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Literature and Medicine, Volume 41, Number 1, Spring 2023, pp. 145-166 (Article)

Published by Johns Hopkins University Press
DOI: *https://doi.org/10.1353/lm.2023.a911448*

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Better Medicine: Shared Suffering and Chronic Vulnerability in Brian Teare's *The Empty Form Goes All the Way to Heaven*

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Abstract: A posthumanist understanding of the body does not view "illness" and "health" as properties of the individual body, but as emergent features of the relationships between bodies. As such, a relational view of health opens up avenues for the betterment of both human bodies and their social and physical environments. Drawing on posthumanism and the ethics of vulnerability, this article demonstrates how Brian Teare's *The Empty Form Goes All the Way to Heaven* (2015) provides a different way of thinking (and doing) illness, death, and vulnerability. With his acceptance and promotion of the body's dynamic materiality and chronic vulnerability, Teare advances a posthuman ethics based on our shared embodied condition.

Keywords: embodiment, poetry, Brian Teare, medical posthumanism, shared vulnerability

A practitioner of the poetics of embodiment, Brian Teare often engages in what he calls "*en plein air* poetics," or, writing while walking. This active composition, whether through a field or down a city street, enables Teare to craft a poem that highlights the intimate relationships between bodies. For Teare, a poem written on foot makes explicit our intercorporeality: "the often unacknowledged fact that we *are* bodies *always in relation to* other bodies."[1] Both bodies—the poem and the poet—are a fluid assemblage intra-acting with and within other assemblages.[2] A poetics of embodiment such as Teare's highlights the ongoing

Literature and Medicine 41, no. 1 (Spring 2023) 145–166
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dynamic nature of bodily existence—the human, like other bodies, is always shifting, always in flux, as they relate, either consciously or unconsciously, with others.

Take, for example, Teare's long poem "Doomstead Days," partly written during a day journey from urban Philadelphia to Wissahickon Creek. The poem emerged via his chance encounters with a city bus, the Schuylkill River, brook trout, a paper mill, and a maple tree on an urban sidewalk, among other intra-actions both present and past, ultimately illustrating how "everything's body" is "connected by this / totally elastic / materiality."[3] The trout, the river, his body—all shaped by "capital / empowered to frack" and the "millions of gallons / of toxic wastewater / injected into earth."[4] This recognition of material interconnectedness is also a recognition of our openness, our vulnerability to the co-shaping touch of others—processes of becoming that might be harmful, beneficial, or both. In writing out his bodily awareness, Teare hopes to "invite or even seduce the skeptical into momentarily inhabiting another position—that of a body deeply vulnerable to and dependent on the world around it."[5] In modeling an embodied response, Teare hopes we can begin to adequately register "the shared dangers with which we must collectively reckon" instead of continuing on as though our bodies are closed, invulnerable systems.[6]

The poems in Teare's *Companion Grasses* (2013) and *Doomstead Days* (2019) were mostly composed as a result of Teare's bodily experiences walking in fields (*Companion Grasses*) or walking through cities, refineries, urban watersheds, and other sites of industrial toxicity (*Doomstead Days*). Rather than focus on these books and their *en plein air* poetics, I will examine how Teare's embodied experience shaped the book he wrote in between *Companion Grasses* and *Doomstead Days*, the book he wrote when he was too ill to take walks, his fifth book, *The Empty Form Goes All the Way to Heaven* (2015). Written over the six-year period in which Teare endured an undiagnosed illness, *Empty Form* documents his experience of pain, headaches, nausea, and "the ceaseless suffering that obliterates thought, beauty, poems, art, even one's sense of oneself."[7] Even though the poems within are not a result of *en plein air* poetics, *Empty Form* still highlights our embodied state—as there is never a moment we are not *becoming* in relation to others—and it still speaks to the value of living in recognition of our embodied openness, our embodied vulnerability.

While *Companion Grasses* and *Doomstead Days* emphasize our intercorporeality with non-human others, *Empty Form* considers the material reality of an *ill-health assemblage*. An ill-health assemblage com-

prises the myriad material, physical, psychological, social, and cultural relations and affects that intra-act with a body during an ill-health experience. The ill-health assemblage determines what a body can do physically, psychologically, and socially—in this case what an ill body can do within the landscape of western medicine as defined by late capitalism.[8] Drawing on posthumanism and the ethics of vulnerability, I demonstrate how, in communicating his own ill-health experience, Teare forges a different way of thinking (and doing) illness, death, and vulnerability.

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Failing to understand health and illness in terms of entangled relations leads to the reinforcement of dangerous divides in medicine: mind/body, whole/fractured, ill/healthy, patient/doctor, subject/object, science/humanities, nature/culture, and autonomy/dependence. These categorical divides are dangerous both because they are artificial and because either/or logic limits our positive potential. Binary oppositions form the base of liberal humanism's hierarchy of importance, marking some lives as more important than others. Binaries such as black/white, man/woman, disabled/abled, and animal/human have long dictated what counts as human, as well as who and what is worth saving. As Rosi Braidotti notes, a materialist, posthuman perspective "redefines the relationship between self and other by shifting the axes of genderization, racialization, and naturalization away from a binary opposition into a more complex and less oppositional mode of interaction," thus "inaugurat[ing] alternative ecologies of belonging both in kinship systems and in forms of social and political participation"; these ecologies enhance "mutual and respective accountability and pave the way for an ethical regrounding of social participation and community building."[9] Braidotti is speaking in terms of a larger domain, but isn't health and medicine part of that domain? Reframing the relational dynamic between bodies would assist in reframing the provider-patient relationship from one of opposition to one of kinship. A posthuman view of the body deconstructs taxonomies and classifications that enshrine hierarchies of worth, including those determining who deserves quality medical care.

