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Lauren Berlant **CRUEL OPTIMISM**

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THREE **SLOW DEATH**

(Obesity, Sovereignty, Lateral Agency)

I. *Slow Death and the Sovereign*

The phrase *slow death* refers to the physical wearing out of a population in a way that points to its deterioration as a defining condition of its experience and historical existence. The general emphasis of the phrase extends the focus of the last two chapters on the phenomenon of collective physical and psychic attenuation from the effects of global/national regimes of capitalist structural subordination and governmentality. It takes as its point of departure David Harvey's polemical observation, in *Spaces of Hope*, that under capitalism sickness is defined as the inability to work. This powerful observation about the rationalization of health is an important part of the

story, but it is not the whole story either.¹ Through the space opened up by this concept, I offer up a development in the ways we conceptualize contemporary historical experience, especially where that experience is simultaneously at an extreme and in a zone of ordinariness, where life building and the attrition of human life are indistinguishable, and where it is hard to distinguish modes of incoherence, distractedness, and habituation from deliberate and deliberative activity, as they are all involved in the reproduction of predictable life.

The shift I propose reframes the ways we think about normativity in relation to sovereignty. It emphasizes in particular a nonmimetic relation between political and personal or practical sovereignty. From Carl Schmitt to Giorgio Agamben and Georges Bataille to Achille Mbembe, the current discussion of sovereignty as a condition of and blockage to justice recapitulates the widespread contemporary projection of sovereignty onto events of decision-making. Mbembe is exemplary: "To exercise sovereignty is to exercise control over mortality and to define life as the deployment and manifestation of power."² Phrased as such, the sovereignty concept has a few problems that are related but nonidentical. For one thing, the image of control it denotes derives from an archaic tradition of theologically-based royal or state privilege, and while that form of sovereignty continues to have a limited relevance (in clemency proceedings, for example), it masks in a discourse of "control" the wide variety of processes and procedures involved historically in the administration of law and of bodies, even during periods when sovereign rulers exerted their wills by fiat.³ Additionally, in casting death as a fact separate from the administration of life processes, this version of the sovereignty concept has provided an alibi for normative ways of keeping separate the productive procedures of governmentality and the violence of the state, when, as I will argue, the procedures of managing collective life include a variety of inducements for managing life's wearing out, which only sometimes amalgamates death to an act or event. Third, sovereignty described as the foundation of individual autonomy (represented and secured, for some, by the General Will) overidentifies the similarity of self-control to this fantasy of sovereign performativity and state control over geographical boundaries.⁴ It thereby affords a militaristic and melodramatic view of individual agency by casting the human as most fully itself when assuming the spectacular posture of performative action. This mimetic concept of sovereignty also legitimates as something objective the individual's affective sense of autonomy. Finally, in linking and inflating consciousness,

intention, and decision or event, it has provided an alibi for hygienic governmentality and justified moralizing against inconvenient human activity. Even Bataille's radically alternate version of sovereignty—as an ecstatic departure from a strong notion of intentionality and agency—reproduces personhood as a monadic affective drama of self-expansion, just this time a drama of heterogeneity rather than subjective overorganization.⁵

While Mbembe's definition renders life and mortality as transparent, Foucault argues that the relation of sovereignty to biopower involves a significant recasting of what those referents mean, even before the apparition of decision-making is raised. It would seem at first that the most variable term is life. Foucault's phrasing is precise. Sovereignty "is not the right to put people to death or to grant them life. Nor is it the right to allow people to live or to leave them to die. It is the right to take life or let live."⁶ Life is the *a priori*; sovereign agency signifies the power to permit any given life to endure, or not. But biopower, he argues, which does not substitute for but reshapes sovereignty, is the power to make something live or to let it die, the power to regularize life, the authority to force living not just to happen but to endure and appear in particular ways. The difference between sovereign agency under a regime of sovereignty and under a regime of biopower, then, can be thought of as a distinction between individual life and collective living on, where living increasingly becomes a scene of the administration, discipline, and recalibration of what constitutes health.

The relative passivity of letting die in the context of shaping living does change as the decision and the event of agency in proximity to life and mortality evolve different norms and institutions, though. Foucault focuses on biopower's attempt to manage what he calls "endemics," which, unlike epidemics, are "permanent factors . . . [that] sapped the population's strength, shortened the working week," and "cost money." In this shift Foucault dissolves the attention to scenes of control over individual life and death under sovereign regimes and refocuses on the dispersed management of the putatively biological threat posed by certain populations to the reproduction of the normatively framed general good life of a society.⁷ Slow death occupies the temporalities of the endemic.

Because of these convolutions and variations sovereignty is an inadequate concept. Sovereignty, after all, is a fantasy misrecognized as an objective state: an aspirational position of personal and institutional self-legitimizing performativity and an affective sense of control in relation to the fantasy of that position's offer of security and efficacy. But it is inadequate for talking

about agency outside of the power of the King's decree or other acts in proximity to certain performances of law, like executions and pardons. It is also a distorting description of the political, affective, and psychological conditions in which the ordinary subjects of democratic/capitalist power take up positions as agents. These states might best be redefined as only partially (that is to say fantasmatically or not) sovereign.

