SELF-SERVICE

KIRSTY HENDRY
AND ILONA SAGAR

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The notion of service is complex. It is simultaneously used to describe actions freely given and autonomously motivated – kindness, aid, assistance, help – as well as tasks undertaken at someone else's behest in the form of labour, work, debt, subjugation. Characterised by ideas of utility and maintenance, service also implies something sensible and rational; public services provide the maintenance of bodies, both individual and political, for the benefit of all society. Our notion of service is constituted by both moral and contractual obligations to others – service is always transactional.

Accompanying a photo capturing life at the Pioneer Health Centre, we found the caption: *Self-service not an expedient but a principle.* Encountering this in the present day, the statement reads as a provocative foretelling. The hyphen of self-service troubles the position of 'self' within this transaction, does it refer to service-of-the-self, or, to the self-in-service? Self-serving or self-determining? Self-sufficiency or self-care? The clear refusal of 'expedient' (something convenient and practical though potentially also improper or immoral) is lost in contemporary applications of self-service, which proliferates across all aspects of society from supermarkets to GP waiting rooms. Under the auspices of convenience, the logic of self-service in modernity privileges consumer independence, framing agency and empowerment as a question of individual, personalised access. Self-service has become a principle founded on expediency.

During the early part of the 20th Century in Britain there was a plexus of non-conforming biological and social experiments conducted during an important period of governmental and social change. The Peckham Experiment was at the forefront of a dramatic shift in the public perception of health, yet its significance has been historically overlooked. George Scott Williamson and Innes Hope Pearse established it privately in 1926, before the foundation of the NHS in 1948. They believed that freedom of choice, agency, and a sense of ownership over one's life and circumstances were fundamental to cultivating the conditions for health. The centre became an unconventional model of social, political, and medical experimentation and is an early example of progressive modernist architectural design supporting bold social experiments.

The project promised wide, airy, huge-windowed spaces where people could play, exercise, be observed and recorded. Built around principles of self-

organisation, local empowerment, and a holistic focus on social connection as fundamental to health, the learning from The Peckham Experiment is as relevant today as it was then. There is a strange geography associated to this archive. Imprinted in the architecture of the Peckham Pioneer Health Centre building, which still stands today, the archive is dispersed across multiple sites–ranging from formal institutional custodianship, to materials entrusted to a different, more intimate form of preservation. Located in a small personal office on the edge of the M8, the uncatalogued materials that have accumulated in Glasgow continue to inform and impact health and social care work in the present day. These active materials question the boundaries of official archival space, affirming their value, not as a static repository from which items are retrieved, but as a means of circulating and distributing ideas in the present – a protean body of knowledge.

As civic structures of support and welfare are increasingly governed by measures of austerity (if not withdrawn altogether) self-service has become a structural privileging of self-sufficiency. Rather than seeing health, and therefore ill-health, as being socially and politically constituted, access to structures of support are normalised and internalised as the natural attributes and disposition of the well. Ideological concepts are metabolised as biological, and therefore inevitable, phenomena. If health is yet another expression of liberal individualism then illness becomes an issue of individual maladaptation, requiring individual, not structural, solutions. Silently the definition of public interest and welfare have been rewritten, leaving us with an increasingly private and economically driven health sector, redefining health as a consumer asset rather than as an innate human right. The inspiring, yet unsustainable ideologies established by social reform groups like The Peckham Experiment have in many ways shaped our expectations of public resources. Leaving us with the question, how are notions of wellness and labour pivotal to common understandings of citizenship?

The contributions to *Self-Service* explore the idea that structures have as much capacity to fail us as they do to support us. The Peckham Experiment's belief that health and illness are socially and environmentally shaped, becomes the starting point for works that are attentive to the divergent ways bio-medicine inscribes socio-political anxieties into the language we use to describe and understand ourselves and our relationships to one another. Some contributions explore acts of radical wellness and forms of alliance through the sharing of subjective experience as means of building community and resistance. Others respond to the scales of language associated with the space of care and emotional labour, considering the impact of environment, architecture, and design on our health and its manifestation in governmental and social structures.

75 years after the Beveridge report we are further than ever before from the founding notions of social insurance. Amidst global uncertainty and social unrest, the urgent nature of discourse surrounding health, technology and social mobility feels like a pressing subject to understand.

Self-Service is supplemented by two events developed as a companion to this publication that will expand and reflect upon the ideas instigated here:

Screening Event
Thursday 26th April
1900 — 2030
Cinema at CCA

Bringing together artists' moving image works and new commissions, this programme asks; what is a good body? If there are good bodies, are there also disobedient bodies? Selected works will explore how the politics of health are tangled with ideas of compliance, prosperity, and control.

Lab-oratory
Sunday 6th May
1300 — 1630
Clubroom at CCA

Inspired by serial publication authored by the members of the Peckham Experiment titled 'Guinea Pig', *Lab-oratory* will consider questions of voice, agency, and authority in relation to the archive. Through workshops, talks, and discussion, together we'll collectively generate new responses to the original materials.

Self-Service
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Designed by Maeve Redmond and informed by the archive materials of The Peckham Experiment archive in Glasgow.

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Image credit: A Chapter in Photographs: The World-famous Experimental Health Centre at Peckham. Reprinted from The Peckham Experiment, Pearse and Crocker; George Allen and Unwin, 1944. Courtesy of Pioneer Health Foundation.

All archival materials courtesy of the Pioneer Health Foundation and The Wellcome Collection.

Glasgow international 2018

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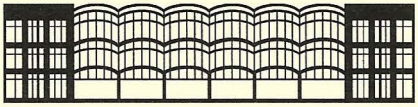

AUTOIMMUNITY
A SELF-DESTRUCTIVE SERVICE

EMMA BALKIND

The Future of Preventive Medicine in Industry.

INNES H. PEARSE, M.D., B.S.

Hon. Resident Medical Officer, Pioneer Health Centre, Queen's Road, Peckham, S.E.

THE INDIVIDUAL.

If the physician cannot say when full health is attained at least he must be in a position to note the first departure from health. This is something different from the onset of illness. Illness is essentially a subjective condition appreciated by the individual who suffers it. Let me illustrate this for example by reference to rickets in children. A child is irritable, restless at night, fat, pale and flabby. The parents do not know that health demands a happy disposition, quite sleep and good muscular tone. Still more is this the case if each child in the family has been the same. They detect nothing wrong until the limbs become misshapen. The child is then taken to the surgeon for splints or operation for a condition which need never have occurred had opportunity been presented for medical overhaul at an early date. Attention to the food would have adjusted the condition, when it was a case of ill-health, but could not be called illness.

In the run up to *Self-Service,* Kirsty sent me some photos of a document from The Peckham Experiment archives. In the 1926 paper, *The Future of Preventative Medicine In Industry,* Innes Pearse states that 'Illness is essentially a subjective condition appreciated by the individual who suffers it.' When I read this, I had been trying to write from experience and reflections on a concept which I hadn't yet had a window of good health to produce.

I had been reflecting on the subjective since Laura Edbrook and I curated the reading group project *Sick, Sick, Sick: The Books of Ornery Women.* The sickness in that title initially concerned the pathologisation of womens writing, but on reflection, I realised that most of our authors themselves wrote from and alongside conditions such as PID, autoimmune disease, cancer, and self-explorations into medical gender transition.

In the essay *The Biopolitics of Postmodern Bodies,* Donna Haraway states:

> My thesis is that the immune system is an elaborate icon for principal systems of symbolic and material "difference" in late capitalism... Just as computer design is a map of and for ways of living, the immune system is in some sense a diagram of relationships and a guide for action in the face of questions about the boundaries of the self and about mortality. Immune system discourse is about constraint and possibility for engaging in a world of full of 'difference', replete with non-self.

Immunity is relatively new as a concept in healthcare relating to the body. Its root however is much older, and concerns politics. It seemed to me what Haraway was suggesting in the above quote, is that even the personal, bodily, situation of immunity is inseparable from whatever political situations that we find ourselves in today.

Arthur Frank, in *The Wounded Storyteller* talks of the modern and postmodern approaches of healthcare and the experience of the sick person in care of the medical community. This evolution of experience could be compared between those involved in The Peckham Experiment, where biologists in the early 20th century placed expectations of communitarian care as better than cure, against the contemporary experience of patients who can communicate online about their subjective experiences of illness. The prevalence of health message boards as a means to make community and survive illness with others in the same position is described in Amy Berkowitz memoir *Tender Points.*

While I was ill, the concept I thought of writing about most was that of immunity. A few years before, while writing a PhD thesis on the commons, I referred to the political philosopher Roberto Esposito who described how the root of the word community, and of the commons is the ancient Greek word 'munus'. The munus defines that the common is both a gift and a duty. In the book *Communitas, he* defines it as 'the gift that one gives because one must give and because one cannot not give'.