For the culture of medicine, creating affinity through our shared vulnerability necessarily entails relinquishing control, debunking the god-like ideal that physicians—and their patients—may expect. Instead

of viewing the physician as a superhuman, able to bend another's body to their will, Teare indirectly suggests a different role for the health care provider, one that involves what physician Rana Awdish describes as "facing the same direction as the patient" in order to embark as companions on a journey. For Awdish, this involves reframing the way we view death, vulnerability, and the role of the physician. Quoting Awdish here:

> We [physicians] frame our losses and successes in terms of the disease, which is a mistake. The language alone implies a battle and a clear outcome, a victor and a loser. If we are honest and allow ourselves to see death for what it is, an inescapable inevitability, then our story can change. In that light we can accept that our greatest gift is not in fact healing, because all healing is transient. Our greatest gift is, in fact, our ability to be absolutely present with suffering. To allow it to transform us, and, by holding the suffering of others, transform it for them as well.[10]

For Awdish, accepting the limits of our embodied condition—accepting the inevitability of death—is crucial to practicing better medicine. As I argue here, Teare's poetic rendering of his illness experience further demonstrates how embracing our embodied and shared vulnerability might transform suffering.

Posthumanist thinking can help in this endeavor. Posthumanism rejects the mind-body dichotomy, rejects a transcendent sense of separation from the living and non-living material world, and thus, denies the liberal humanist fallacy of mastery and control over the body. If we are embodied subjects engaged in constant processes of becoming and relating with other assemblages, beholden to trans-corporeality and the material agency of others, then we have never had true autonomy over our lives and selves. While the concept of patient autonomy is intended to be humanistic, it inevitably opens up the patient to judgment while shutting down possibilities. A physician may judge an individual for their inability to maintain a "healthy" body or blame the individual's illness on poor life choices. Thus, the provider absolves himself from mutual responsibility and accountability while also disconnecting from the patient's lived reality. A medical posthumanism might instead promote the concept of mutual heteronomy. As Ignaas Devisch notes, heteronomy is inescapable:

> From the outset, all of us are exposed to heteronomy and maintain our lives by way of heteronymous means, whether through antibiotics for a simple flu, a blood transfusion or a variety of other operations, not to mention our genetic inheritance. In this way we are all touched by something other than ourselves; we are all marked by heteronomy. . . . The mere fact that someone is appealing for care means principally that he or she is no longer autonomous and is in need of someone or something else, which is an appropriate definition of heteronomy.[11]

A posthuman perspective provides an avenue for relieving the tension between autonomy and heteronomy through concepts of kinship, mutual accountability, *becoming with*, shared vulnerability, and posthuman subjectivity.[12]

The debate over the coverage of pre-existing conditions provides another example of what might be at stake in the consideration of a medical posthumanism. If we understand the human as always already incomplete, always *becoming with*, and if we understand that health is neither a fixed state nor a final outcome, then we can see that life itself is a pre-existing condition. The posthuman approach has the potential to broaden and reconceive categories of illness and health like these so that, rather than being a property of a body or entity, "the meaning shifts to being a quality of relationships between humans, other living things, the environment and even material objects."[13] As such, a relational view of health opens up avenues for action and resistance for the betterment of both human bodies and their social and physical environments.

As I will discuss in more detail below, a posthuman openness to the unknowable—resisting the urge to define and make claims on another body—also involves a kind of vulnerability. In medicine, embracing that vulnerability means health care providers would not have to bear the burden of failed outcomes—the grief and guilt—alone. If, as Awdish contends, physicians can stop envisioning themselves as someone who can "help others defy death," they can begin to see their true value comes from "partnering with and being present for their patients."[14] Moreover, finding kinship in our shared vulnerability will help eliminate the destructive binary that separates "healthy bodies" from "sick bodies."

However, as Erinn Gilson notes, in order for an ethics based on shared vulnerability to achieve political salience, we must re-frame vulnerability. Western capitalist society views vulnerability as weakness,

dependency, powerlessness, deficiency, and passivity. This negative view of vulnerability, in turn, causes us to disidentify with those we perceive as weak and vulnerable; thus, as Gilson demonstrates, the pursuit of "invulnerability" is directly connected to political, economic, and social oppression. A "denial of vulnerability, then, underlies other types of ignorance, such as the ignorance of one's complicity in racial oppression, because to admit such complicity is to open oneself to features of one's social world and one's way of inhabiting that world that are discomfiting and thus to make oneself vulnerable. To know in this sense is to be vulnerable, to be susceptible to being altered by others, whereas to ignore is to seek invulnerability."[15] Further, because invulnerability is an illusion that can never be "adequately and securely achieved, masterful identity must be continually shored up."[16] According to Judith Butler, this shoring-up drives people to great lengths: "No amount of will or wealth can eliminate the possibilities of illness or accident for a living body, although both can be mobilized in the service of such an illusion."[17] The refusal to wear a mask during the COVID-19 pandemic is one example of the ways in which a negative view of vulnerability can cause harm. Donning a mask would be a direct admission of the vulnerability of one's own body. If we could view vulnerability as a definitive and shared state, if we could give up the illusion of invulnerability, how many of us would still refuse to wear a mask?