But some may want to continue using the concept because of the history of investment in it as a marker for the liberal sense of personal autonomy and freedom, or because of its association with democracy and with the legal protection of the body politic and subgroups within it.⁸ To take a page from Ernesto Laclau's and Paul Gilroy's strategic defenses of universality, one might argue legitimately that renouncing a popular or civil society politics of sovereign persons and publics in self-relation and relation to the state would cede to the groups who benefit from inequality the privilege to define the procedures of sovereign representation, authority, and conceptualization of the human in a self-ratifying way.⁹ (Of course this is also an argument against the ways sovereignty discourse organizes political contestation, as it gives vast credence to claims that an affectively perceived threat to autonomy is a threat to justice itself.) I am persuaded enough by these kinds of reservations not to push for a wholesale exorcism of sovereignty's spirit by a dramatic act of taxonomic substitution; legal and normative ghosts have precedential power, after all. But, even if we cede sovereignty to perpetuity as a fantasy that sustains liberty's normative political idiom, we need better ways to talk about a more capacious range of activity oriented toward the reproduction of ordinary life: from the burdens of contemporary compelled will that fuel everyday employment and household pressures, for example, to the pleasures of spreading-out activities like sex or eating, aleatory modes of self-abeyance that do not occupy time, decision, or consequentiality in anything like the sovereign registers of autonomous self-assertion.

Practical sovereignty would be better understood not to take the mimetic or referred shape of state or individual sovereignty but a shape made by mediating conditions of zoning, labor, consumption, and governmentality, as well as unconscious and explicit desires not to be an inflated ego deploying power and manifesting intention. This chapter, then, looks at the complexly articulated relations between pragmatic (life-making) and accretive (life-building) activity and tracks their relation to the attrition of the subject. It focuses on what's vague and gestural about the subject and episodic about the event. It presumes nothing about the meaning of decision or the impact

of an act. Without attending to the varieties of constraint and unconsciousness that condition ordinary activity, we persist in an attachment to a fantasy that in the truly lived life emotions are always heightened and expressed in modes of effective agency that ought justly to be and are ultimately consequential or performatively sovereign. In this habit of representing the intentional subject, a manifest lack of self-cultivating attention can easily become recast as irresponsibility, shallowness, resistance, refusal, or incapacity; and habit itself can begin to look overmeaningful, such that addiction, reaction formation, conventional gesture clusters, or just being different can be read as heroic placeholders for resistance to something, affirmation of something, or a world-transformative desire. I am not saying that any given response or evidence of sentience is not these things, but one should not take for granted, either, that subjects are always involved, universally and in full throttle, in projects of self-extension that seek to lock in the will-have-been of future anteriority.¹⁰ Self-continuity and self-extension are different things. Another way to say this might be that lives are not novels—or maybe they are, as no critic has ever accounted for all the acts and details in a novel either.

Through the space opened by slow death, then, I seek to recast some taxonomies of causality, subjectivity, and life-making embedded in normative notions of agency. More particularly, I suggest that to counter the moral science of biopolitics, which links the political administration of life to a melodrama of the care of the monadic self, we need to think about agency and personhood not only in inflated terms but also as an activity exercised within spaces of ordinariness that does not always or even usually follow the literalizing logic of visible effectuality, bourgeois dramatics, and lifelong accumulation or self-fashioning.

The first part of this chapter emphasizes questions of sovereignty in the time and space of ordinary living and then unfolds tactically into an unheroizable case, the so-called obesity or "globesity" phenomenon that is said to be sweeping the United States and the parts of the world affected by U.S.-style consumer practices.¹¹ This so-called epidemic has been seen as a shaming sickness of sovereignty, a predicament of privilege and of poverty, a crisis of choosing and anti-will,¹² and an endemic disease of development and underdevelopment. It engenders strong data, florid prose, and sensational spectacles that I have no intention of reducing to their proper analytical and affective scale.¹³ I recast this situation within a zone of temporality marked by ongoingness, getting by, and living on, where structural inequali-

ties are dispersed and the pacing of experience is uneven and often mediated by way of phenomena that are not prone to capture by a consciousness organized by archives of memorable impact.

Here the kind of interruptive agency that we have witnessed in the past two chapters aspires to detach from a condition of exhausted practical sovereignty or actually to diminish being meaningful. Melodramas of the overwhelmed can obscure the motives and temporalities of these aspects of living. This recasting of sovereignty provides an alternative way of talking about phrases like “self-medication,” which we use to imagine what someone is doing when they are becoming dissipated, and not acting in a life-building way—the way that liberal subjects and happy people are supposed to. The chapter closes with a meditation on lateral agency, speculating about subjectivity and self-interruption. It argues that in the scene of slow death, a condition of being worn out by the activity of reproducing life, agency can be an activity of maintenance, not making; fantasy, without grandiosity; sentience without full intentionality; inconsistency, without shattering; and embodying, alongside embodiment.

II. Conceiving the Genre of the Case

Slow death prospers not in traumatic events, as discrete time-framed phenomena like military encounters and genocides can appear to do, but in temporally labile environments whose qualities and whose contours in time and space are often identified with the presentness of ordinariness itself, that domain of living on in which everyday activity; memory, needs, and desires; and diverse temporalities and horizons of the taken-for-granted are brought into proximity and lived through.¹⁴ Just as I have been distinguishing “happening” from “event” throughout the book in order to attend to affective mediation, here I distinguish “environment” from “event.” One motive for this is to describe the historical present as a back-formation from practices that create a perceptible scene, an atmosphere that can be returned to.¹⁵ In this way there is no need to foreground space and scale as important mediators of the present in absolute contrast to time. Teresa Brennan defines these punctuated atmospheres through the psychic, temporal, physical, legal, rhetorical, and institutionally normative procedures that govern them.¹⁶ A materialism of the atmosphere points to something more solid, like “environment.”

