitivity on our embodiments?

As a reader of Margulis, I know that *the other(s)* lay into all my cells, in those ecological communities of commensal, symbiotic and pathogenic microorganisms which are my vaginal, intestinal and epidermal microbiota. And more: situated in our techno-mediated days, I even recognize the possibility to survive and coexist with a potentially lethal virus but I especially recognized the twisting of the Modernist male-shaped stereotype of a prophylactic subject as the only legitimate body: the very condition of our flashy existence is the biological susceptibility.

Margulis, with Haraway's company, finally told us the world is ontologically infected and infectious: it is a *very shared space* that invites us to hack the immunological stereotype to accept hybridity and as biological conditions of existence. Borderless and still-alive bodies, for instance those affected with HIV, are still able to live a *breathable life* (Górska 2016) in alliance with the bio-info-techno-mediated acts of *becoming-with-the-virus*. They invite us to learn how to accept the troubles embracing our vulnerability, recognizing death as part of life but not quitting the efforts to make *breathable* the life of those who want and can survive, maybe through a combine antiretroviral boring daily chemical therapy: as cyborgs we are composed of a myriad of intra-active parts and sometimes their mutual equilibrium changes, occasionally by chemical hacking. HIV-drugs, indeed, permits to be infected lifelong and to survive well: it suggests me that we can abandon the rampant-totalitarian illusion of purity and unapologetically express our enthusiasm and amazement for the world's diverse ways of being/becoming even when this *ongoingness* (Haraway 2016) involves impurity, contamination and the risk of dying. Such a challenge reminds me a *tropos* of Feminist Science Fiction: symbiotic mutualism in contaminated times as a political effort. In her *Clay's Ark*, Octavia Butler imagined a future evolutionary stage for the humans where their bodies are forced to learn how to *become with* a pathogenic microorganism that infected the population. In order to survive, humans have to adapt themselves to a commensal relationship with their new host. By imagining such a future, Butler forced the *Sapiens* to cast the politics of individuality off and to imagine a political science of entanglement worthy of the promiscuous material reality we are plunged in and agential part of: dying or surviving embracing an ontological change? This is the question! In *Clay's Ark*, the (post-)humans have to transform their relationship with the 'other'-within-themselves (the infective agent) reinventing the self/other dialectics within the emerging *epidemics of meanings and not only of microbes*. I imagine

Butler's posthumans as viscous and fluid beyond humanistic self-representational vices, refusing (or at least forced not) to conform to the laws governing the solid and self-identical body.



Leonardo Da Vinci, *The Vitruvian Man*, 1490 & Andrew Thomas Huang, Björk's *Vulnicura* deluxe edition cover, 2015. Last image taken from <http://www.andrewthomashuang.com/>

By adopting a cyborg-feminist understanding of the body where we are all “cracked” and connected, penetrable, symbiotic, we can finally open our politics to the entanglement we are all vulnerable part of: and we discover we can take care only collectively. We give us a chance to rethink medicine and suffering beyond the process of individualization and pathologization that shapes power's strategies (*infra* D'Alessandro). By renouncing the Modern familiarity with the skinned subjectivity, we could take seriously our earthly existence and finally cope with the environment beyond our species' narcissism and solipsism. We could finally cope together with imaging and practicing a corpomaterial ethics of care which rebalances medicine towards our existential exposure, which recognizes all the networks we are composed by and part of. Because health is real only when *shared*. Or better, *entangling* and

*responsible*. Because, at the core of XXI century the only ethics of care we ask for is a posthuman response-ability.

# Affective Resistance to Normative Psycho-Pathologies: Taking Care of Anxious Entanglements

By Ludovica D'Alessandro

## (Don't) take my breath away

The first time I had a panic attack I was in a café working on an essay, typing on my laptop as I am now. Suddenly, I felt my heartbeat accelerating its rhythm, a sense of dizziness overcoming me causing the letters on the screen to start vanishing, lines becoming slippery and elusive, meaning no longer attached to words, now only dissolved into moving traces. I immediately felt the urge to *go out*, to move away from the table I was sitting at, almost scared the roof could slowly fall on me, gradually reducing my space, taking my breath away.