Vulnerability is a definitive condition of our existence as embodied beings. It cannot be avoided. Furthermore, the vulnerability of our corporeal existence is what links us to other embodied beings—human and non-human alike. A world community that recognizes these facts has been imagined in both of Butler's books on post-9/11 life in America, *Frames of War* and *Precarious Life*; Butler believes that successful recognition of shared vulnerability can become the basis for non-violent solutions to global problems like human exploitation and climate change. As I contend, this recognition also sets the foundation for a posthuman ethics for health care.

In *Empty Form*, Teare recognizes that vulnerability is inevitable and persistent. He also sees it as a shared site of potential, demonstrating an openness to what Gilson calls epistemic vulnerability—an openness "to the revision of the self and conceptions of the self—past, present, and future—since such alteration both comes from changes in what one knows and precipitates such changes in knowledge."[18] If we develop and foster habits of epistemic vulnerability—as Teare has done—we begin to erode the deeply ingrained practice of invulnerability. Instead

of contributing to the liberal humanist fantasy of mastery and control, medicine as an institution can help foster an awareness of epistemic vulnerability that is crucial to undoing oppressive social relations. If medicine can view the embodied individual as an assemblage characterized by flows of human and non-human vitality—as a permeable ecosystem, rather than a stable entity—then medicine and the culture it helps shape can start to view vulnerability as intersubjective and transformational.

*

Because it was written while Teare dealt with a debilitating chronic illness, the form and design of *Empty Form* is quite different from traditional books of poetry. Each poem consists of a number of rectangular, or sometimes square, blocks of text, which are placed in a grid-like fashion on the page, and thus, can be read in multiple ways. As I will illustrate in more detail below, this formal mode is critical to the argument made by Teare's book: that the body is in a constant state of change, a constant process of *becoming with*. In demonstrating this constant change, Teare invites us to view chronic illness and vulnerability differently from the liberal humanist view of the body as something absolutely controllable, including its mortality.

While there is nothing linear about Brian Teare's poetry, the book's three sections do follow the progression of Teare's understanding of his chronic condition: The first depicts the difficulty and frustration that attends the unexplained change in his body. The second section then signals a move toward the acceptance of his body *as a body*, as well as a reckoning with the mind-body dichotomy prized by liberal humanism. And, finally, in the third section, Teare "heals" through the knowledge and acceptance that his body is chronically vulnerable, as all bodies are.[19]

Integral to Teare's re-framing of illness and the body is his relationship to the visual artist and writer Agnes Martin. Born in 1912, the same year as Jackson Pollack, Martin was a Canadian-American abstract painter known for her painstakingly rendered grids: a set of horizontal and vertical lines drawn meticulously with a ruler and pencil on canvases six feet high and six feet wide. Martin thought of her work as "studies in the pursuit of perfection" and drew from a mix of Zen Buddhism and American Transcendentalist ideas, which aligned with her belief in the artistic value of solitude.[20]

In the preface to *Empty Form*, Teare introduces Martin to his readers, while also briefly detailing the role she played in his embodied experience of chronic illness, and thus, the composition of *Empty Form*. The last paragraph of the preface begins: "When in 2009 I began writing the poems in this book, I knew nothing about Agnes Martin. Early during the onset of a chronic illness, I opened her *Writings* and found 'The Untroubled Mind' to be a comfort. But as the illness deepened I began to 'seek her out' when I could through research in museums, libraries, and archives. These poems set my life in relation to my long encounter with her painting, drawing, writing, and the metaphysics she argued was implicit in them."[21] Martin is indeed all over the book: Teare's grid form was inspired by Martin's art, and she is mentioned throughout the book as Agnes, or as "Teacher Agnes." The sonnets that bookend each of the three sections take their titles from the media Martin used to create the art piece the sonnet ekphrastically engages, such as the first poem, entitled "watercolor and graphite on paper, fifteen by fifteen."[22] The rest of Teare's poems draw their titles from lines in Martin's book of essays, *Writings*. And although Martin's emphasis on transcendence and perfection makes her philosophy decidedly non-posthuman, many of the lines Teare selects as titles serve as tiny posthuman aphorisms. Consider "There are two endless directions. In and out," which speaks to the constant motion of *becoming with*. Or, "There are an infinite number of different kinds of happiness," which emphasizes the multiple valences of embodied existence. And the title, "People that look out with their backs to the world represent something that isn't possible in this world," points to our unavoidable interconnectedness—yet it also suggests a distinction between Teare's orientation and Martin's. In the context of *Writings*, where Teare pulled the line from, Martin is discussing how looking inward, into the mind, is the place to see "the ideal," because you won't find it in the real world. But taken in the context of *Empty Form*, the line instead points to the impossibility of closing your body off to the world. Or, in other words, the impossibility of achieving invulnerability.