An event is a genre calibrated according to its intensities and kinds of im-

pact.¹⁷ Environment denotes a scene in which structural conditions are suffused through a variety of mediations, such as predictable repetitions and other spatial practices that might well go under the radar or, in any case, not take up the form of event. An environment can absorb how time ordinarily passes, how forgettable most events are, and overall, how people’s ordinary perseverations fluctuate in patterns of undramatic attachment and identification.¹⁸ In an ordinary environment, most of what we call events are not of the scale of memorable impact but rather are *episodes*, that is, occasions that frame experience while not changing much of anything.

But at stake in making out the scene of slow death are more than establishing the episodic nature of most events and the absorptive function of most environments.¹⁹ In “Intuitionists,” I described problems with the translation of all transformative impacts into the inflated rhetoric and genre of trauma, and there I suggested that a concept like “crisis ordinariness” better keeps open the problem of the forms heightened threat can take as it is managed in the context of living. Without the ballast of ordinariness to distribute our analyses of “structure” as a suffusion of practices throughout the social, crisis rhetoric itself can assume a similar kind of inflation. Often when scholars and activists apprehend the phenomenon of slow death in long-term conditions of privation, they choose to misrepresent the duration and scale of the situation by calling a *crisis* that which is a fact of life and has been a defining fact of life for a given population that lives that crisis in ordinary time. Of course this deployment of crisis is often explicitly and intentionally a redefinitional tactic, an inflationary, distorting, or misdirecting gesture that aspires to make an environmental phenomenon appear suddenly as an event, because as a structural or predictable condition it has not engendered the kinds of historic action we associate with the heroic agency a crisis implicitly calls for.

Meanwhile, having been made rhetorically radiant with attention, compassion, analysis, and sometimes reparation, the population wearing out in the space of ordinariness becomes a figure saturated with emotion that is said to have been generated by a lack of or need for the responsibility of the still seemingly sovereign privileged classes. This is why, to turn ordinary life into crisis, social justice activists often engage in the actuarial imaginary of biopolitics; what seem like cool facts of suffering become hot weapons in arguments about agency and urgency that extend from imperiled bodies.²⁰ Even as this rhetoric often makes bizarre intimacies between unthinkable harshness and the ordinary work of living, it becomes a way of talking about

what forms of catastrophe a world is comfortable with or even interested in perpetuating. Yet since catastrophe means change, crisis rhetoric belies the constitutive point that slow death—or the structurally induced attrition of persons keyed to their membership in certain populations—is neither a state of exception nor the opposite, mere banality, but a domain where an upsetting scene of living is revealed to be interwoven with ordinary life after all, like ants discovered scurrying under a thoughtlessly lifted rock.²¹ The very out-of-scaleness of the sensationalist rhetoric around crisis within the ordinary measures the structural intractability of a problem the world can live with, which just looks like crisis and catastrophe when attached to freshly exemplary bodies. While death is usually deemed an event in contrast to life's extensivity, in this domain dying and the ordinary reproduction of life are coextensive, opening to a genealogy of a contemporary way of being that is not just contemporary or solely located in the United States, but takes on specific shapes in this time and space.

In the contemporary U.S. context, obesity figures as the freshest case of slow-death crisis-scandal management. Its origin is not in the work of social justice advocates calling for compassion to extort political transformation—although a vast number of lay authorities and diet hobbyists have developed such voices on the Internet. But the main public discussion comes from the collaboration of insurance companies, public health departments, and corporate PR offices. If this chapter were a living organism, its footnotes would expand daily with a diet of crisis and response headlines from mainstream and professional papers, journals, newspapers, and magazines.²² The first time I presented this chapter as a talk, morning headlines heralded a crisis for Kraft Foods, whose profit was depressed by a fall in the rate of increase in Oreo sales stemmed only by gains in the equally unhealthy breakfast pseudo-health bar market; then news came of a hastily written “cheeseburger bill” introduced in the U.S. House of Representatives to protect companies from litigation stemming from charges that corporate food produced obesity-inducing addiction (this bill was passed, finally, as the “Personal Responsibility in Food Consumption Act of 2005”);²³ the third time, I was greeted by an AOL headline, “Would You Like a Serving of Obesity with That?,” which linked to an article about a voluntary trend toward putting nutrition labels on the menus of franchise restaurants (a trend now codified in law).²⁴

The pedagogical project of turning eating into medicine and its effects into a health crisis has also been taken up by the Obama administration;

Michelle Obama's signature activist “issue” is childhood obesity.²⁵ The Obama administration has recently intensified the contradictions in this classically sentimental project. The “Partnership for a Healthier America” creates a collaborative context among antagonistic interests from academia, corporate capitalism, and public health institutions and foundations on behalf of the nation's children. Their role is, of course, just advisory.

In short, every day more and more advice circulates from more locations about how better to get the fat (the substance and the people) under control. It would be easy and not false to talk about this as an orchestrated surreality made to sell drugs, services, and newspapers, and to justify particular new governmental and medical oversight of the populations whose appetites are out of control (a conventional view of the masses, subalterns, the sexually identified, and so on).²⁶ We learned most recently from AIDS, after all, that the epidemic concept is not a neutral description; it's inevitably part of an argument about classification, causality, responsibility, degeneracy, and the imaginable and pragmatic logics of cure.