From this first experience, anxiety felt to me as related to a different perception of space: panic attacks, often considered as outbursts of anxiety, made me realize how a room could become small and cramped all of a sudden, how an open space, even a park, could feel like a whirlwind sucking you in. The changes in spatialization were often accompanied by a sense of anguish about not being able to breathe, losing air as well as capacity of movement. The bodily enactments of anxious feelings concurred to the creation of a spatiality which designed differential capacities of mobility and intensifications of threat, provoking a sense of physical and emotional uncontrollability, jumping from one worrisome thought to another: an approach described by Sara Ahmed as a cumulative and sticky “mode of attachment to objects.”<sup>13</sup>

The word ‘*anxiety*’ (as well as ‘anguish’) comes, in fact, from the Latin verb *angere* which means ‘to squeeze’ or ‘to choke’ and, figuratively, ‘to cause distress.’ Along similar lines, these “*corpo-affective*”<sup>14</sup> experiences have come to be often characterized, both materially and discursively, by a difficulty in breathing and an impairment of movement, which, in my experience, becomes either frantic and redundant or completely impossible, due to changing perceptions of space. As Magdalena Górska pointedly observes “breathing enacts the suffocating power of anxieties,”<sup>15</sup> according to the different temporalities and intensities of diffused and quotidian anxieties and of sudden and acute panic attacks. However, she argues

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<sup>13</sup> Sara Ahmed, *The Cultural Politics of Emotion* (Edinburgh: Edinburgh University Press, 2004), 66.

<sup>14</sup> Magdalena Górska, *Breathing Matters: Feminist Intersectional Politics of Vulnerability* (Linköping: TEMA – Department of Thematic Studies, Linköping University, 2016), 36.

<sup>15</sup> *Ibid.*, 209.

that breathing can also be “a transformative force,”<sup>16</sup> when it is not (only) used as a tool for gaining back a normative previous state of ‘sanity’ and ‘proper’ human subjectivity, but when it becomes part of protective and resistant processes which “challenge expectations in order to enact vulnerability as a possibility.”<sup>17</sup> In fact, breathing both breaks – through its panicky uncontrollability – and creates – through exposing the vulnerable politics of the ordinary – “differential dynamics of worlding,”<sup>18</sup> where failure, immobilization, trauma, and inability to regularly breathe can be seen in their transformative potential. Following Górska, when we resist the pathologization and individualization of mental and physical forms of distress (or, rather, *physic-mental-social, infra*, Bosisio) we open a space for asking: “what issues, social structures and power relations do they materialize?”<sup>19</sup> We may ask whose lives matter and whose lives can be and are “(un)breathable.”<sup>20</sup> We may ask how these often painful and suffered embodiments, ordinary and nuanced, could contribute, in their ambivalences, to the creation of new careful and vulnerable ethics and politics, transforming and expanding our understandings of power and resistance.

### **Reactive and resistant affective dispositions**

As we have seen, breathing has, for Górska, a reactive and resistant dimension; in fact, in the first case, it is instrumentalized in order to reinstate ‘the normal,’ in the second, instead, it can break through hegemonic conceptions of health and subjectivity by refusing to go back to a *status quo* which makes some lives more breathable than others in the first place. The reactive dimension of affective dispositions is the focus of the article “We are all very Anxious,” written by the Institute for Precarious Consciousness<sup>21</sup> and republished by the activist organization Plan C, in which it is argued that “each phase of capitalism has a particular affect which holds it together.”<sup>22</sup> The dominant reactive affect, intended as “emotion, bodily disposition, way of relating,”<sup>23</sup> of a specific capitalist phase is often manifest

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<sup>16</sup> Ibid.

<sup>17</sup> Ibid., 218.

<sup>18</sup> Ibid., 274.

<sup>19</sup> Ibid., 241.

<sup>20</sup> Ibid., 252. The relation between breath and political struggle is also explored by Sara Ahmed and Frantz Fanon. Ahmed connects the Latin root of the word ‘aspiration’ (to breathe) to the political aspirations for a space to breathe, where possibility, freedom and imagination can thrive (Sara Ahmed, *The Promise of Happiness* (Durham and London: Duke University Press, 2010), 120). Fanon, instead, considers how colonial relations of power are embodied in the ordinary lives of the colonised by a specific kind of “occupied breathing,” a “combat breathing,” which manifests the anxieties and suffocations of those whose lives are rendered unbreathable by racial oppression. (Frantz Fanon, *A Dying Colonialism* (New York: Grove Press, 1965), 65).