Indeed, while *Empty Form* maps Teare's avowal of vulnerability, it also charts his dismissal of Martin as a guide. As Teare comes to accept his body as chronically vulnerable, he must necessarily part ways with Teacher Agnes. The final line of the preface reads, "Agnes was my teacher until she wasn't." Of his disconnect with Martin, Teare states in an interview, "The third section of the book indeed details my journey away from being a student of her metaphysics—living a life of chronic illness, a life without health insurance or enough money for continuous health care, meant that I could ill-afford a metaphysics that

eschews the economic and political realities of embodiment."[23] Despite this eventual break, Teacher Agnes's presence is crucial for two reasons. First, she *does* help Teare find a way "through" his chronic illness, if only because she inadvertently leads him to solidify his posthuman view of the body, disease, and death. The poet needed to see how Martin's metaphysics—her belief in solitude and her pursuit of the ideal—wasn't working. Martin's denial of the body, and the ways in which it shapes who we and others become, including the role her body and its location in time and space had in shaping her art, was in direct conflict with Teare's experience—which had everything to do with his body and its material embeddedness. His illness experience was shaped by his uninsured status, his low income, and his work as an adjunct instructor juggling four jobs while experiencing great pain—all of which in turn shaped his poetics. Most days he couldn't concentrate for long periods of time, one reason the poems are fragmented—a compilation of the short bursts of phrases he could complete while ill.[24] Thus, pain itself is an actant in Teare's ill-health assemblage, as well as an actant in the assemblage that is *Empty Form*.[25]

Second, Martin is vital because Teare's grid-like form was the result of his obsession with Martin's art (as well as his training as a typesetter). Each poem consists of a number of rectangular blocks of text placed in a grid-like fashion on the page; these blocks can be read from right to left, or top to bottom. This latitude extends into the lines of each block: we can read the first line of each text block, and then the second line of each block, and so on, or we can read the entire block itself before moving on to the next. Sense is derived either way. To illustrate, consider the poem, "I am going to work in order to see myself and free myself":

ass exposed again   a certain detachment

during the probe   I keep bending over
                        now I want to write about all the time I've spent
meanwhile thinking   doctors can help
                        waiting at the edge of the examination table
though most often they tell me they can't
                        afraid I'm going to tear the stiff hygienic paper
uninsured   I've run out of available tests
                        now I want to write about the fact I can't choose
the official diagnosis   it's all in my head
                        what else I'll lose by being ill   the prognosis

                        my future project   to learn to think with pain

(20)

Here we might read the first square only: ". . . I keep bending over / meanwhile thinking doctors can help / though most often they tell me they can't / uninsured I've run out of available tests / the official diagnosis it's all in my head." Read as a separate stanza, these lines focus on the action of the medical system and, perhaps, point to Teare's uninsured status as the reason medicine cannot find a cure. With this approach we can read the second square as a stand-alone stanza: "now I want to write about all the time I've spent / waiting at the edge of the examination table / afraid I'm going to tear the stiff hygienic paper / now I want to write about the fact I can't choose / what else I'll lose by being ill." In this stanza, the focus is inward, on the self and the struggle to maintain control over the body.

Alternatively, the two squares (or stanzas) can be read as woven together, in the top-to-bottom order each line appears. Reading the stanzas in this way presents a third, and more complex, view of the situation. Here the patient's experience is shaped by a multiplicity of factors—his uninsured status, the lack of diagnosis, the dismissiveness of the doctors, his loss of bodily control, his use of writing as an attempt to regain control. Each version stands alone, each version presents a "true" angle, and each presents a slight variant in subjectivity.

The form of the grids vary throughout the book—some stanzas overlap, as in the example above, but most are arranged on the page in a way that requires readers to make a choice regarding the order they will read the stanzas and/or lines. Thus, Teare's form also speaks to Gilson's definition of vulnerability as a state of openness, including openness to the unknown. The reader must be open to an unfamiliar way of reading. Again quoting Gilson, "If invulnerability is, first and foremost, closure (not wanting to know), then epistemic vulnerability begins with being open to not knowing, which is the precondition of learning."[26] Teare's poems ask us to be open to uncertainty—not knowing which order to read the lines, not knowing if we've chosen the "right" direction. This form invites readers to learn from a situation that is unfamiliar and therefore uncomfortable. And it is *this* vulnerability—the state of openness to the unknown, and an openness to being changed by someone else's suffering—that medicine should embrace.[27]

In writing *Empty Form*, Teare says he was "interested in complicating the analogy between the way we read the body of a poem and the way we read bodies."[28] His desire to create a lyric that complicates concepts of "wholeness, unity, legibility, meaning, and access" was directly connected to his experience as a patient suffering from an undiagnosed chronic illness. Here, Teare speaks to the difficulty physi-

cians feel when confronted with the unknown: "Given that my own body felt simultaneously whole and illegible, given that the western doctors who could not diagnose my body were like frustrated readers who couldn't easily access the meaning of a poem (and thus blamed my body instead of their relationship to reading and/or to meaning making), I wanted to fashion a poem that could offer a meaningful indeterminacy, even if it pained my readers as much as my body pained me."[29] As Teare sees firsthand, acknowledging ambiguity or the unknown is difficult for physicians. It implies vulnerability; revealing that you do not know the answer is a risk, it makes you vulnerable. Medicine's "hidden curriculum" often teaches learners that reaching out to others for help, or admitting uncertainty, is a sign of weakness.[30] Uncertainty is omnipresent in medicine, yet the vital ability to embrace the unknown has not been given serious consideration in medical education.[31]