I had become interested in how this concept of 'immunity' which shares the same root of munus, is about defence, while auto-immunity is the body's inability to distinguish itself from an intruder. I got sick two years ago, on Mother's Day. I had just started teaching and I caught a virus, which overwhelmed my body and set it into a cycle of inflammation. My body's ability to distinguish itself became broken, and so my immune system would set off a chain of events any time that it detected a rise in histamine in my body. Any time I ate, slept, showered, caught UV light, was too hot or wore tight clothes, my body responded with a rash of hives on my skin and with spontaneous swelling of my extremities.

The notion of autoimmunity, Ed Cohen reminds us, was coined in the early 1900s when a patient's self-propagating illness was described as a 'horror autoxicus', a horror in which one is toxic to oneself. In *Self, Not-Self, Not Not-Self But Not Self, or The Knotty Paradoxes of 'Autoimmunity',* Cohen talked about how he did not understand this about his own condition, Crohn's disease, until the Doctors said 'it's like you're eating yourself alive'. The lightbulb moment in my own illness came when, after an inflammation flare-up sent me to hospital, I was prescribed an epi-pen as the only shield against potential, spontaneous, death. My body was bringing itself into a state close to anaphylaxis and since the GPs couldn't work out why or what caused it, they offered me a pen.

While my skin was inflamed with hives, I couldn't depilate my legs. Faced with potential self-destruction and an adrenaline device, I wondered what my neighbour would think if I knocked on his door for help — if the time ever came. The embarrassment felt almost as bad as the sudden awareness of my own mortality. I didn't want to die, but I really didn't want to almost die in front of my neighbour with my trousers down, my hairy legs and a needle in my thigh.

In her memoir *The Two Kinds of Decay*, Sarah Manguso remonstrates with herself about her depression and the rare autoimmune disease which is killing her. 'Isn't frailty often a choice? And if frailty is a choice, then isn't an autoimmune disease a semi-intentional suicide?'

When I finally got to see an immunologist for my condition, he laid out a treatment plan for me and told me what each medication was originally used for. Everything he gave me was being used for a secondary function: an asthma drug, some H2 antihistamines, a stomach acid medication, a tricyclic antidepressant. The further we got down the list, the worse the conditions got. I was thankful that he didn't get as far as the leprosy drugs before something worked.

My condition kept me home alone, inflamed. In those long days, I had begun to read about pain. In *The Body In Pain,* Elaine Scarry says that:

> ...pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed. Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language.

Intellectually I found this dispossession quite interesting, because although we can share our experiences in a community of others, the pain itself and the experience of suffering is entirely solitary. It is the inverse of the commons as described by Esposito: one cannot share in this experience, nor can one be obligated to participate. However, something else I know from my thesis writing is that the commons exists in service to precisely the figure who is immune, what Ranciere called the part-of-no-part. An excluded figure. In the essay *Immunization and Violence,* Esposito describes that:

> ...immunization alludes to a particular situation that keeps someone safe from the risks to which he or she is exposed (and to which the entire community is exposed)... immune is he who is sheltered from obligations and dangers that concern everyone else. Immune is he who breaks the circuit of social circulation by placing himself outside of it.

In *Dividuum and Condividuality,* Gerald Raunig explains that in the concept of community 'everything revolves around a logic of obligation and duty, of giving over and sometimes even of giving oneself up. The munus is a mi-

nus. Community implies becoming less, in order to become more.' Where immunity is about protection and collective strength, autoimmunity by contrast is a destructive lone subjectivity.

In my readings, I had found that accounts of illness and immune conditions by women were framed as memoir, while those by men were published as philosophy. I know that women and men, and of course trans and non-binary people, experience illness differently. Our physical biologies are different and we experience illness at different times in our lives as a result of that. The ways we are 'allowed' to speak about our conditions or not, and the lengths we go to in order to be heard or believed are also different. In autofiction, the sick woman is seen as an unreliable narrator. So, she takes the position of being unreliable to the extreme and says: well, you'll never truly know if this is memoir!

It is often considered that a key part of art's importance in healthcare is in the provision of meaning, reflection, and solace for the ill person. In the article *"To Lie Is to Try": Two Books on Kathy Acker*, Douglas A. Martin, a biographer of Acker, states of her work:

> ...we will never be far from working and reworking definitions of who is normal, who has value, who is abominable and how and why, who is sick and who is sane, who should be confined, who is made to feel they warrant space, how, who belongs, and who doesn't... It was this work that kept me alive.

Today, my illness is controlled and I have returned to work. Reflecting on it, my inherited immunity is better for some things than others. I was thinking back, and I remembered that I didn't have a BCG immunization at school, because I inherited a natural immunity to tuberculosis from my grandpa, who had spent much of his childhood convalescing. The disease got into his bones, so he walked with a cane all his life, but he passed his immunity to me... as Esposito would call it, a gift.

Reading the subjective experience of the illness of others kept me going through my own episode of self-destructive autoimmunity and I hope, by offering this here, I might help someone else too.

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Bernstein, M. (2018). *"To Lie Is to Try": Two Books on Kathy Acker.* BOMB Magazine. Available at: https://bombmagazine.org/articles/to-lie-is-to-try-two-books-on-kathy-acker/

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Esposito, R. (2008). Immunization and Violence. Biopolitica.org. Available at: www.biopolitica.org/docs/Esposito_Immunization_Violence.pdf

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Manguso, S. (2009). *The two kinds of decay*. New York: Picador/Farrar, Straus and Giroux.

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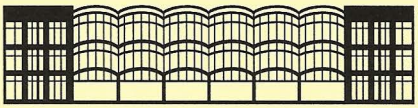
Rancière J. (1999) *Disagreement : politics and philosophy,* Minneapolis: University of Minnesota Press.

Raunig, G. (2013) 'Dividuum and Condividuality*', in Magun, A. (ed.) *Politics of the One: Concepts of the One and the Many in Contemporary ought.* United States: Bloomsbury USA Academic.

Scarry, E. (1987) *The Body in Pain.* New York: Oxford University Press, USA.

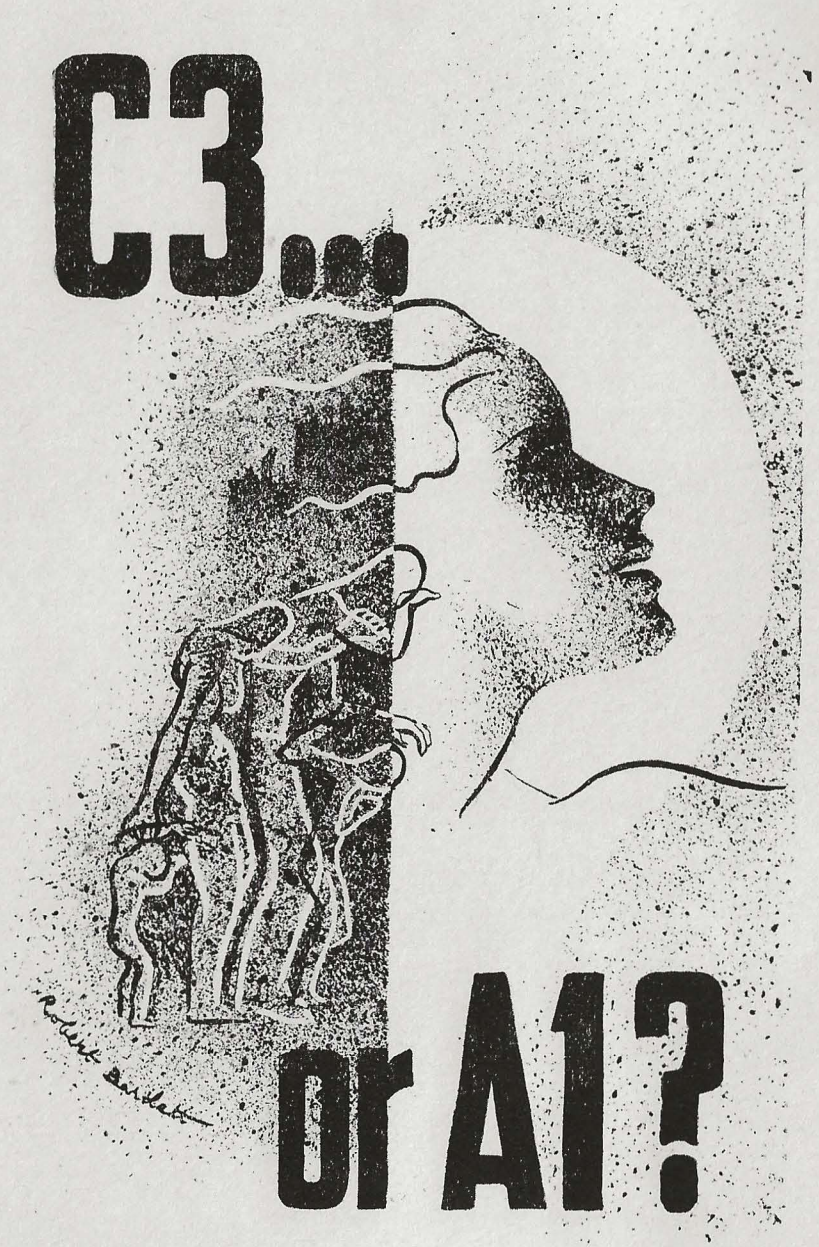
Image: Innes H. Pearse – The Future of Preventative Medicine in Industry. Reprinted from the Annual Conference of Industriao Welfare, Balliol College, Oxford, 1926. Courtesy of Pioneer Health Foundation.