<sup>21</sup> Unfortunately, we could not retrieve any further information on this Institute.

<sup>22</sup> Institute for Precarious Consciousness, “We are all very Anxious,” *Plan C*, April 4, 2014, <https://www.weareplanc.org/blog/we-are-all-very-anxious/>.

<sup>23</sup> Ibid.

and concealed at the same time. In fact, by individualizing sufferance, capitalism prevents the organization of a collective strategy against its own ‘affective glue,’ until resistance can finally break through it and a new reactive affect needs to be found. For instance, the struggles of the 60s and 70s are considered by the Institute for Precarious Consciousness as “a machine for fighting” the reactive affect of “*boredom*,”<sup>24</sup> characterized by an urgency for the liberation of desire from normative modes of existence and tedious work-consumption routines. They argue that capitalism has now reterritorialized those stances by “creating the social factory,”<sup>25</sup> an extremely insecure and flexible socio-economic regime where an increasingly more diffused work-time/space structures the social field and where the struggles against boredom have been reacted to with dramatic precarization and the spread of *anxiety* as a new dominant reactive affect. While producing and reproducing an internally differentiated regime of social insecurity, present Western societies have become severely securitarian and identitarian, hindering again militant activity by installing a sense of being constantly monitored and controlled, pre-empting political organising and increasing anxiety even further. For this reason, towards the end of the above-mentioned article, it is argued that “what we need now is a machine for fighting anxiety,”<sup>26</sup> by creating a commonization of experiences under anxiety that could turn, in the release of the individualization produced by capitalism, anxiety into anger: they say the dominant reactive affect can only be transformed, overcome and, this way, combated.

I would like to argue, however, that *the same affect can foster reactive or resistant dispositions*, normative or transformative orientations, as in the case of the breathing practice described by Górska. In the specific case of anxiety, this can happen depending on the ways our existential anxiety-inducing vulnerability is, respectively, acted against or upon. In this way, resistant affective dispositions emerge precisely from a radical consideration of our capacity to be affected and exposed, when this is not contrasted in the search for a securitized individual, but turned into a creative power, which transforms our notion of the political by making it inevitably and susceptibly embedded in the ordinary. How can we then take care of resistant, anxious and vulnerable entanglements in a logic opposed to that of neoliberal securitization?

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<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.



Benedict Drew, *The Bad Feel Loops*, film, 2019. Image taken from <https://www.apollo-magazine.com/benedict-drew-bad-feel-loops-science-gallery/>

### The ethical care of the precarious

Moving from similar questions, Isabell Lorey introduces an extremely useful tripartite distinction between *precariousness*, *precarity* and *precarization*: the “three dimensions of the precarious.”<sup>27</sup> Precariousness, in particular, is described, following Judith Butler, as “an existential state,” an ontological vulnerability, that “designates what constitutes life in general - both human and non-human.”<sup>28</sup> Precarity, instead, “designates the effects of different political, social and legal compensations of a general precariousness:”<sup>29</sup> the instrumentalization of precariousness when appropriated and distributed by capitalism through processes of “hierarchization” and “othering.”<sup>30</sup> Precarization, finally, or

<sup>27</sup> Isabell Lorey, *State of Insecurity: Government of the Precarious*, trans. Aileen Derieg (London: Verso Futures, 2015), 11.

<sup>28</sup> Ibid., 18.

<sup>29</sup> Ibid., 12.

<sup>30</sup> Ibid.

“governmental precarisation,”<sup>31</sup> describes a mode and/or an instrument of governing through destabilization, increasingly more normalised in neoliberal societies. Therefore, if precarity manifests in the crystallization of the unequal distribution of vulnerability, precarization describes the processes by which this vulnerability, or existential precariousness, comes to be actualized.