Empty Form reveals how frustrating the unknown can be for patients, not just for physicians. The poems in the first section convey this frustration vividly. Teare writes, "illness is // mostly the mystery / of why one window opens slowly // why one window remains locked" (6), and "ill I attempt / a long time / to experience / diagnosis" (11). In this early part of the book, Teare takes great pains to discover the "ideal state of illness," all the while wondering if illness itself wants "to attain anything" (10). But his struggle with the unknown is partly derived from the way western medicine approaches the body as a problem to be solved. Because medicine casts the sick person as "broken" and in need of repair, the patient, too, feels there must be an immediate solution. And when one fails to present itself, the patient is made to feel as though it is their fault for having an abnormal body—better for the patient to be wrong than the physician.

As Teare notes in the poem "There is the work in our minds, the work in our hands, and the work as a result," a diagnosis provides language for our illness, which in turn gives the illness meaning. Without a diagnosis, Teare feels like the audience of a morality play awaiting instruction on how to behave, how to present a normative body. Teare writes, "the clinic a proscenium / I return to as audience / to watch my body / symptoms a form / of prosthesis / performed to help me / to know my part" (8). Later Teare writes, "I leave each doctor's appointment ashamed to be ill / *undiagnosed* my body so illegible no one can read it" (26). Again and again, Teare describes the struggle and frustration he feels as his body continuously goes unrecognized due to its "failure" to correctly perform.

In her article on chronic pain and posthuman subjectivity, Leigh Gilmore describes the dehumanizing experience the undiagnosable patient undergoes: through protocols such as the intake interview, the patient "learns to structure a story of symptoms that the doctor can translate into diagnosis and treatment."[32] As Gilmore notes, and as anyone with a chronic illness can attest, patients usually give their history many, many times to many, many different health care professionals. And it is through this practice that patients become proficient in *the language of each provider*, including pain specialists, physical therapists, and psychiatrists, as well as practitioners of alternative therapies such as acupuncture. For Gilmore, the imposed necessity of communicating with the "ready-made" language of medicine "narrows the portals of self-representation through which one must pass in order to be recognized, known, helped, and human."[33] In other words, if you don't know your part, or you "present" differently, you will not receive humane care. Indeed, at one point, Teare gives up on self-narrative all together, writing, "I believe if I'm quiet what's wrong will be legible / or the healer can say I'm improved" (43). If uncertainty—the unknown—can be embraced, or at least tolerated, then physicians and patients alike will suffer less frustration and anxiety.[34] By the end of the first section, Teare has already begun to realize the need to go on, even without all the answers.

And, as Teare also comes to realize, "going on" entails the "future project" of "learning to think with pain" (20). This means accepting, for the time being, that pain is part of his assemblage; it is one more actant altering his body and his identity. That line, "learning to think with pain," also, very simply, highlights the faulty logic behind the mind-body dichotomy. With this recognition, Teare begins to drift from the possibility that Martin can teach him how to get through his illness. He cannot deflect the pain by focusing inward: indeed, with "no other place / to go" he has "to bring [his] body" (5). From this point on, Teare begins to emphasize the body as an entity in a constant state of emergence, making for a persistent strangeness that becomes unstrange in its consistency. The last poem of the first section, "colored pencil, graphite, and ink on paper, nine by nine inches," ends with an embrace of the body's sudden deviations:

ink leaking into the margin   in the middle of my life

I've become strange to myself   red accident at the edge

I mean to be clear   I'm not lost

a guide on each side to keep my hand level   a small series

of dots to true the rule   the frame as white as the time

I spent under anesthesia   I lean my thinking against it
(22)

Here we see strangeness not as a state of disorientation, but rather a way of being, or even a mode of support, as the speaker "leans against" the frame of his strangeness—the body and the self are inseparable.

The second section of *Empty Form* further challenges the notion of mind-body duality through Teare's exploration of form (both poetic and physical) and his own embodied subjectivity, which he comes to see as nomadic and posthuman. A posthuman understanding of subjectivity acknowledges the construction of subjectivity as always connected to the body's mutual relations with other living and non-living substances, as well as with the social, symbolic, and cultural. As discussed above, Teare's grid-like form abandons the notion of a "closed" self, capturing not only the indeterminacy of the self and the body, but also the ill-health assemblage. As he notes in the first poem of section two, "being ill makes me / an object full of a process hard to see at work / inside my body   the lyric might be a plastic art / after all" (25). Understanding embodiment as an open process helps Teare endure his suffering. Later, he points out no body is a "closed border"; all bodies are "embedded in and open to / weather and culture alike / no system a single entity" (27). This view is juxtaposed with the way medicine views the body:

the doctors treat my body
only as the site of disorder
the way it's easy to think
meaning arises from words
as though a body or lyric
doesn't begin outside itself . . . (27)

In drawing parallels between the lyric and the body, Teare effectively highlights the illusionary nature of mind-body dualism. If the mind is shaped by the body's experiences and vice versa, then, as an expression of personal feeling—an expression of the mind—the lyric poem is just as elastic and open as the body. Lyric meaning, as Teare's form demonstrates, is an ongoing process. Likewise, our individual meaning and purpose, our self-identity, is deeply connected to our bodies, and thus is also ongoing, never complete.