S E L F – S E R V I C E



THE CENTRE

GARY ZHEXI ZHANG



A 1948 Ministry of Information film, *The Centre*, tells the story of the Pioneer Health Centre and its vitalising effect on the Joneses, a hard London family living a typical family life. Over an athletic montage of fitness and leisure activities, we are introduced to Drs Williamson and Pearse, who survey the busy gymnasium from a viewing window above. While they carry the familiar air of friendly family doctors, the voiceover explains that they are in fact biologists in disguise, serious scientists intent on studying "the actions and behaviours of man". "We are trying to find out what health is", explains Williamson to the Joneses, "and strangely enough, that's the first time it's ever been tackled."[1]

Slowly, the Joneses learn to love the Centre's way of life, and its promotion of health, autonomy and community. Through meeting new friends at the social clubs, Mr Jones discovers the companionship he so desperately needed. Little Johnny, "too much of a mother's boy", initially struggles in the gym, but soon enough, he grows bolder, more independent, and even starts wearing "sensible" clothes! Only Mrs Jones remains skeptical: worried by Dr. Pearse's diagnosis of her backache and her husband's nagging suggestion of another baby, she begins to resent the Centre's possessive influence over her family. Insistently, we are reminded by that the Centre "never interferes" in the lives of its members, only providing an environment which they may choose to enjoy. It isn't long before Mrs Jones comes to her senses. She picks up badminton, swimming, and even decides to have the baby – a process monitored with intense interest by Williamson and Pearse. By the end of the twenty-minute film, the benefits of the Joneses' new lifestyle are transformative: with little Johnny's newfound confidence and a new baby girl on the way, Mr and Mrs Jones begin to rekindle their affections as they twirl to the swells of the "Centre Waltz".

The utopian outlook of The Peckham Experiment represents a profound moment in the historical intersections of biology, health policy, and social theory. Williamson and Pearse, whose first interim report was titled *Biologists in Search of Material* (1938), sought to study life as a phenomenon that is social as well as biological, and understood society in turn to be an organismic system, a 'living structure' with the family as its 'fundamental unit'. Their holistic, systems-and-environments approach to health and wellbeing bears more resemblance to the *Umwelt* of early 20th Century biologists like Jakob von Uexküll than the 'pathological' discourses of the medical establishment. Foreshadowing post-WWII second-order cyber-

netics, von Uexküll understood organisms to be embedded within their own perceptual 'surround-world', negotiated through the their senses and altered by its effects. For Williamson and Pearse, "health" pertained not to the proper function of the somatic system as a well-oiled "machine", but to the holistic condition of an organism which could not be uncoupled from its environments of activity – with each system constituting the environment of others, "the social context" so important to their project resembles a chainmail of feedback loops. Thus, they set out to study not individual bodies, but the co-constitution of parts and wholes; not disease, 'the organism on the defensive', but "the organism actively embracing its environment, i.e. in health'.[2] With this in mind, the Pioneer Centre was designed as a human laboratory in which the vitality of individual bodies could be studied and cultivated as part of the architectonics of an social community, and indeed, the light, airy spaces of the Owen Williams' architecture itself.

Williamson and Pearse's social theories emerged alongside the birth of modern biology in the 1930s and '40s, with the unification of Darwinian natural selection and Mendelian genetics in the so-called Modern Synthesis.[3] The powerful potential of the biological sciences inspired new social theories in the study of human society, from the eugenics movement to sociobiology. In an influential 1937 essay, 'Development of a Eugenic Philosophy' in the *American Sociological Review,* Frederick Osborn begins by breezily suggesting that 'the actual sterilisation of as much as one percent of the population might be justified from an social point of view', before going on to argue that, with few economic constraints and with relatively free choice, individuals would happily produce large families superior not only in physique and health, 'but in love of children [...] ability to get along with other people, willingness to assume responsibility, and willingness to make sacrifices for the sake of the family.'[4] Amidst this dark utopian fervour for the biological sciences as an instrument of social cleansing, Williamson and Pearse's approach to biology as a lens through which to understand health and wellbeing – as well as their commitment to autonomous self-organisation and self-improvement, including medical literacy within the community, within a social milieu – emerge as a rather radical and admirably humanistic project. Nonetheless, the Peckham biologist's experiment was hardly non-normative: their self-described "guinea pigs" were a self-selecting group of families, brought together by a social project that reflected contemporaneous anxieties over the breakdown of the family and a nation in decline. It is worth noting that Innes Hope Pearse's

1943 publication, *The Peckham Experiment: A Study of the Living Structure of Society* (co-written with Lucy Crocker) received approving reviews in *The Eugenics Review,* a prominent medical journal in the day, for its adherence to the 'eugenic principle that parents should be free from disease before the child was conceived'.[5]

The Centre was imbued with principles of autonomy and self-organisation, with an anti-statist undercurrent that led Williamson to disparage the creation of the NHS as a "victory for state pathology". For its libertarian leanings, the Centre's outlook garnered detailed and favourable coverage from the anarchist journal *Freedom,* originally founded by Peter Kropotkin. Though Williamson was himself avowedly not an anarchist,[6] the Pioneer Centre's innovative example was posthumously claimed by a number of political causes, most notably by the British anarchist Colin Ward, who referred jubilantly to the Centre as a 'laboratory of anarchy', a leaderless utopian of cooperating individuals. In contrast to a centralised health service, the "Peckham biologists" had created a kind of socio-somatic platform: a set of decentralised protocols for individuals and families to autonomously co-produce a system of social and physical wellbeing, oriented around self-actualisation, familial bonding, neighbourliness and leisure. In this context, the Pioneer Centre can be read as an experiment of biopolitical design, not so much an basic infrastructure for "curing" (as Williamson saw the NHS), but a decentralised approach to personal, familial and social "flourishing" – a notion which the Pioneer Health Foundation continues to invoke today.[7] The biologists' 'human laboratory' was a place where health could be *produced* and *maintained,* Through the rhetoric of flourishing and self-empowerment (within the "right conditions"), The Peckham Experiment understood humans as co-dependent and co-nurturing entities: each body is an autonomous node, a partial agent in a meshwork of metabolic production, affective agency, and social choreography by which the social environment – and a healthy society – is constituted.

Though its operation (mostly funded by private donations) was ultimately unsustainable, and its social aspirations were not unproblematic, the principle insights of the Peckham biologists' project remain powerfully relevant today: a holistic understanding of wellbeing which understood individual bodies as inextricable from environments of activity; an embodied approach to data-gathering which understands health from the perspective of the subject; and a decentralised biopolitics based on cooperation and nur-

ture, rather than palliation. As anthropologist Joseph Dumit has argued, 'health clearly is not simply a cost to the nation to be reduced, it is a market to be grown':[8] contemporary "health" is not a condition of individual or social life, but an industrial product (and a lucratively productive industry, dominated by European and American markets). In their observational capacity, Pearse and Williamson studied leisure as fundamental elements of pedagogy, community and individual growth; their subjects, who paid a small subscription fee, understood themselves as being complicit in the experiment (the Centre's member-run publication was called *The Guinea Pig*). Moreover, their approach was embodied and communal: members played, exercised, and socialised in shared spaces. Within our asymmetrical and disembodied digital terrain, play is labour and sociality is currency: it is difficult to imagine a social interaction which is not harvested, scraped and sold back to us in some form.

To the global health industry, all bodies are connected to one another through the currency of life itself. In his account of the landscape of clinical trials in India, the anthropologist Kaushik Sunder Rajan describes the dynamics of 'biocapital', the rendering of health as an index of value in 'the network of economic and social relations that the international health industry has established on a global scale'.[9] In an essay about the clinical trials industry in India, Sunder Rajan takes great pains to explain the procedures through which pharmaceutical products must undergo in order to enter the Western market. While Indian regulatory practices are legally commensurate with global clinical and ethical standards, a violently exploitative relationship is sustained at a structural level, exacerbating existing inequalities by producing poor, unemployed and displaced workers as a population of 'merely risked' clinical subjects whose 'informed consent' is certified only by the contractual documents they sign in order to participate in these trials. The result is a well-rehearsed routine of capitalist exploitation operating at the level of life itself, with poor brown bodies exploited in order to satisfy the demands for "health" by rich white bodies of the overmedicated Global North. In the era of biocapital, the value of health as a commodity is produced and extracted in increasingly granular and "innovative" methods, with living populations rendered as increasingly productive and multifaceted sites of connectivity and exchange. More than ever, it is difficult to tell where the bodies end and the environments begin.