But that there are debates over what constitutes health and care and responsibility for them does not mean that there is no problem. So what is our object, our scene, our case? The following description mobilizes the catalogue as a genre, aiming toward clustering disparate explanations of the phenomenon; this is the state of analytic improvisation our case requires even from bio-related and social scientists, as analysis cannot help but cross over dissimilar domains of bodily, subjective, and institutional practice. How does it matter, for example, that overweight, obesity, morbid obesity, and a mass tendency, in industrialized spaces, toward physically unhealthy bodily practices amass a weirdly compounded scene of a system and persons gone awry? The case is not a thing but a cluster of factors that looks solid only at a certain distance.

While for insurance purposes obesity has been deemed an illness, the rest of the literature calls it something else: a “chronic condition,” etymologically a disease of time, and vernacularly a condition that can never be cured, only managed. The transaction between persons and the ethics, politics, and economics of management or administration makes this phenomenon exemplary as a scene for playing out structural antagonisms. For example, mass overweight is deemed an international phenomenon of the United Kingdom and the United States, and progressively other intensively commoditized places.²⁷ In the U.S. it is deemed a national epidemic because it serves institutional interests of profit and control, while taxing

local healthcare systems; at the same time, the medical literature sees the patterns of overweight in terms of the global circulation of unhealthy commodities. Meanwhile the United Nations has taken it on as a global political problem. Likewise, in the United States, in an era of intense antistate sentiment, making weight trends into an epidemic has provided an opportunity for liberals to reinvigorate the image of the state as a reparative resource and the corporation as an entity with social and economic responsibilities to citizens. At the same time, of course, conservatives tend to call all state health initiatives, including this one, “nanny state” or socialist activity.²⁸ Yet, simultaneously, these problems of reimagining public health and recalibrating health insurance conjoin habits and styles of intervention that focus on how to recharacterize, moralize about, and reimagine agency among consumers, especially the relatively poor and young. Serious and opportunistic social change agents alike flail away at the obesity endemic by amplifying moral and political urgencies in any and every possible register.

In addition to this congeries of concerns, another story pulsates without making headlines, a story older and more complex than could be effected by the eradication of this symptom: the damage to bodies made in spaces of production and in the rest of life. The obesity epidemic is also a way of talking about the destruction of life, bodies, imaginaries, and environments by and under contemporary regimes of capital. “Capitalism” here stands in for the relations between capitalists and workers and capitalists and consumers amid the shifting character of capitalist strategies, and the net effect of the interaction of those strategies on already vulnerable populations, which include people of color, children, and the aged but more broadly, too, the economically crunched. Capitalism points to a variety of phenomena related to the physical experience of production and consumption throughout a life cycle, the privatization of schools and public metropolitan spaces, and the pushing out of the political from concepts of publicness, now saturated by the logic and activity of markets. It also involves the more normative and informal (but not unpredictable) modes of social capital that have so much to do with the shaping of managed and imagined health.²⁹

Many of the players in this discussion are genuinely worried about the diminishing quality of life in the United States, especially for poor and young people. However, the rhetoric of policy requires that one subscribe to a model of institutional and individual agency that frames the adjustment as a dramatic act (is eating a disease of the will or an addiction or compulsion?

And what should *we* do *now*?). Long-term problems of embodiment within capitalism, in the zoning of the everyday, the work of getting through it, and the obstacles to physical and mental flourishing, are less successfully addressed in the temporalities of crisis and require other frames for elaborating contexts of doing, being, and thriving.

How else, then, to understand the intersection of the long history of poor people’s shorter lives and the particular conditions of contemporary speed-up? What does it mean to consider the ethics of longevity when, in an unequal health and labor system, the poor and less poor are less likely to live long enough to enjoy the good life whose promise is a fantasy bribe that justifies so much exploitation? How do we think about labor and consumer-related subjectivities in the same moment, since, in my view, one cannot talk about scandals of the appetite—along with food, there’s sex, smoking, shopping, and drinking as sites of moral disapprobation, social policy, and self-medication—without talking about the temporality of the workday, the debt cycle, and consumer practice and fantasy? Finally, what does it mean that African Americans and Latinos and Latinas are especially bearing this body burden along with the symbolic negativity long attached to it, so much so that one physician, a member of the Black Women’s Health Network, observes that the “most lethal weapon” against Black people in the contemporary United States is the fork?³⁰

Frequently, when such mass patterns are recognized at all, they are strategically dramatized in contradictory ways: in paranoid fashion, as the effects of an enemy institution’s intentionally inhuman relation to consumers and clients (corporate capitalism, physicians, insurance companies, and so on); as the unintended consequences of capitalist innovation; or as the shameful toxic habits of individuals who, not knowing or not caring, and having financial resources, undermine their own health one bad decision at a time. As the concept of biopower indicates, there is no good reason to adopt a strictly paranoid style. While employers frequently neglect the health of their workplaces and sacrifice laboring bodies to profit, it’s rare (but not unheard of) that corporate or individual sovereigns act deliberately to harm consuming bodies—that’s usually collateral damage. We also know that people are neither dupes to the interests of power as such nor gods of their own intention, unless they are merely hedonistic or compulsive.³¹ Biopower operates when a hegemonic bloc organizes the reproduction of life in ways that allow political crises to be cast as conditions of specific bodies and their

competence at maintaining health or other conditions of social belonging; thus this bloc gets to judge the problematic body's subjects, whose agency is deemed to be fundamentally destructive. Apartheid-like structures from zoning to shaming are wielded against these populations, who come to represent embodied liabilities to social prosperity of one sort or another. Health itself can then be seen as a side effect of successful normativity, and people's desires and fantasies are solicited to line up with that pleasant condition. But, again, to call embodiment *biopolitical* is only to begin a discussion, not to end it.