The actualization of existential precariousness in the governmental precarization of neoliberal societies, has intensified to reach even those who do not find themselves severely oppressed by logics of othering and hierarchization, giving precarity a more central political place, following what Lauren Berlant describes as “a continuation of the predictable pattern in which ordinary contingencies of material and fantasmatic life associated with proletarian labor-related subjectivity became crises when they hit the bourgeoisies.”<sup>32</sup> By ‘proletarian labor-related subjectivity’ I would especially highlight here racialized and feminized workers. In fact, the normalization of governmental precarization in neoliberal societies has been accompanied by a process described as the ‘*feminization of labour*,’ by which the precarious, devalued and invisible conditions in which women’s work traditionally happened (long before the neoliberal enforcement of rampant precarization women’s work indeed functioned as a ‘factory of the social’!) have expanded to reach other sectors of (re)production. What is more, this notion functions to indicate that if, on the one hand, many forms of today’s work and productive processes are indeed unpaid and/or precarious, on the other hand, many features of the reproductive work (such as our attention and care capacities), traditionally ascribed to domestic feminised pole of the sexual division of labor, have been incorporated “into the process of production,”<sup>33</sup> although most times remaining outside wage or contract mediations.<sup>34</sup> Moreover, it is important to consider that these changes in labor landscape work alongside the “coloniality of power”<sup>35</sup> in producing what remains an extremely differentiated regime of exploitation and precarity: in fact, migration regulations concur in the creation of internal/external borders which regulate the access to the labor market and to the fabric of citizenship, by exposing racialized subjects to far greater

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<sup>31</sup> Ibid., 13.

<sup>32</sup> Lauren Berlant in “Precarity Talk: A Virtual Roundtable with Lauren Berlant, Judith Butler, Bojana Cvejić, Isabell Lorey, Jasbir Puar, and Ana Vujanović,” ed. Jasbir Puar, *TDR/The Drama Review* 56, no. 4 (2012): 166.

<sup>33</sup> Encarnación Gutiérrez-Rodríguez, “The Precarity of Feminisation: On Domestic Work, Heteronormativity and the Coloniality of Labour,” *International Journal of Politics, Culture and Society* 27, no. 2 (2014): 13.

<sup>34</sup> Cristina Morini, “Economia dell’interiorità e capitale antropomorfo. Produzione sociale, lavoro emozionale e reddito di base,” in *Lavoro e lavori delle donne. Tra globalizzazione e politiche neo-liberiste*, ed. Alisa Del Re, Cristina Morini, Bruna Mura, and Lorenza Perini (Effimera, 2019), 59-60.

<sup>35</sup> Anibal Quijano cited in Gutiérrez-Rodríguez, “The Precarity of Feminisation: On Domestic Work, Heteronormativity and the Coloniality of Labour,” 14.

risks of exploitation, detention and deportation and by again redistributing social vulnerability along the lines of racial oppression through, for instance, the increasingly precarious working conditions of the workers from the global South or global East who perform those domestic/care tasks that have been today absorbed by the market.

Therefore, social vulnerability, while increasingly more exploited, it is also rendered more invisible, by being relegated to dramatically precarious forms of labor, or to the private sphere and the individual care of the self. In fact, a logic of protection of the self against risks is accompanied by the circulation of fear and anxiety through the constant production and reproduction of “a distinction between those who are ‘under threat’ and those who threaten.”<sup>36</sup> Thus, these “*micropolitics of fear*” constitute the affective dimension of a “*macropolitics of security*,”<sup>37</sup> where technologies of defence against external agents are put in place ‘supported’ by the intensified threat of our existential exposure and intra-dependency. Making and unmaking reactive (dis)entanglements, these technologies of power are supposed to securitise some bodies over others, through constant and differentiated intensifications of threat; extracting, exploiting, dispossessing, in order to manipulate and hide our ontological inter-connectedness, warding off “this reciprocal infection with the virus of the incalculable social vulnerability of individuals and their unsettling dependency on others.”<sup>38</sup>

Considering the relation between anxiety and precariousness/precarity, Lorey writes that today “for many, the anxious worry arising from existential vulnerability is no longer distinguishable from a fear arising from precarisation.”<sup>39</sup> Precariousness has, in fact, come to be often considered as an individualised and contingent circumstance, which can be handled in forms of self-preservation against others and the risks of a rampant precarization. Therefore, the anxiety related to our ontological exposure is not resolved in a radical consideration of our inherent – but extremely differentially distributed – vulnerability, but in a self-contained vision of one’s own life, which, as Lorey argues, must be, in this view, constantly immunized and securitized against external threats and competitors (*infra*, Bosisio). The affect of anxiety is thus manipulated in a reactive way that, alongside hindering militancy, nourishes a neoliberal logic of competition and individualism, rendering even more vulnerable those who are already oppressed by the hierarchizations of ‘race,’ gender, class, ability, and sexual orientation. These arrangements of anxiety and exposure come from the

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<sup>36</sup> Ahmed, *The Cultural Politics of Emotion*, 72.