1. The Centre, dir. JB Holmes, 21min, Ministry of Information film, BFI archives http://blog.wellcomelibrary.org/2015/04/the-pioneer-health-centre-and-positive-health/
2. 33I H Pearse and G Scott Williamson, *Biologists in search of material*, London, Faber and Faber, 1938, pp. 18–19. Quoted in: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2766138/
3. Julian Huxley, *The Modern Synthesis*. London: George Allen & Unwin, 1942.
4. Frederick Osborne, 'Development of a Eugenic Philosophy' in *American Sociological Review*, Vol. 2, No. 3 (June 1937), pp. 389-397.
5. MJ Elsas, 'The Peckham experiment: a study of the living structure of society (Review)' in *The Eugenics Review*, 36(1), April 1944, pp. 31–32.
6. David Goodway, 'Anarchism and the welfare state: the Peckham Health Centre', *History and Policy* website (2007). http://www.historyandpolicy.org/policy-papers/papers/anarchism-and-the-welfare-state-the-peckham-health-centre
7. "How can we nurture human flourishing? Seeds of hope in Scotland today and lessons from the Peckham Experiment", a seminar held by the Pioneer Health Foundation in Glasgow, 2017.
8. Joseph Dumit, 'Normal Insecurities, Healthy Insecurities', in *The Insecure American: How We Got Here and What We Should Do About It*, ed. Hugh Gusterson & Catherine Besteman, Los Angeles: University of California Press, 2010.
9. Kaushik Sunder Rajan, 'Experimental Values', *New Left Review* 45, May-June 2007, pp. 67-88.

Image credit: Leaflet entitled: 'C3... or A1?, designed to advertise the *Pioneer Health Centre*, 1930s. Assessments were made by medical officers as to the suitability of men to perform military duties. A system of lettering and numbering was devised to enable a man's abilities to be quickly noted. 'C3' refers to 'only suitable for sedentary work' whereas 'A1' refers to full fitness. It became a common phrase to understand good or poor health. Courtesy of The Wellcome Collection.

S E L F – S E R V I C E

EXPERIMENTS IN COLLECTIVE COUNTING

CLARA CRIVELLARO
AND ALEX TAYLOR

Living through the damage of urban growth, prosperity and wealth, we seek to encourage strategies of feminist counting, accounting and re-counting. At stake in these countings, these countings by other means, is the idea of values over value – the multiple over the singular; the conflicted, antagonistic and heterogeneous space of politics over the flattening, totalising and homogenising power of a purely or predominantly financial approach to what and who counts. Our hope is thus to speak to the experimentation exemplified in The Peckham Experiment, where the notion of self-service invited alternative ways to understand bodies and welfare. Much like Peckham's Pioneer Health Centre, we want to show how the embodiment of ideas – in our case a feminist accounting – can make room for something else, of different subjects in relation to objects; times in relation to labour; and of life in relation to community.

We want to approach what we are calling these responsive and responsible strategies of feminist counting, accounting and re-counting – where values might find a way to supersede value[1] – by talking about a contemporary community building project we've been involved in (though, coincidently, one located in South London). Through this, we hope to introduce an alternative sense of perspective, or a *re-scaling*, where the scale is not merely more human or humanist but something that stems from a kind of writerly, feminist retelling that challenges the disembodied knowledge practices of those who purport to see multiscalar worlds or invisible information infrastructures from everywhere and nowhere. Like The Peckham Experiment, we want to explore alternative paths of community and welfare.

The project we want to recount is set within a six-year regeneration programme on the outskirts of South East London, where a deteriorating 1960s housing estate – once made up largely of high-rise tower blocks – is in the midst of being demolished and replaced by a contemporary mix of family houses and low-rise apartment buildings. It is a project also set against a longer arch: of a political move from 'social housing' to 'affordable housing' and a political appetite for 'social mixing'.

It will surprise few, that such ideas of regeneration, affordability and social mixing have already been characterised as paradigmatic of, if not instrumental to, the neoliberal project. Here, dwellings, and where and how we dwell, are judged against a market value and opportunities for wealth creation. Even community is commodified under a logic of economic fac-

ed homogeneous notions of a 'perfect harmonious community' and that showed instead why communities find a resilience.

Thus Theresa found herself classed, at once, as not right for the new estate, financially, but also deeply invested in its past, present, and future. For Theresa, these difficulties unravel a singular logic of value, raising multiple tensions across a spectrum of hard to reconcile issues.

Troubles were also there in the recorded stories themselves. Wondering about what to record, Denise told a group of us about her scavenging on the demolition site looking for memorabilia to preserve something from the old estate:

"Just before the block itself was actually locked off to the public, I went back with a carrier bag full of glass bottles and did it one more time, just to hear it, and I videoed it, so here it is [replays sound]"

Managing to get to the top of one of the derelict tower blocks, she'd thrown bottles down the rubbish shoot–as she did when she was a child – and recorded the evocative sound on her phone.

In a later encounter, again sat around the recording equipment, Rose, a 30-year resident on the estate, spoke of it being "the best thing that ever happened", giving her the chance to "do things she never dreamt of". Her recollections are again of a community pitching in and making do: of morning coffees, ploughman's lunches and afternoon teas, of fun days in the local fields, money raised to see the Christmas lights and bus rides to villages in Kent. "You looked for good things" and discovered "there was always good things."

Rose: "Obviously it has changed over the years and there are so many diverse stories [...] that it all adds to everybody's knowledge of everybody else...we are all sharing and learn more about the past and as I said we meet people and they talk about what they would like for the future...its all connected really..."

Yet Denise's mementos and Rose's good things don't seem like things that can be uniformly calculated; they might more easily be classed as "popular," or "lay," "creek-side," even "housewife" metrics that are, as the anthropologist Dianne Nelson puts it, the muddy pollutants in a 'regime of logic' that balance costs against benefits. But still, these "off-book" accounts (again Nelson's phrase) materialise the many things that can come to count, counts as always something laboured on in the variably scaled "value producing processes".

In a mixture of ways, then, women like Carol, Theresa, Rose, and Denise have given us the impetus and language to ask different questions about community and about counting. We'd be wrong to claim that these women speak for a feminist ontics, yet, one by one, we see what they've done and what they do as a feminised labour, a recounting-as-rescaling, that is situated *somewhere* and that, in its ongoingness, holds the possibilities open.

Clara is a Career Research Fellow in Digital Local Democracy working at Newcastle University's Open Lab, Digital Civics Initiative. Alex is a Reader and Programme Director at the Centre for Human Computer Interaction Design, City, University of London. The work they report follows on from a community engagement that lasted over 18 months. Though complete, the people from the community and the ideas they helped stimulate continue to feed into and enliven both Clara's and Alex's scholarship. All names and the site of this engagement have been anonymised to protect the people and places involved.

1. A phrasing we borrow from Bev Skeggs and Simon Yuill in their research on Facebook.

Image credit: Clara Crivellaro.

tors and enterprise. Connecting these strands, Luna Glucksberg writes of a "symbolic devaluation of people, their homes and communities on inner-city estates" where values such as wealth creation seem to be more about an "exclusion from specific value producing processes" than building better spaces and communities.

Our story, amidst all this, begins three years ago with an invitation from Carol, the progressive and remarkably calm project manager leading the regeneration of, shall we call it, the 'Eastgate Estate'. Working for a Housing Association that has taken over the once publicly owned estate, Carol articulates a compelling case for the massive changes to the built environment. She talks of a failed project now synonymous with social deprivation and crime rather than brutalist utopias. "You'll end up on the Eastgate Estate" has been the threat to troublesome youth in the area.

In Carol's eyes, the fresh building plans and concurrent changes to things like tenancy agreements are a concerted push towards building a community – *one* community – where there was none. This is palpable on the site and seems to genuinely motivate Carol's team. Indeed, the original invitation we received from Carol was to help in this 'community building' by working with the regeneration team's public engagement officer, Charlie, and a group of core residents from the old estate.

Although under considerable pressure as project manager, Carol and her team welcomed virtually all the ideas we put forward. Thus, over the course of 18 months, we embarked on a series of interviews, meetings, workshops and interventions, culminating in the design of a system for collecting audio recordings of residents' local stories – a system seeking to project personal and collective narratives back onto a place literally stripped of its physical and social geography.

Many of this publication's readers would expect nothing less than participant informed and carefully crafted systems like this from a participatory design. What we want to focus on, however, are not these interventions per se. Rather, we want to work through how a predominantly women's labour – or, better yet, the labours of women – has played into the different ways in which a community counts. We have come to understand this difference-making as a *recounting-as-rescaling*, where a feminised labour (as opposed to purely feminine labour) highlights the value of stories in an era dominated by financial accounting and the singular computational count. This is a rescaling that doesn't reject metrics, but is productive in computational and material architectures that might re-evaluate who and what counts.