III. Obesity's Actuarial Rhetoric

This case commonly referred to as "the obesity epidemic" burdens the working classes of the contemporary United States, the United Kingdom, and increasingly all countries in which there is significant participation in the global processed-food regime. Scientific and journalistic studies recite the phrases in scandalized disbelief: "The number of extremely obese American adults—those who are at least 100 pounds overweight" or who have a BMI of fifty or above "has quadrupled since the 1980s" and "works out to about 1 in every 50 adults."³² Likewise, the slightly less obese percentages (a BMI of forty to fifty) grew to one in forty; and the percentage of ordinary overweight grew to one in five. By 2010 those percentages and measurements of the obese were old hat, and researchers were relieved to see that the rate of increase had not continued: "In 2007–2008, the prevalence of obesity was 32.2% among adult men and 35.5% among adult women. The increases in the prevalence of obesity previously observed do not appear to be continuing at the same rate over the past 10 years, particularly for women and possibly for men." These statistics do not include the merely very overweight.

The situation requires no hyperbole. For the first time in the history of the world there are as many overfed as underfed people and, also for the first time in the history of the world, the overfed are no longer only the wealthiest and the underfed no longer the poor and starving.³³ All Americans, the absolute and relatively well off and the poor, are getting fatter. I will go on to argue, though, that between unequal access to health care, the cramped conditions of everyday life, and the endemically unhealthy workplace, it is most notably the bodies of U.S. working-class and subproletarian populations that fray slowly from the pressure of obesity on their organs and skeletons. Meanwhile U.S. and corporate food policy continues to emaciate dras-

tically the land and the bodies of our food producers to the south, in Mexico and South America, as well as in Africa and rural China.³⁴

These inversions are more than an irony or a paradox. Each is distinguished by its own trajectory of slow death. Mass emaciation and obesity are mirror symptoms of the malnourishment of the poor throughout the contemporary world. But how does the recognition of the contours of a case organize our imagination for responding to it? We understand the need to get food to the underfed poor, and quickly, for that is what they would do if they had the means of production in their own hands. As for the overfed, owning the means of production might well produce more overfeeding, more exercise of agency toward death and not health, and certainly not against power. Unless one wants to see being overweight as a protest against hegemonic notions of health and wealth there is nothing promising, heroic, or critical about this development.³⁵

In the context of this singular mix of privilege and negativity, the overweight populations of industrialized societies thus challenge any cultural-historical analysis rooted in notions of sovereignty or its denial. Aversion to fatness increases along with fatness. Aversion to fatness is aesthetic and health-related; it imbues the word *cost* with psychological, social, and economic inflections. The history of this dynamic anxiety begins with the Cold War.

Although concern about the decline of physical health and the increase in weight of Americans has been a public topic since the turn of the twentieth century, it became a state and federal topic during the Cold War when Sputnik and the rise of product plenitude in the United States combined to create anxiety about the weaknesses of America's children.³⁶ While Sputnik helped launch an era of massive federal funding of public education, the component of Cold War readiness related to health produced more symbolic than economic responses: inspirational gestures from state entities like Kennedy's President's Council on Fitness, whose intention to whip up strong national bodies has led to programs like "America on the Move," Health Secretary Tommy Thompson's 2003 collaboration with Dr. Joyce Brothers and local pharmacies and health clubs to provide free testing to determine health plans for any participating citizen, and inspirational slogans to encourage youths to exercise.³⁷ But the national discourse about weight's relation to collective well-being entered its current stage of intensified concern when, in 2001, the Surgeon General David Satcher produced a report calling obesity an epidemic, claiming it caused "\$117 billion in health care costs and

lost wages and killed 300,000 people a year.”³⁸ Other numbers go as high as 240 billion, a figure that does not include the \$33 billion spent yearly on weight-loss products and diet regimes.³⁹

For a change, this health crisis was phrased not simply on behalf of children and the national future but also in terms of the next few decades of increasingly infirm adult bodily experience. Specters were raised of multiple generations of obese members of the same households unable to care well for themselves or each other, let alone to participate in the labor economy.⁴⁰ In the initial justification for action by an administration dedicated to shrinking the domestic government as a resource for the socially, physically, or economically disabled, we get images of stressed-out overworked bodies responding biologically by hoarding even healthy food in the body’s fat stores. This physiology of stress translates into increasing anxieties about the health care costs that businesses have to face.

Of course the reduced fate of the body under regimes of the production of value for others has long been a topic of discussion. David Harvey, summarizing Marx, details extensively the costs of

harnessing basic human powers of cooperation/collaboration; the skill-ing, deskilling, and reskilling of the powers of labor in accord with technological requirements; acculturation to routinization of tasks; enclosure within strict spatiotemporal rhythms of regulated (and sometimes spatially confined) activities; frequent subordinations of bodily rhythms and desires as “an appendage of the machine”; socialization into long hours of concentrated labor at variable but often increasing intensity. . . . [A]nd, last but not least, the production of variability, fluidity, and flexibility of labor powers able to respond to those rapid revolutions in production processes so typical of capitalist development.