In *The Anticipatory Corpse*, Jeffrey Bishop makes the claim that medicine may actually cause suffering because medicine is "forgetful of being embodied."[35] Which is to say, medicine separates the body (and its physiological function) from human purpose and meaning: for medicine, meaning and purpose are added to the biological machine after the fact. Yet Bishop maintains—as would any posthumanist—that "meaning is not added post hoc but is always already part of the body, which is molded by meaning and purpose and shaped by communal practices," including discourse. This process becomes most evident when one falls ill. Again quoting Bishop, "In suffering, the body is shifting in the way one is embodied. To suffer is to undergo change in one's way of being embodied, in one's embodied intentionality."[36] For Bishop, and I think Teare would agree, medicine causes further suffering because it seeks to return the body to its former "whole" state without recognizing the way the patient is embodied is already changed and will continue to change. Medicine believes if the body is fixed, or returned to its former functionality, then the patient can also return to their former self. Before Teare can alleviate his own suffering, he needs to recognize his new embodied intentionality. As he discovers in the poem entitled "I lay down my gaze as one lays down one's weapons," he "can't desire / health without / wanting [his] 'old self' back." This same poem ends with the following conclusion: "WHEN I GIVE UP / I FEEL A LOT BETTER" (28, emphasis in original). In the context of the poem, "giving up" means ceasing to desire the old self, but it also means giving up on the search for the ideal, the perfect, the correct—and accepting the unknown.

As discussed above, being open to the unknown is crucial to the formation of a workable ethics of vulnerability. It is also crucial to "healing" in the sense that one must be open to seeing the self as a dynamic assemblage in order to move forward after a severe illness or bodily change. Healing does not mean returning the body to its exact state before illness or injury because the body itself is always changing. Instead, we should consider healing as acknowledgment and acceptance of our changed embodied intentionality.

By the end of *Empty Form*, Teare concludes, "the body I have is the body I once had, but they could not differ more" (66). This line comes from the poem aptly titled, "When we are on the right track we are rewarded with joy." This joy comes once he stops trying to ease his pain through Martin's metaphysics of perfection; only once he stops trying to transcend suffering—which would mean separating the mind from the body and the rest of the material world—can he move forward. Teare comes to realize "I have no choice / I have to

live life / as I know it to be / led by mind / formed by mind / *that is also my body*" (65, emphasis added). Even when he tries to turn his back to the world, he is unable to abandon the physical. Teare writes:

> but when I turn inward and look   I understand
> the assemblage from first to last   I am the way
> her hand everywhere   fastens the grid
> to itself   with a line   a pencil   body   mind
> there's nowhere the world doesn't hold me here
> (64)

Although Martin believed a piece of art is—and should be—totally separate from its maker, Teare sees the impossibility of that as well, pointing out you can "see" Martin in her grids: "in each line evidence / of her hand in the process of drawing" (64). Martin, her pencil, her paper, her location—all together they form an amalgamation, an assemblage.

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The title of the final poem of *Empty Form* declares: "When you come to the end of all ideas you will still have no definitive knowledge on the subject" (72). But this isn't a declaration of defeat. Rather, it is an acceptance of the unknowable, and of the body's vulnerable, dynamic nature. And it is through this acceptance that Teare is able to find happiness and move forward despite the pain he still endures. The final poem begins:

> and then I remember   I thought I *fell* ill
>
> as though health   were a kind of eden
>
> full of needles   I'm happy to find rest
>
> on my back for an hour   looking west
> (72)

Instead of frustration or anger, Teare expresses happiness, or at least an inclination toward optimism, when faced with a limitation such as needing to rest for an hour due to his illness. Likewise, in the poem a couple of pages prior, upon accepting that "the meaning of

suffering" is truly hidden (or, as the book concludes—suffering has no spiritual meaning), Teare considers that perhaps he can now "really enjoy writing" (68).

Teare's reference to Eden and the Fall of Adam as analogy for the erroneous healthy/sick binary is quite apt given the way Teare—and other patients—are often made to feel as though they, like Eve with the forbidden fruit, are at fault for their body's behavior.[37] The biblical reference also points to the way our use of language creates false concepts regarding health and illness. "Falling" is commonly used to describe the seemingly sudden onset of an illness, but rarely (if ever) is illness and disease completely sudden. Furthermore, "to fall" is often associated with a mistake made, or moral decline, again implying the patient has done something they shouldn't, or, at the very least, that this body, or this person, has become less than what it should be. A fall from human normalcy.