So, in the case of the Housing Association's management team, what stood out were not the social mixing numbers being targeted or even Carol's overwhelming spreadsheets calculating startlingly large costs against forecasted revenues from the different types of tenancies. For us, what mattered were the shifting perspectives and scales afforded in Carol's daily encounters: that she put her office in one of the soon to be demolished buildings; that she walked the Estate's streets and corridors, talking and genuinely listening to residents; and that they visited her with tea and cake, and for counsel.

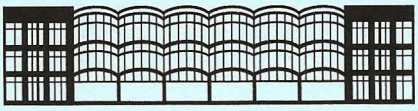
Carol seemed in this not just for the senior position she'd been given at her Housing Association's flagship site or because she stood out as an exceptional woman among the usual male-management in planning and development… she was in this because she believed life on-the-Estate could be different. Sensitive to the frictions and contradictions of working to a spreadsheet of value-over-values, she and her team created the conditions of openness to other stories and an inevitable rescaling of counts.
For residents, this openness did indeed complicate things. Long-time resident of the Eastgate Estate, Theresa, found the operationalised value of a community counted against her. Without an assured income, she failed to meet the cut for the estate's new tenancy agreements and so found herself having to move to a nearby estate.

Yet, while we worked on the project, Theresa continued to be one of the most active participants and, with the recording technology in particular, helped to collect many of the recorded stories.

Theresa: "We are doing this because we want people to know that everywhere you go there is going to be problems and sometimes you can make a negative into a positive thing. I mean it's like the stabbing – sometimes when you have a tragedy that brings the community together […] can help improve something […] people know that everything is not perfect."

For Theresa, the stories counted because they represented people on the Estate coming together for genuine reasons, they were stories that resist-