This cyborgian regime makes “the recognition of variation of labor and hence of the fitness of the worker for the maximum number of different kinds of labor into a question of life and death,” Marx writes.⁴¹ Thus the destruction of bodies by capital isn’t just a “crisis” of judgment in the affective present but an ethico-political condition of long standing that seems to emerge as a new formation in the phrase “obesity epidemic.” At the same time this “epidemic” marks a limit, not in the public, state, or corporate conscience about whether or how extensively the working body should be sacrificed to profit, but to what kinds of sacrifice best serve the reproduction of labor power and the consumer economy. Thus partly at issue in the obe-

sity crisis is the definition of adequate food, and the conflicting models of health. Is health a biological condition, the availability for work, or a scene of longevity? Compassion and corporatism collaborate in these particular epidemics of the failing will and body as long as concern for the health of profits “balances” concerns for the health of persons.

These particular facts that cluster around obesity echo other epidemiologic crisis pronouncements by the federally supported health apparatus, such as the designation of National Depression Screening Day (in 1991), which established its claim on crisis consciousness explicitly based on the costs of human mental suffering not just to humans but to “productivity” at work, business profits, insurance, health care providers, and the state.⁴² The disease becomes an epidemic and a problem when it interferes with reigning notions of what labor should cost: the disease is now too expensive, which is why privatized health care and business-oriented programs of education are the usual means of diminishing the cost of the symptom. The popular initiatives around depression are linked with the national obesity initiative for other reasons, too. Depression Day stakes out a public interest in getting persons to feel better by changing their behaviors and therefore to be more reliable to themselves, their families, and their bosses. To do so the invested partner provides pedagogical resources for those who need them, and advocates in state and federal legislatures for resources to that end. Antidepressant and anti-obesity initiatives both seek to orchestrate a translocal, collective environment for personal social change, involving families, friends, teachers, colleagues, and medical professionals.

In other words, in both cases medicalization did not just mean privatization: and, for that matter, privatization itself is a rerouting of the relations of governmental, corporate, and personal responsibility rather than, as it often seems to be, the ejection of the state from oversight of the public good in deference to corporations. The Clinton, Bush, and Obama administrations responded to the adipose-related national health crisis within the norms of the social contract forged during the period of welfare state liberalism of the 1960s. (This is why the obesity initiative has outraged conservative pundits and groups, which recognize accurately the centrality of a nonsovereignty-based notion of personal agency in the explicit state and state-related discourse of crisis and cure.)⁴³ Yet the neoliberal shift within the entitlement activity of the state is evident in many of the policy formulations adjacent to the specifically ameliorative programs that have been developed. The Bush administration continued to support a statement issued

in 1996 by the United States at the World Food Summit, which declared that “the right to adequate food is ‘a goal or aspiration’ but not an international obligation of governments.”⁴⁴ The overdetermination of the problem/scene continues to obscure the political debate about which bodies are accountable for the dire situation.

The depression and obesity epidemics also share an attachment to explanations from genetic factors as they affect the public discussion of responsibility. These factors too not only confuse mainstream analyses of personal and corporate responsibility, intention, and cure but make questions of causality effectively moot. What does it imply genetically that around 60 percent of American adults and 20 percent of U.S. children are overweight to obese and that one out of every three children born during or after the year 2000 will be afflicted with an obesity-related disorder such as diabetes mellitus or type 2 diabetes?⁴⁵ As Kelly Brownell and Katherine Battle Horgen argue, if over sixty percent of the American people are overweight or obese, the other forty percent are not; as far back as 1995 the Institute of Medicine was releasing studies “saying that the environment, and not genetics, was responsible for increasing obesity.”⁴⁶ The explanation from genetic predisposition often attempts to deshame individuals for their body size/mental state and to release them from paralyzing burdens of responsibility for it. But explanation from genetics gives a misleading shape to this amorphous phenomenon, obscuring other impersonal factors that might be contributing to the increase in bad American health.

Apart from the genetic solution, other structural or impersonal conditions or etiologies have been assembled. I can only gesture toward these here: urban development; longer working days; an increase in temporary and part-time labor with increasingly more workers working more than one job or juggling work and family in a way that relegates exercise to a leisure time people barely have; the refocusing of the food industry as the immediate gratifier for energy for service-sector workers of the working classes and the professional managerial class, both of which increasingly eat fast food at lunch, live off of vending machines, multitask while eating, work during lunch and the coffee break, and so on; the expansion of fast-food availability and of snack culture generally, of frozen food franchising, and of microwaves at work and at home; and finally the increasing percentage of the U.S. household budget spent in restaurants rather than for food to be eaten at home.⁴⁷ As Marion Nestle and Michael Jacobsen observe, “Americans spend about half of their food budget and consume about one-third

of their daily energy on meals and drinks consumed outside the home. . . . About 170,000 fast-food restaurants and three million soft drink vending machines help ensure that Americans are not more than a few steps from immediate sources of relatively non-nutritious foods.”⁴⁸ Moreover, when low-fat versions of these kinds of food are made available, people tend to purchase double what they ordinarily would provide that full-fat feeling.