This final poem concludes as follows:

> it took a long time   to arrive at being ill
>
> without falling   I'm happy   I really like
>
> this painting   there's no salvation in it
>
> (72)

Teare's eventual acceptance of his body's condition does not demean, blame, or debase the body or the self by treating it as though it has suddenly "fallen" or become Other. This posthuman position—one that sees health and illness as a process—enables Teare to view his illness differently. As he notes in his author's statement on the Ahsahta Press website:

> Eventually I ended up in the hospital (again) and realized help might not be coming, at least not in the form I'd wanted. Lying on the gurney, I asked: What's the right attitude toward suffering? An answer came: It neither lies to you nor makes you suffer more. And more than my own suffering I heard the man in the room next to me weeping as a doctor drained his wound. When I stopped wanting a teacher, when I stopped waiting for an end to suffering, my life did change. I did in fact suffer less. When I gave up the illusion of salvation, I found a modicum of rest and some room for the experience of joy. When I stopped needing Martin to help me, I could finally look at her work in companionable awe.[38]

More than his *own* suffering, Teare hears, and perhaps feels, the suffering of another. This attention to someone else's suffering is a component of what enables Teare to soften his fixation on his own pain.

Since Martin and her work were his primary medium for finding a way through his illness, Teare can now stop his search and simply enjoy her art as art. In an interview with Jaime Shearn Coan, Teare discusses finally receiving a diagnosis when he was nearing the completion of *Empty Form*, and the decision he made to forgo writing that fact into the book. As he explains this decision,

> Just because you get a diagnosis doesn't mean the suffering stops, and [it] doesn't mean that I don't actually have a chronic illness that I have to deal with every day. . . . So I didn't want any sense of false resolution. . . . Because I think the thrust of the book in the end is about coming to understand—I mean, it's a very basic Buddhist truth, coming to understand suffering as our shared condition—the whole book is about trying to avoid suffering in the way that I was suffering. I feel the book comes to a place of, actually, what made me suffer more was trying not to suffer, you know, and struggling against the fact that this is just, whatever you want to call it, fate or my given lot or what have you, this is just where I am.[39]

As *Empty Form* puts forth, Teare comes to see suffering as our shared and unavoidable condition. The poem entitled, "Whenever we are on the right track we are rewarded with joy," discussed earlier, ends with Teare's acknowledgement of shared vulnerability, via the image of the weeping man mentioned in the above author's statement:

> I remember a man patiently crying as doctors drained his infected
> wound
> lying on the gurney in my hospital gown we suffered from having
> been being
>
> adjacent and precarious the way a practitioner sits alone on a cushion
> resting alone unwearied alone taming himself yet I was no longer
> alone
>
> (67)

Teare finds peace in the knowledge that he is not suffering alone, that even the "practitioner" is vulnerable to wear and loneliness. In interviews, Teare mentions how extremely isolated he felt as a result

of his unnamed illness, lacking the community that forms around a shared disease, such as cancer or AIDS.[40] Teare comes to see that we can all find community in our shared suffering, our shared vulnerability.

In the conclusion of *The Anticipatory Corpse*, Bishop argues against Eric Cassell's observation that assigning meaning to a loss of bodily function can ameliorate suffering. Similar to Cassell, Rita Charon's narrative medicine movement believes that narrating a patient's story, and allowing the patient to narrate their own story, can give meaning to a patient's suffering and thereby reconstitute their personhood—a personhood removed by medicine's biological reductionism. Yet as Bishop contends, assigning meaning to suffering through narrative still perpetuates—although more subtly—a mind/body dichotomy. The symbolic story is created "after" the illness event, thus, "[T]he assigning of meaning to failing matter is little more than a nonmaterial overlay, mapped onto functioning bodies. The narrative becomes a fiction that is told to cover over (or to dangle from) the real mechanism. The narrative is a shroud concealing the reality of the functional materiality . . . . Cassell's and Charon's holism turn out to involve a dualism, where bodies are bodies and persons are persons, and where mechanism and meaning are distinct."[41] Meaning cannot be added over the body after the fact of failing, because our bodies are, indeed, always already failing as a feature of their perennially vulnerable state. Teare's search for external philosophical meaning as a way to end bodily suffering was doomed to fail from the beginning, for meaning was already "embedded deeply into the sinews of the body, indistinguishable from it."[42]

Medicine's tendency to shun vulnerability and guard against suffering is what led Teare to feel so alienated during his encounters with medicine. Prescriptions, surgeries, and treatment plans may be able to return the body to its former functionality, but they can never return the body to its former *meaning*, which is always in flux, as is the body. And what happens when medicine cannot even return the body to its former function? For Bishop, this is where the coldness of medicine stands out, where the patient becomes dehumanized: the doctor, as a result of her training, "has been seduced by the efficient and effective manipulation of bodies and psyches as the most important response to suffering. She has become anesthetized to embodied suffering, literally without the *sense* of a suffering deeper than functional loss of material objects."[43] In attempting to end suffering by returning the body to its former state, the body becomes objectified in its separation from embodied meaning. This is intensified by the inherent impossibility of the task: to fix something inherently and constantly

in flux. As Teare learns, to move toward healing is to accept this dynamic nature of embodied living. Thus, the first response to suffering, as Bishop contends, should be to offer the self to suffer *with* the other—to acknowledge shared vulnerability and shared suffering—to see the encounter as one that changes both physicians and patients as they *become with* each other. Only when the first response is met can the provider go on to address the functional issue.[44]

As Teare discovers via his own illness experience, what he really needed from medicine was companionship through shared suffering. If his health care providers could have embraced their own vulnerability and shared in his suffering, how much less alone would he have felt in the early days of his illness? Teare invites us to reconsider our views of illness, death, and vulnerability—a reframing that necessarily embraces our posthuman condition. A medical posthumanism can help mitigate violence, oppression, and prejudice that comes from commonplace binary thinking. It can promote equity and equality in health care through a re-thinking of who and what matters. And finally, a posthuman view of illness and death means understanding that the embodied, interconnected nature of our existence allows us to "live on" in our intra-actions with others, but it also means being accountable to all those others to whom we are vulnerably interconnected.