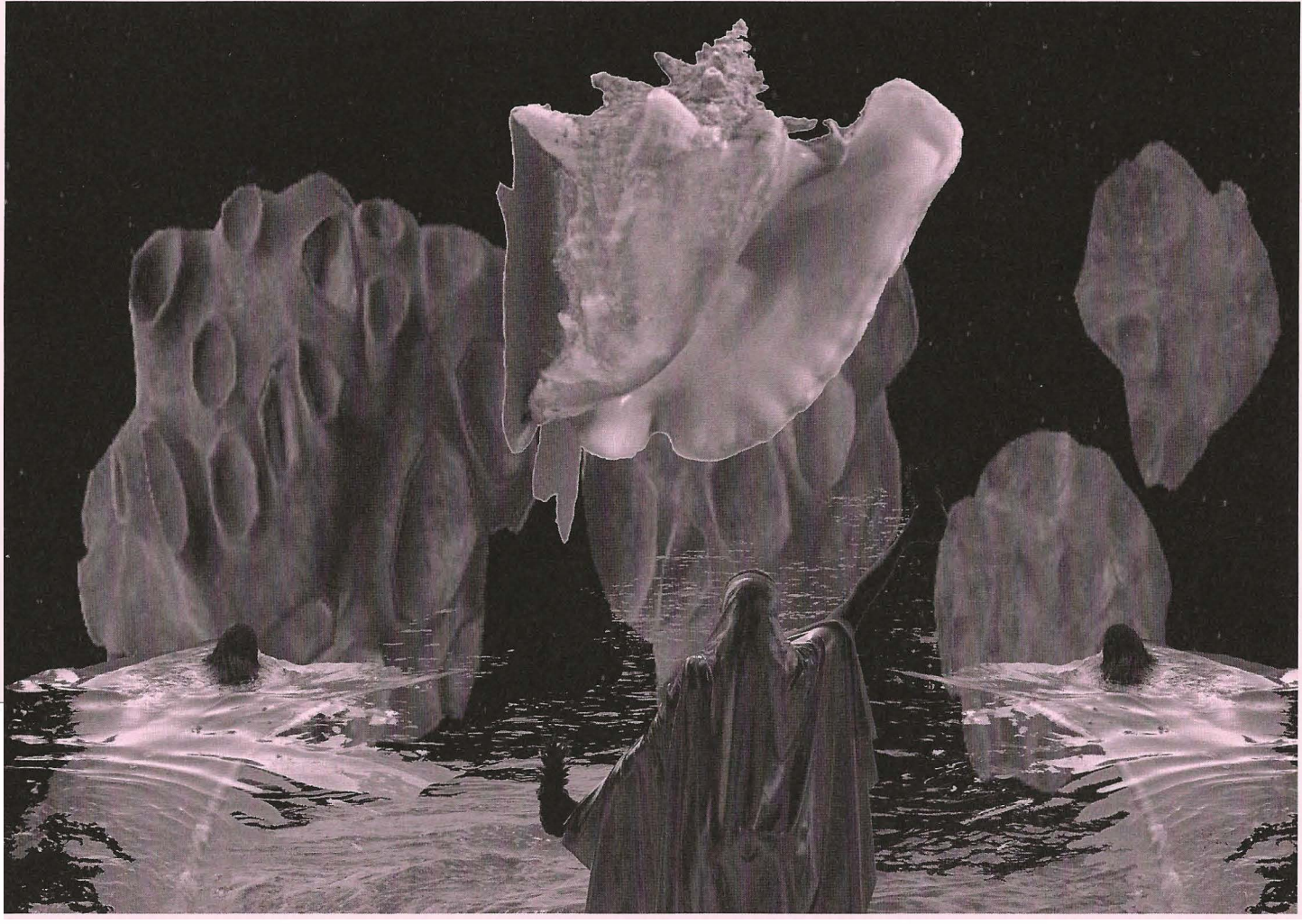
S E L F – S E R V I C E



SELF-SERVICE

CELESTIAL MEDITATIONS I

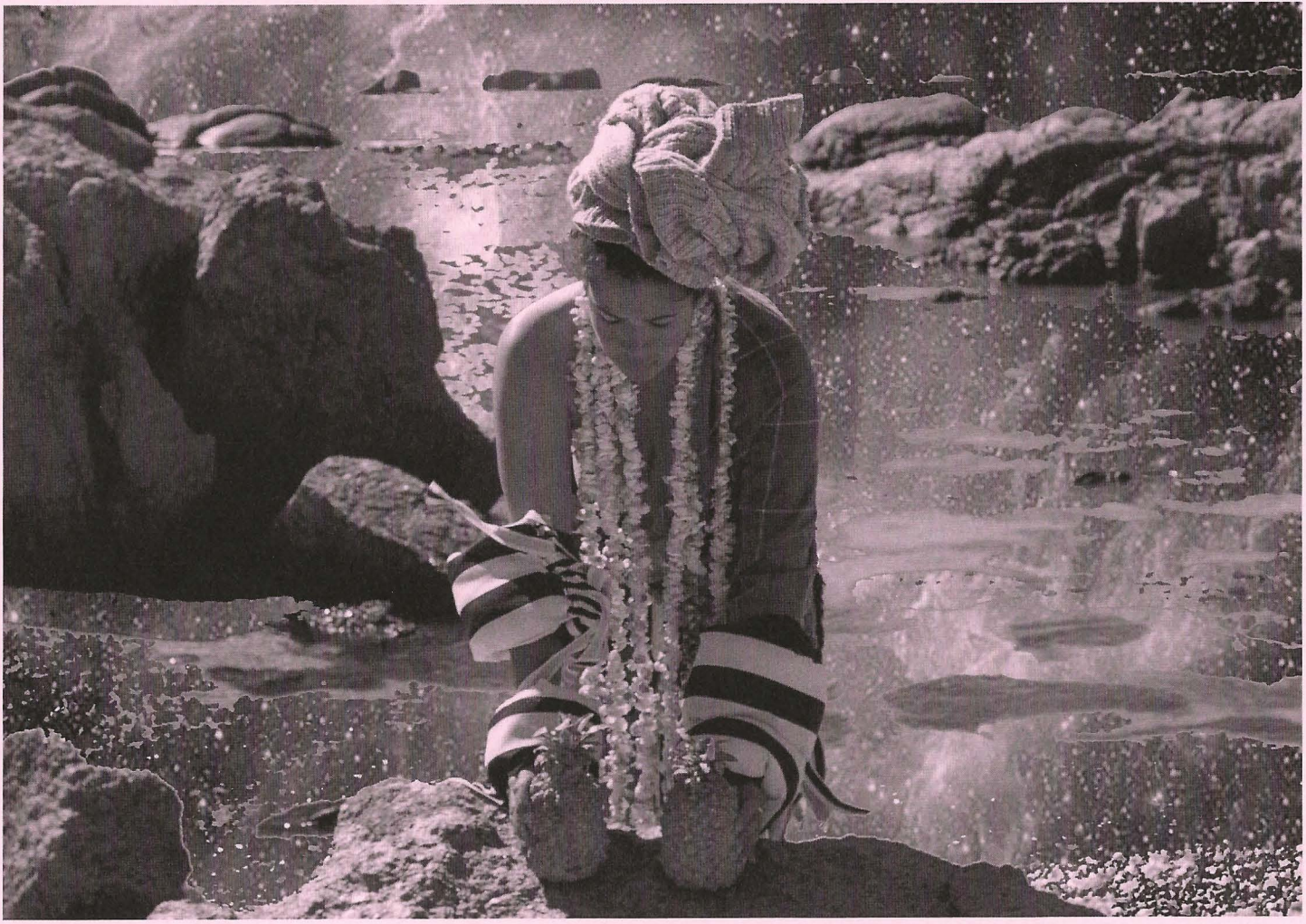
ALBERTA WHITTLE



S E L F – S E R V I C E

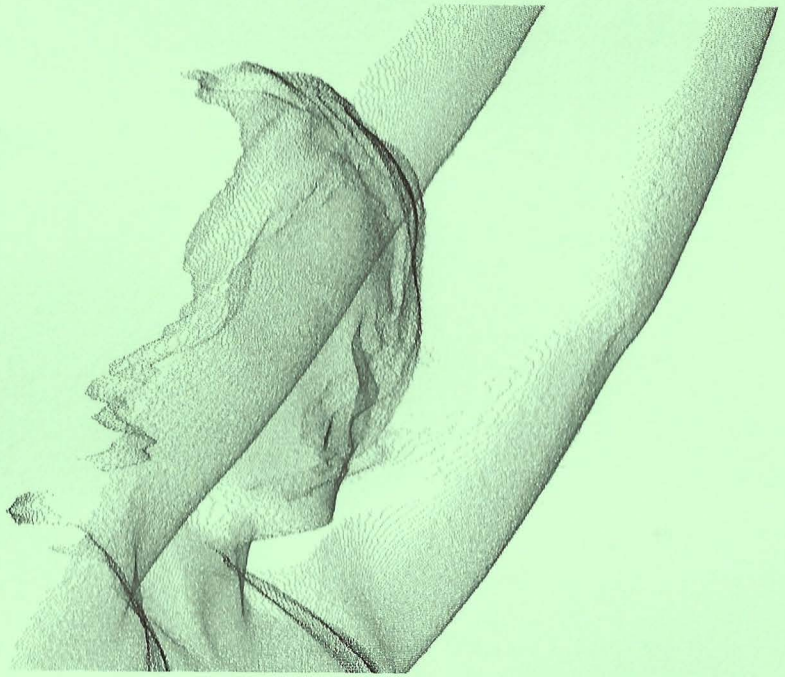
CELESTIAL MEDITATIONS II

ALBERTA WHITTLE



CODA CYCLE

ILONA SAGAR



This text is a scan, a schism through my databody.

Bodies are unpredictable and morally chaotic, as are the environments they inhabit. There are no well-defined borders, the limits are circuitous. For these reasons a unilateral and systematised mapping of artificial and organic architectures seems insufficient to deal with their evasiveness.

Do this on yourself or someone:
Put your finger on the tip of your chin (mentalis). Slide finger down the midline,
the first hard structure you hit is the top of the thyroid cartilage.

During a site visit at the Pioneer Health Centre, I by chance met Tom Bell, an architectural surveyor and resident living in the now converted building. Walking through the centre, we take note of its multiple site plans layered over each other. Together we try to locate the now disjointed parts; where the café, examination rooms, dancehall, theatre, gymnasium and medical offices might have first functioned. Now interrupted by plasterboard partition walls colonising its once openness with a new, more private, kind of community, the only element left relatively intact, the swimming pool, flooded with light. Covered by an uninterrupted glazed roof, with wishbone-like diving boards, its bespoke, glare resistant observational window watching from above, still the nucleus of the building.

Established 'To understand the living structure of society', The Peckham Experiment was always and still is entwined with the architecture of the body and its distillation in the transparent composition of the building itself. We stand on the edge of the pool as the smooth lines of the LiDAR[1] gradually revolves to inspect the area. Its sluggishness producing an instantaneous, digital representation of the building.

> *To see how a machine works you take it to pieces; but to see how a living entity functions it must be seen in its organismal unity and in its living environment. We cannot possibly examine separately the parts involved in life as we examine separately the parts of a machine. In particular we cannot separate the influence of the environment since environment belongs to the unity which we perceive as life.*[2]

LiDAR is an instrument of Tom's work, a surveying tool that measures distance to an object by illuminating the target with rapid pulses of laser light, at 150,000 pulses per second, calculating reflected echoes with a sensor. He talked of his desire to preserve the Pioneer Centre, in a meticulous digital cartography of the building; an active and restless archive.

Watching at a distance, the tripedal body of the LiDAR invisibly bounces ultraviolet rays back and forth indiscriminately across every surface. It seems to reanimate the Renaissance belief[3] that the human eye emits rays of imperceptible light, that on hitting surrounding objects, conjure the world visible to the beholder. The ocular spirits flowing through the individual, 'infecting' the subject's body with blood-born passions that became diluted into light expelled from the eyes. We have now come to understand that beams of light do not move from eye to object, but from object to eye, the rudimentary function of biological sight.

Algorithms extracting a phantasm of truth
All the discarded parts of you collected in the centre,
brushed into the folds
My body feels expressionless

Our eyes are extraordinarily intricate but fundamentally limited. We cannot see quantum particles, radio-waves, bacteria, and ultraviolet light. Everything has a threshold. When most, if not all of our body work is hidden in the folds of dull automatic and controlled processes, what dialogues are we producing with these impulses?

Looking around, everything seems so self-evident, so emphatically there; the white walls, corroding metal window frames, linoleum flooring, warped structural forms. Light and circulations of staling air, now all seeming in doubt, delusive and unstable. We are forced to move beyond the limits of the human eye, seeing in soundless echoes, each cell amassing a cloud of surface data, cataloguing the building, folding it into a machinic library rather than human archive.

Next feel the cricoid cartilage (see if you can get your fingernail in-between, finding the cricothyroid membrane).

Sitting in the carpeted lobby-space of a Cambridge university research facility, I read over a document handed to me. *You are being invited to participate in a research study. Before you decide if you would like to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.* I sign the form and undress, removing shoes, belt, jewellery, purse, rings.

I am mostly water and soft tissues, hydrogen nuclei, imaging the protons aligned in the magnetic field, now rapidly surrounding my ears, eyes, tongue, nose, dura mater, nasal mucosa, thalamus, cerebellum. These are new and old architectures both artificial and primitive. I am a product of medical intervention and prenatal growth. There is a temptation to liken the brain to a computer. Human memory and computer memory are forever analogised in the production of archives, both as sites of forgetting as well as recollection; A place to both accumulate, erase and corrupt data. *Do I have to take part? No. It is up to you to decide whether or not to take part.*

(the index body) is a kaleidoscope, an active archive
perpetually renewed, (the index body) as a text as a
cite of agency

Are archives writeable as well as readable? Is it possible for us to create new alliances with these technologies, testing the boundaries and distinctions between the physical presence archive in the now, and its accountability to a historical moment? Archives are not fragile, but fluctuating topographies, fusing – as well as complicating – notions of our collective and individual identity. Flowing inside and outside of our current moment, speaking forward as well as backwards, archives drag us to the present as much as they are the aggregator that invites us back.

Shelved records, manuscripts, letters, photographs, film, diagrams, diaries and tissue samples. There is an overwhelming conglomeration of archival material surrounding the work of The Peckham Experiment. I have tried turning it over, handling it, reading through and scanning its fragmentations. Each avenue explored seems to open up more possibilities and deeply divergent politics. There has always been a temptation to hermitically protect historical material. To guard against the fear of cross contamination, solidifying its identity and defending a definitive narrative. My work here isn't about reanimating the archive, nor is it a testimonial, an urge to physically resurrect the past, *'that'* particular historical moment. Instead, I am attempting to acknowledge its liveness. Archives are morphological, spaces that are intersections "the secretions of an organism".[4] A form of transmission whose peripheries are vague and malleable.

> *System is an exclusive thing, it is only possible by excluding all disturbing elements. Order is an inclusive thing it has a place for everything, or rather an opportunity for everything – because place really belongs to systems and it is static, not vital.*[5]

Tom unhooks the scanner from its robust tripod, carefully avoiding the water, lapping the edges of the pool. We process the data, growing five times in size. Greater computational capabilities allow us to register each curving balcony and corridor with acute accuracy. We dive to the bottom of the pool to collect weights and sand bags, our bodies responding, fighting our buoyancy.

Below the cricoid ring are the first rings of the trachea,
ISTHMUS of the thyroid overlies those two rings.