The reference to zoning above reminds us that countless local, state, and federal regulations and programs contribute to the U.S. fat count. Decisions on behalf of sustaining the attraction of capital to particular tax bases and the shaping of regulations favoring that attraction have had significant effects on the increase in obesity, especially in the inner city. Fast-food outlets, like other franchises, are a highly valued part of empowerment-zone developments; schools are not penalized but rewarded for their increasing reliance on creative corporate “partnerships” with fast-food and soda franchises and the like, since these partnerships compensate for the enormous cuts in the percentages of spending on education most states have realized, even during the growth in collective wealth of the Clinton era. Now those partnerships are being redirected toward monetizing better health. One federal program aimed at teaching nutrition to children is sponsored by Gatorade, another by Kellogg. At the same time as the high-fat, high-fructose world of cheap pleasure food becomes the ordinary American’s frequent lunch and dinner, schools have cut back severely on physical education programs and adults work at desks or do errands in cars when they otherwise might walk. The U.S. Department of Health and Human Services has argued that ten minutes of extra walking during the day would solve the obesity crisis, but it also claims that this is difficult to schedule given the time constraints faced by workers with families, commutes, or multiple jobs.⁴⁹

Lest one feel conspiratorial about it, what becomes clear as one reads the history of agricultural policy and the development of tax and zoning codes is that they have diminished the health of the U.S. wage and low-salaried worker mainly through indirect means. The chapter subtitled “Where the Calories Come From,” opening Greg Critser’s *Fat Land: How Americans Became the Fattest People in the World*, begins with the words “Earl Butz” and tells a tragicomic story about the politically driven promotion of fructose over sucrose and palm oil over soy oil during the Nixon administration’s crisis over inflation in the early 1970s.⁵⁰ No one who was making these decisions meant to do anything to harm individuals’ or a working-class population’s bodies; the aim was to control international markets, bankrupt struggling south-

ern and Pacific Rim production communities, and drive food prices down, a paradoxical aid to the poor who were about to be harmed by the food to come. No one meant to fatten up the world population scarily. Nonetheless, Critser reports that Congressional testimony to these eventualities was provided and promptly disregarded by politicians and bureaucrats. The unintentional effect of this shift was the inculcation in children of a taste for salt, sugar, and fat and, after the 1980s, the spread of cheap fast food in supersized containers that lowered the per-unit profit margin for, say, McDonald's, but actually increased sales.

During the twentieth century the per capita consumption of sugar products increased nearly 100 percent, mostly after 1970. Fat consumption has increased at a much slower rate, but with the increasing inactivity of children and adults and the lack of exercise habits as part of the habits of living, consumption has had a more profound effect on bodily well-being. Researchers have shown that these particular molecular modes of sweetness and fat are metabolized with particular inefficiency and toxic effect by the human body, and since they produce more fat storage and food cravings, the phrase *supply and demand* could easily be rephrased as *supply and manufactured need*.⁵¹

These figures would suggest that most Americans increasingly eat quickly and badly, often away from home. Researchers and pundits emphasize the class and racial dimensions of this expansion. But a Google image search on *obesity* calls up countless images of fat statues and of large white people in standard "before" postures; often they advertise diet schemes and, most notably, bariatric surgery. Generally, these advertising images mean to be iconic or universal, each relatively deracinated from any historical environment. Given their significant Internet presence, these images are helping drive one of the fastest growing areas of U.S. medical practice: the varieties of stomach stapling. No doubt this quasi classicism too is a strategy for de-shaming obesity.

Nonetheless, there is a more complicated genealogy of the aversion to fat, which has to do with the specter of downward mobility for most of the U.S. working population. For the large part of this century the default image of the obese was of white people—the aged and the Southern—just as the usual image of the poor was also white, appearing as an iconically emaciated rural person or an urban immigrant. Both trends shifted in the 1970s, when poverty became associated with debates over the welfare state and representations of the poor became disproportionately African American.⁵² To

the extent that emaciation in the United States remains coded as white and weight excess coded as black, the so-called crisis of obesity continues to juggle the symbolic burden of class signified through the elision of whiteness from the racial marking of poverty: these markings, at minimum, not only shape particular aversions to the people of excess (already negated as both too much and too little for ordinary social membership) but also the topic of excess as a general issue of public health. One way around this racialization of obesity has been the obfuscation of distinctions among the merely overweight, the obese, and the morbidly obese in the crisis rhetoric of care. Still, the phrase *morbidly obese* seems so frequently to raise the African American specter in ways that reinforce the image of African Americans as a population already saturated by death and available for mourning, compelled by appetites rather than by strategies of sovereign agency toward class mobility. People of color generally stand in, in the discourse of obesity, for the entire culture of U.S. nonelites. The word *culture* here is no accident; as food practices seem more cultural, obesity can seem less related to the conditions of labor, schooling, and zoning that construct the endemic environment of the "epidemic's" emergence.

This symptom of unhealth does characterize, disproportionately, the bodily propensities of working-class and subproletarian Americans of all races and regions, and especially people of color. At the same time, the numbers of poor Americans reporting going without meals, requiring emergency food assistance, or experiencing fairly constant hunger has also increased dramatically, especially since the shrinkage of food programs for the poor in the late 1990s.⁵³ Yet the vast majority of the morbidly or very obese are also close to or beneath the poverty line.