NOTES

1. Teare, "En Plein Air Poetics."

2. In contrast to the usual "inter-action," which presumes the prior existence of independent actors, the actors in *intra-activity* do not precede the relation. Rather, material-semiotic nodes (or bodies) emerge through specific intra-actions. As Karen Barad notes in *Meeting the Universe Halfway*, "Matter's dynamism is generative not merely in the sense of bringing new things into the world but in the sense of bringing forth new worlds, of engaging in an ongoing reconfiguring *of* the world. Bodies do not simply take their places in the world. They are not simply situated in, or located in, particular environments. Rather, 'environments' and 'bodies' are intra-actively co-constituted" (170).

3. Teare, *Doomstead Days*, 144.

4. Teare, *Doomstead Days*, 152.

5. Teare, "Interview with 2019."

6. Teare, "En Plein Air Poetics."

7. Beachy-Quick, "Two Recommendations."

8. Fox, *The Body*, 95.

9. Braidotti, "Politics," 203–4.

10. Awdish, *In Shock*, 231–32.

11. Devisch, "Are There Really," 43.

12. For more on posthuman theory and posthumanism as an ethical philosophy, see Barad, *Meeting the Universe Halfway*; Braidotti, "Politics"; Haraway, *When Species Meet*; Hayles, *How We Became Posthuman*; and Wolfe, *What is Posthumanism?*.

13. Cohn and Lynch, "Posthuman Perspectives," 287.
14. Awdish, *In Shock*, 232–33.
15. Gilson, *Ethics of Vulnerability*, 86.
16. Gilson, *Ethics of Vulnerability*, 76.
17. Butler, *Frames of War*, 31.
18. Gilson, *Ethics of Vulnerability*, 96.
19. Forgoing the traditional (and appropriate) method of referring to the "I" of a poem as "the speaker," I've chosen to refer to the narrator of *Empty Form* as Teare himself. The book's preface along with the many interviews Teare has given about *Empty Form* make it clear that the poems within are autobiographical and meant to be read as such.
20. "Who Is Agnes Martin?"
21. Teare, *Empty Form*, np.
22. Teare, "What We Really Want."
23. Teare, "What We Really Want."
24. See Teare, "What We Really Want."
25. Sociologist Nick Fox provides the following as just one example of an ill-health assemblage: "organ—disease—doctor—biomedicine—health care system—health technology—daily responsibilities—pain—fear" (*The Body*, 95).
26. Gilson, "Vulnerability, Ignorance, and Oppression," 325.
27. Some medical educators have spoken to the benefits of embracing ambiguity. In their review of available studies on the topic, Hancock and Mattick found "an association between intolerance of ambiguity and reduced psychological well-being in medical students and doctors" ("Tolerance of Ambiguity," 133). Several medical opinion pieces also tout tolerance for ambiguity as a precursor to psychological safety. For example, see Domen, "Ethics of Ambiguity," and Torralba et al., "Psychological Safety."
28. Teare, "What We Really Want."
29. Teare, "What We Really Want."
30. See Torralba et al., "Psychological Safety."
31. See Domen, "Ethics of Ambiguity."
32. Gilmore, "Agency," 85.
33. Gilmore, "Agency," 86.
34. See Domen, "Ethics of Ambiguity."
35. Bishop, *Anticipatory Corpse*, 299.
36. Bishop, *Anticipatory Corpse*, 298.
37. As an example, in her memoir depicting her experience with uterine cancer, Eve Ensler describes feeling as if she were the one at fault for her body's "behavior": "They tell me they can only begin chemo when the infection is gone and that they have been waiting for me. I feel as if I have failed and that my cancer cells are psychotically subdividing as we speak. They want me to consider radiation. . . . [The radiologist] tells me that they were planning to radiate the place where my cancer was but that scar tissue has already formed around my intestines and they don't dance and move the way they should (again my fault)" (*In the Body of the World*, 70–71).
38. The Ahsahta Press website is now defunct. As of February 2021, Teare's statement is available on blogger Rob McLennan's site as part of his review of *Empty Form*: http://robmclennan.blogspot.com/2016/03/brian-teare-empty-form-goes-all-way-to.html.
39. Teare, "Illness, Lyric, and Total Contingency."
40. See Teare, "Illness, Lyric, and Total Contingency" and "What We Really Want."
41. Bishop, *Anticipatory Corpse*, 297.
42. Bishop, *Anticipatory Corpse*, 297–98.
43. Bishop, *Anticipatory Corpse*, 302–3.
44. Bishop, *Anticipatory Corpse*, 303.

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