Shelled within this purpose-designed living laboratory, surrounded by glass, light and uninterrupted openness,[6] the Pioneer Health Centre was a strong rejection of the narrow and cellular stuffiness of conventional health facilities. There was no imposed order or rules, an informal structure of

resistance. It was the biologists understanding that in studying the organismal human unit; the family, those subjects must be free-agents. A radical movement socially and medically constituted.

> *The next step is to determine through what unit function is manifest; and where and how it can most easily be studied. A unit is the smallest 'parcel', aggregate or organisation which exhibits the characteristic attributes of any substance, potency or entity. Technically, living entities are called 'organisms'... What is an organism? By 'organism' we understand any living entity capable of performing the full cycle of its specific existence. Not all living entities fall within this definition... The ant-heap alone represents the full range of function of ant-hood. It is then the ant-heap that represents the unit-organism 'ant'. Similarly, it is the hive of bees – not the single bee representing a specific operation essential to the hive, or colony – that forms the organism 'bee'.*[7]

The potential value of the Pioneer Centre archive is political but also aesthetic, biological but also social. A kind of autopoiesis,[8] a complex, dynamic system that goes beyond the rational and common sense, a self-supporting organism. The disorderly records kept by George Scott Williamson and Innes Hope Pearse, rendered them intelligible only to themselves, lending to the blur, the resistance to conform to an existing structure. They chose to remain within a convoluted hierarchy, to look ideologically forward rather than conform to present obligations and societal indenture, believing they were populating a future that was possible and progressive.

Use finger pads, not tips, to palpate lateral lobes.

I remind myself not to move, generating a bodily repository (thinking about the self through the self). I gently clench my fists to relieve my nervousness as I am moved forward. Voiceless, I enter a space where bodies lead. Digits in-

fluence fingernails and finger nails shape fingers. Whether fingernails are an adaptation that protects broad fingertips or a replacement for lost alpha-keratin tool-like claws, is unclear. Hand and wrist influence elbow joints, and shoulder blades influencing gate. A structure influences a larger structure, micro movements sit inside other propulsions. The aggressive sounds of the gradient coils measure brain activity by detecting changes associated with blood flow, producing detailed pictures of the body's organs and structures.

Apparatus | the reveal | the unseen | the new eye|
A translation from one media to another –
does data 'speak' or is it 'seen'?(eye or a mouth)
ventriloquist or optical soothsayer

Revealed on the screen is a 3D image of my head, a radiologist's cursor scrolling through the layers, dragging through the brain, bones and nerve endings, collapsing into each other. I become accumulated and revealed in an array of voxels, photometric interpretation and metadata.

Ask patient to flex neck forward and relax. Go through the landmarks as above.

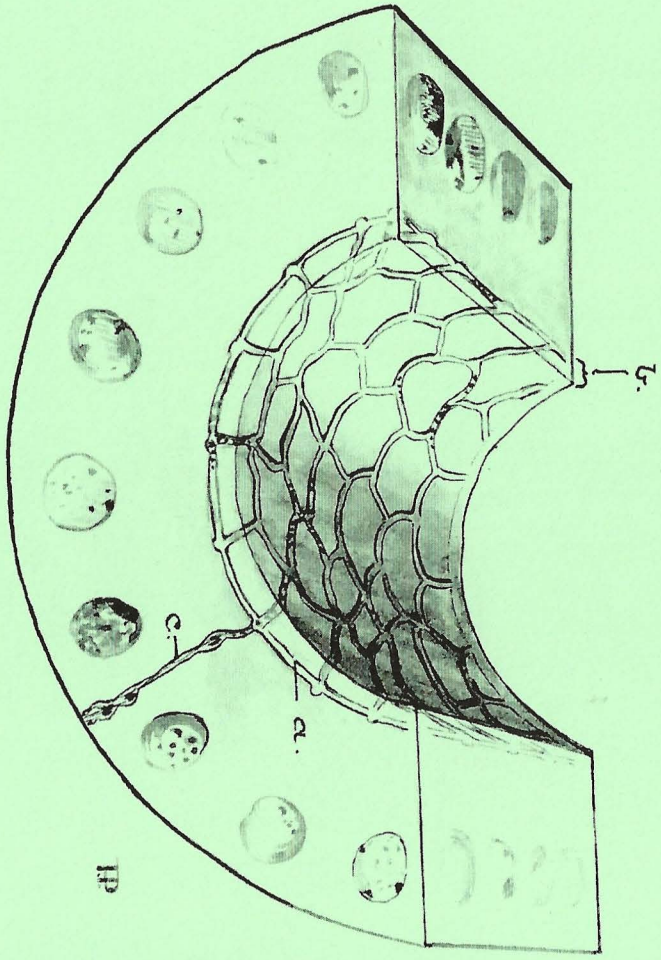
Surfacing from the unheated water, dragging the weights to the Magliner, we move to a new location in the building. The instruments of surveillance that we apply to the architecture, digitally forming its new archives. Not rarefied but ubiquitous tools, the outputs of this scanning process can be used widely in archaeology, autonomous cars, and atmospheric physics. Scanning, quantifying and mapping, are acts that are not benign or subordinate to other archives and evidence rhetoric's. They have their own logic and volatilities. The machines slowly turn.

Data aesthetics are not a finality but a reflective admixture that implodes the dichotomy between private and public space. Common good like common land is complex and unstable. The sharing of the public becomes that of the private, the interior narratives we hold close become ones that we perform.

It is hard to find examples where we can claim a complete unmediated ownership over our personal and bio-medical outputs. We need new languages to adequately describe the biological, social and economic landscape that we form in our hybridity with technologies and network culture; a common space between hard and subtle sciences. I am thinking on a molecular scale, a kind of bodily admiration, collecting, measuring and self-managing.

I circumscribe my anatomy willingly to ensure its stability, balance, support and trouble-free compatibility within this system. I try to remove the definite article, the 'authentic' material. An attempt to acknowledge that these processes are not infallible but something more transferable, fluid and interchangeable – a symbolic transposition of matter and body fluids. A currency, a living exchange.

C O D A C Y C L E

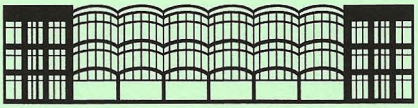


I L O N A S A G A R

1. Light imaging, detection and ranging, device.
2. The Peckham Experiment, Innes Hope Pearse. (George Allen & Unwin Ltd 1944), p. 27.
3. Platonica theologia de immortalitate animorum, Ficino, Marsilio, (Miscomini, Antonio, fl. 1476-1494).
4. Studies in the Public Records, Vivian Hunter Galbraith (T. Nelson and Sons 1948), p. 3.
5. Extract from letter by George Scott Williams to his Sister, 1935, Wellcome Collection, SA/PHC/B.3/7/3-4.
6. Owen William, architect of the Pioneer Health Centre, opened 1935.
7. The Peckham Experiment, Innes Hope Pearse. (George Allen & Unwin Ltd 1944), p. 17.
8. Autopoiesis refers to a system capable of reproducing and maintaining itself. The term was introduced in 1972 by Chilean biologists Humberto Maturana and Francisco Varela to define the self-maintaining chemistry of living cells.

Image credit 1: LiDAR scan, Ilona Sagar and Tom Bell of Mowma Projects, 2018.
Image credit 2: Innes Hope Pearse, Thyroid study: c.1930, courtesy of The Wellcome Collection.

S E L F – S E R V I C E



A MAGGOT

KIRSTY HENDRY

KIRSTY HENDRY

The nurse told my sister that the maggots came from Germany. She explained that it was cheaper to import them than it was to use creatures from the U.K. They were administered to the wounds on my Granny's foot in gauze packages (my Granny later described these to me as teabags filled with maggots). These caged dressings allowed the maggots complete access to the wound while simultaneously preventing escape. The larvae found nourishment in the cavities of her foot, recently hollowed out by surgical procedure. The creatures were more precise than a surgeon's knife. They nimbly removed the necrotic tissue from healthy flesh through a process of extracorporeal digestion – secreting enzymes that break down the dead tissue, reconstituting the flimsy layer that separates one body from another.

Maggots have been used for wound treatment since antiquity but have recently made a return to mainstream medical practices due to the rise of drug resistant bacteria. Maggots are being used as micropredators to combat the MRSA superbug. Such biological threat requires a 'natural' solution, a deferral to the laws of nature to return things to how it ought to be: one bug kills another. In a global epidemic exacerbated by biochemical engineering, natural remedies accrue a particular oppositional value. Consistent with the Global North's approach to ecological resources, in which the ecosystem is valued only by its service to humans, there is a cost benefit too – maggots are much cheaper than doctors and can be put to work 24 hours a day.

In the time spent on my Granny's foot, the larvae molted twice, growing in length and girth. It didn't even cross my mind until writing this to think what happened to them afterwards. Did they ever become pupa, then eventually flies? Or were they exterminated and discarded once they had served their purpose? Perhaps my thoughtlessness is unsurprising. There is an entire industry dedicated to the extermination of insects – inconsequential pests that we kill without remorse. Maggots in particular are held in low cultural esteem; they solicit expressions of disgust – indicating the invasion of formerly living matter now contaminated by disease and decay. Highlighting the vulnerability of flesh, they embody our inevitable perishability.