<sup>37</sup> Precarias a la deriva, “A Very Careful Strike: Four Hypotheses,” *The Commoner*, no. 11 (Spring 2006): 39.

<sup>38</sup> Lorey, *State of Insecurity: Government of the Precarious*, 51.

<sup>39</sup> *Ibid.*, 89.

extraction and manipulation of our ontological vulnerability and precariousness, which capitalism, as we have seen, reactively attempts to individualize and turn against the formation of resistance.

In contrast with that, the re-appropriation of vulnerability, the careful creation of spaces for breathing, can indeed constitute forms of resistance in the etymological sense of re-claiming a (collective/political) place: responding that “we have not yet been disposed of”<sup>40</sup> to forms of *potestas* (power-over) on our bodies. In this sense, vulnerability and our capacity to be affected can be seen as a different form of power, as a *potentia* (power-to or power-with) that is primarily and antagonistically constituted, from which reactive power is dependent in the extraction and distribution of differentiated regimes of precarity. A disentanglement of these two dimensions of power can help in creating a distinction between resistant and reactive emotions, which, as in the case of anxiety, can come from similar affects (of dread about one’s own exposure and vulnerability) but be then materially and discursively enacted in ways that hinder or reproduce political resistance, attempting to negate or contributing to the formation of a new ecology of care and reproduction, based on mutual solidarity and responsibility. Nevertheless, “because *there is only social precariousness*,” a complete disentanglement of our existential vulnerability and the way it is differentially distributed in precarity can hardly be achieved, if not through a continuous antagonistic re-articulation, and, for this reason, the differences in what and how come to matter, in whose lives are indeed breathable, cannot be overlooked. Because of that, Lorey argues that it is precisely “the ambivalence between the relational difference and the possibilities of what is in common in difference can be a starting point for political arguments:”<sup>41</sup> the political potentialities that can be found in an ethics of vulnerable entanglements need to be response-able<sup>42</sup> for the dynamic production of differences, boundary and meaning making practices that result from the intra-action of differential corpo-affective vulnerabilities. Moreover, the binary I outlined between resistant and reactive affective structures needs to be situated in the peculiarity of ambivalent and opaque emotional experiences, from which the distinction between normative and transformative practices cannot be simplistically and objectively extrapolated, but it is the matter and impossible end of an attentive and careful politics.

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<sup>40</sup> Judith Butler in “Precarity Talk: A Virtual Roundtable with Lauren Berlant, Judith Butler, Bojana Cvejić, Isabell Lorey, Jasbir Puar, and Ana Vujanović,” 168.

<sup>41</sup> Isabell Lorey in *ibid.*, 172.

<sup>42</sup> See for a discussion around the term ‘response-ability’: Donna Haraway, *Staying with the Trouble. Making Kin in the Chthulucene* (Durham and London: Duke University Press, 2016).

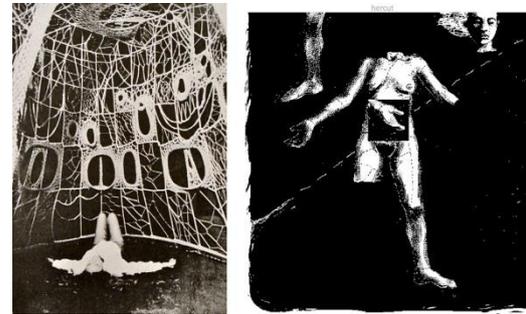
A politics that takes on radically and responsibly our vulnerability is precisely called to take care of these resistant embodiments, without ever forgetting how this common existential condition is differentially extracted and distributed along lines of 'race,' class, gender, ability, sexual orientation, and so on. A *response-able ethics of care* is then necessary for the reproduction of a resistant assemblage, who feels, suffers and resists capitalism in the ordinary and, by that, makes and unmakes worlds, creating spaces where our exposure is taken care, and not advantage of, where others do not need to necessarily fall into the category of either threatening or profitable, and the anxiety over our limited existential condition is a starting point for a politics of de-identification accompanied by the creation of common sites of transformative potential: a commonality that radically takes on the political dimension of what capitalism produces as individual experiences of affects, a present and daily utopia where we take care of our vulnerable and anxious entanglements, struggling against those who attempt to take power away from them.