It is thought that disgust is a theory of evolution. Our revulsion towards maggots is not directed at their material presence but at what they have come to represent; maggots are an ecological red flag, a warning of imperceptible threats and dangers to life. As harbingers of decay, maggots mark

the meeting point of biological revulsion and moral disgust; we conflate the warning with the danger. Their associations are somehow felt to be contagious, a notion that preys on our most base anxieties. Encounters with parasites and diseases are thought to shape our social values, in which the body must be able to distinguish itself from intruders.

~

Bugs are often used to describe anomaly – a breakdown or rupture in the proper functioning of things. Bugs themselves are indeterminate, only perceptible through the disruption they produce; unspecified and ambiguous errors. Bugs operate across software, hardware, and wetware as the causes of technical failings, mechanical breakdowns, and sickness. Within technology, 'bugs' (and therefore debugging) have been apocryphally attributed to the moth found in Harvard's Mark II Aiken Relay computer by Grace Hopper, who taped the body of the insect into her logbook with the caption 'first actual case of bug being found'. Hopper's use of 'actual' suggests that the term had been in usage prior to this particular moth's trespasses. Applied within the context of another system – the body – we use 'bug' as a synonym for bacteria and germs – an infectious but unspecified illness of ambiguous origin, contracted through chance encounter with an unknown contagion.

'Bug' derives from the Middle English bugge meaning something frightening. It shares roots with personifications of amorphous fear and threat such as the Scots *bogill* (kin to Welsh *bwgwl* & Irish *bocanách*) defined by the Dictionary of Scots language as a *supernatural being of an ugly or terrifying aspect; a bugbear.* In the same sense that we use the term to refer to a vague (because vast) classification of insect; as a form of prognosis, a 'bug' performs this same vaguery – it satisfies predilections for attributing cause to effect while simultaneously lacking precision, specificity, or acuteness. In this ambiguity bug performs as both a noun and verb – an agent that is both irritant and irritating, symptom and diagnosis. It would seem that bugs are always unclassified and un-welcomed intruders, malicious spirits that threaten to disorder the seemingly orderly.

If bugs are understood as intruders, invaders, infiltrators, then the threat they present is to our notion of property, territory, borders, and boundaries. The tiny insects used to treat my Granny's wounds both highlight and

challenge our reliance on territorialising the body and militarising illness and sickness; infections invade, cancerous cells infiltrate organs, virus penetrates host, the immune system defends the body against foreign or dangerous invaders. As the 'rational' logic of military defence is employed to resolve the mystery of the body, it simultaneously compounds the othering of 'mysterious' interior bodily functions, implying the body's 'natural' cooperation within these systems. In the case of my Granny, recuperation would not come from bolstering defences but in abolishing borders – a change in policy, in which foreign bodies are understood as guests and not intruders, affirming a complex ecology. Might we begin to understand the bug-to-system dynamic as symbiotic, rather than oppositional?

In Ivan Illich's *Limits to Medicine,* he writes that 'health' is just an adjective used to qualify how well an individual is able to cope with their environments – both internal and external. Illness, then, is the symptom of not coping with the impossibility of reconciling ourselves with amoral environments that are unforgiving and unremitting. Treatment is administered to correct the individual, to render them compatible with the system, restoring pathology to function. Like the bug, problems with our health are perceived to be deviations from the norm located within individual, singular bodies. Illness is somehow presented as abnormal – the results of poor choices and bad living, or more generously, sheer misfortune. Illness is subject to the logic of exclusion and containment rather than being understood as a co-constituent of a wider concern. Eradicating the bug therefore does not solve a problem, it changes the problem, and this should not be mistaken for healing. To protect the theory that health is a reward of good moral character afforded as a result of our 'natural' disposition, illness becomes a question of individual fault and not collective responsibility; morality begins with microbes.

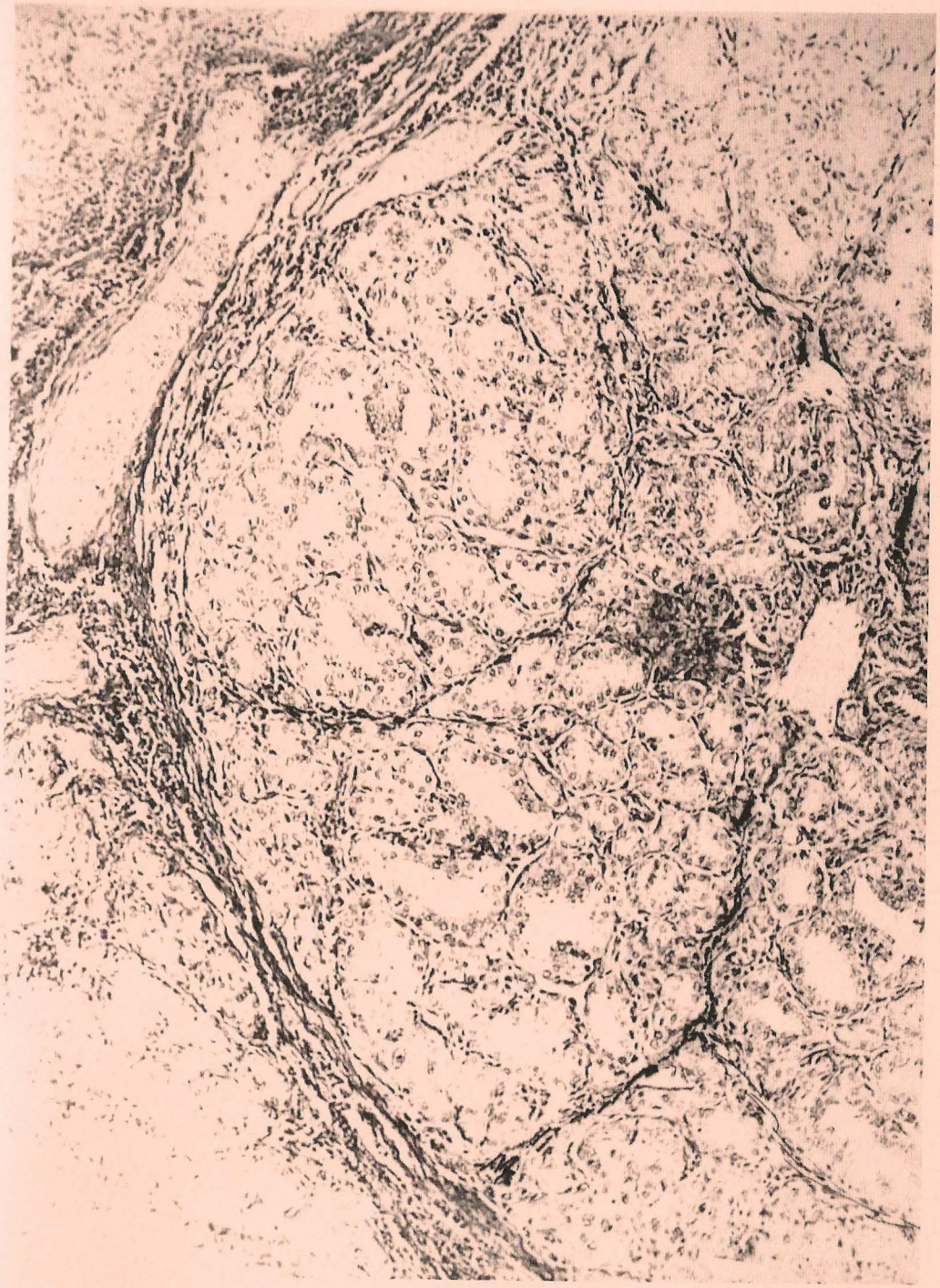
~

The bug in itself is not a fault, but an indication that relationships within a particular system require renegotiation. Rather than a destructive force, their presence should be understood as a restorative practice.

Maggots have wormed their way out of this text and into my dreams. According to google, dreaming of maggots represents the effects of the universe trying to heal and cleanse the dreamer; they represent the difficulties,

anxieties, and negative emotions festering inside of me. Perhaps we might come to appreciate 'the bug' not so much as a warning but a welcomed tell – a reminder that ideological systems live in my body as they do in yours. External pressures manifest in the body which needn't be carried as personal misgivings or individuated disorder. Rather than understanding bugs as erroneous trespassers, might we reframe the problem by asking what makes *our* systems such inhospitable hosts? Who or what is intended to survive in these conditions?

Image credit: Innes Hope Pearse, Thyroid study: c.1930, courtesy of The Wellcome Collection.



S E L F – S E R V I C E

S E L F – S E R V I C E

HOLD, REPEAT 2,000X

LUKE FROST