## Conclusions: Threading Back Through Images

By Elisa Bosisio & Ludovica D'Alessandro

We would like to conclude our work by bringing together some reflections on the images we presented in the article, in order to thread, through and around them, some of the main knots of our entangled writing.

Throughout our article we have attempted to show how, in the normative construction of self and other, it is often implied a static definition of what constitute our bodily boundaries, regularized by a dichotomy of health and pathology, where the second term is only defined negatively as the alteration of a fixed equilibrium and the trespassing of a subjectivating sacred frontier. Against this backdrop, we have proposed, instead, an ethico-onto-epistemological reading of the intra-dependent ecologies in which bodies and affects are re/produced as always already part of different entanglements, only inside which notions of care and vulnerability – as a biological condition of existence, where being vulnerable means being relational and plunged in a network of multi-levelled affects – can be articulated. Faith Wilding's *Crocheted Environment* is an interesting attempt to materialize into an artwork such an intra-relational condition. Indeed, the artist makes and proposes a gesture which situates intimacy and corporeality with-in the intricate web of a symbiogenetical world, in which entanglements can take careful and potentiating, as well as limiting and de-potentiating, movements of relationality with constitutive others. If *Crocheted Environment* is for us a visual vehicle to figure our bodies as parts of a network composed by multi-directional vectors, Shelley Jackson's image of a fragmented girl gives us an idea of the patchwork bodies themselves are: if the picture of Wilding's work makes us soar upon our skinned existance (*infra* Bosisio), the second accompanies us below a borderizing epidermis. In fact, as we move to Jackson's hypertextual fiction *Patchwork Girl*, we can observe the assembled nature of the body itself, a work of monstrous dis/re-articulation – inspired indeed by Mary Shelley's fictional act of creation of *Frankenstein*, the monster created through heterogeneous and hybrid pieces – which exposes the malleable and generative practice of meaning and mattering the body.





In the section of the article dedicated to the discussion of HIV (§ *Onto-Ethico-Epistemology of HIV: a VulnerableCyborg Challenge to Immunological Obsession*), we have directed a similar praxis of disarticulation at the “prophylactic universalized Western Vitruvian body” (*infra*, Bosisio), as the Man-centred chimera of modernity. In stark contrast, we visualize at his side Björk’s *Vulnicura* album cover, where we see a body turning in upon itself while opening and melting with the outside, whose processual con-mutability explodes the individualistic pretensions of a whole, immunized self who produces absolute and negative externalities: the external and the internal are here the optic illusion produced by our partial modern human gaze.

Moving to our considerations on the corpo-affective enactments of anxiety (§ *Affective Resistance to Normative Psycho-Pathologies: Taking Care of Anxious Entanglements*), we have explored how different and differential material and discursive constitutions of bodies and vulnerability re/produce, by the circulation of affects, resistant or reactive dispositions. If the experience of anxiety is read as the materialization of those forces which make some lives more “more breathable than others in the first place” (*infra*, D’Alessandro), and not as an individual and pathologizing loss of what constitutes a ‘proper’ human subjectivity, its transformative potential in defining an ethics of care that responds precisely to these differentiated capitalist regimes of precarity then emerges. The haptic and aesthetic dimension of the reconfiguration of what comes to matter as political, is vividly presented by Benedict Drew’s film *The Bad Feel Loops*, whose still images visualize an experience of affects which exposes and then blurs, or exposes by blurring, the susceptibility of power in the ordinary.



If our bodily and affective experiences are inevitably shaped by the conjunctures of power relations that materialize in and through them, we would like to think together of the creative and antagonistic potential immanent to a post-humanist ethics and politics that take care of always different and differentiating vulnerable entanglements: the challenge consists in nothing less and nothing more than taking our intra-dependency response-ably.

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