The populations of people of color—Native Americans, African Americans, and Hispanics, especially Mexican Americans—are characterized by a significantly higher percentage of obesity than Anglo or Asian populations. By the year 2000, 68 percent of African American adult women were overweight or obese; today, their children are likely to be as well.⁵⁴ The bodily consequences of this increase in obesity are catastrophic for those children, and not only for their "self-esteem." They now suffer the wearing diseases of old age. High blood pressure and diabetes are especially catastrophic, as these portend early heart disease, liver and pancreatic failure, strokes and aneurysms, as well as blindness and circulation problems. Circulation problems lead to arthritis and other difficulties in movement, along with amputation. Arguments persist as to whether these effects mean that obe-

sity itself kills or whether, instead, it produces effects of “comorbidity,” exacerbating other bodily ailments.⁵⁵

But why be picky? The bodies of the U.S. waged workers will be more fatigued, in more pain, less capable of ordinary breathing and working, and die earlier than the average for higher-income workers, who are also getting fatter, but at a slower rate and with relatively more opportunity for exercise.⁵⁶ Apart from working-class and subproletarian white women, who are more successful in mobilizing bourgeois beauty norms for economic success in the service-sector economy, these overweight and obese poor will find it harder to get and keep jobs, remain healthy meanwhile, and afford health care for the ensuing diseases.⁵⁷ They will become progressively more sedentary not just from the increasing passivity of the more sedentary kinds of service-sector work, not just from working more jobs more unevenly, not just because of television, and not just because there are fewer and fewer public spaces in which it is safe and pleasurable to walk but because it is harder to move, period. They will live the decay of their organs and bodies more explicitly, painfully, and overwhelmingly than ever before; and it has become statistically clear that between stress and comorbidity they will die at ages younger than their grandparents and parents.⁵⁸ As one African American essayist describes the ongoing familial and cultural lure of the actually existing American four food groups (i.e., sugar, fat, salt, and caffeine), we see that morbidity, the embodiment toward death as a way of life, marks out slow death as what there is of the good life for the vast majority of American workers.⁵⁹

IV. From Distributed Causality to Interruptive Agency

This analysis thinks about agency and causality as dispersed environmental mechanisms at the personal as well as the institutional level, and so far has been demonstrating the overdetermination of environments that create the dramatic consequences of endemic overweight. Yet it is not sufficient to argue that the habitus inculcated at work and school—in the contexts of speed-up in the production sector and, in the public sector, privatization, defunding, and zoning—is “responsible” for obesity any more than it is sufficient to argue that an epidemic of the diseased will is throttling productivity and longevity in the U.S. workforce. At the other end of the disintegrating circuit we have the agency of the medicalized subject who can be lectured at, shamed, and exhorted to diet, to put the family on a diet, to eat at home, and

to exercise. For many reasons these exhortations go unheard. Epidemiologists suggest that the lower one is on the socioeconomic scale, the less open one is to yet another shaming or even quasi-criminalizing lecture about diet from an institutional professional, even when she’s acting like a normative “mom,” a First Lady; expertise has so often been used shamefully to confirm the social negativity of dominated populations that even good advice is appropriately viewed with suspicion.⁶⁰ But more than an image of a historically and politically explicable decision to resist compliance is required to understand the spread of contemporary unhealthy weight.

To engage this phenomenon fully, the image of obesity seen as a biopolitical event needs to be separated from eating as a phenomenological act, and from food as a space of expressivity as well as nourishment. The recalcitrance of obesity as a problem has led scholars to think about eating as an activity motivated by stress, as a desire for self-medication, as a pleasure, and as a cultural norm, but it has made them think less clearly about eating as an exercise that violates any definition of sovereign identity.⁶¹ My focus here will be on seeing eating as a kind of self-medication through self-interruption. Mariana Valverde argues that self-medication isn’t merely a weakness of those with diseases of the will.⁶² It is often a fitting response to a stressful environment, like a family. It is also often part of being in a community, or any space of belonging organized through promises of comfort. The pleasures might be personal (if one is a regular somewhere) or anonymous (if one is merely somewhere). Relaxing in these locations can be a temporal, episodic thing, but whatever it is, it extends being in the world enjoyably and, usually, undramatically.⁶³ The conviviality of consumption from this perspective marks duration: a different definition of “slow food,” a concept and a movement that recognizes in a practice of ordinary inefficiency a way to counter the speeds with which capitalist activity destroys its environments while at the same time it makes living possible and produces contexts for thriving, merely living, and wearing out for the people making life within them.⁶⁴ Food is one of the few spaces of controllable, reliable pleasure people have. Additionally, unlike alcohol or other drugs, food is necessary to existence, part of the care of the self, the reproduction of life. But how do we articulate those urgencies of necessity and pleasure with the structural conditions of existence that militate against the flourishing of workers and consumers? The forms of spreading pleasure I’ve just been describing are also folded into the activity of doing what’s necessary to lubricate the body’s movement through capitalized time’s shortened circuit—

not only speed-up at work but the contexts where making a life involves getting through the day, the week, and the month. Time organized by the near future of the paying of bills and the management of children coexists with the feeling of well-being a meal can provide. And although one might imagine that the knowledge of the unhealthiness would make parents force themselves and their children into a different food regime, ethnographies of working-class families argue that economic threats to the family's continuity and the parents' sense of well-being tend to produce insular households in which food is one of the few stress relievers and one of the few sites of clear continuity between children and parents.⁶⁵ Moreover in scenes of economic struggle kids take on parental stress and seek to find comfort where the parents do as well, even as they cultivate small generational differences. So in the sociality of eating the complexity of maintaining dependency identifications can be simplified, providing ordinary and repeatable scenes of happiness, if not health.

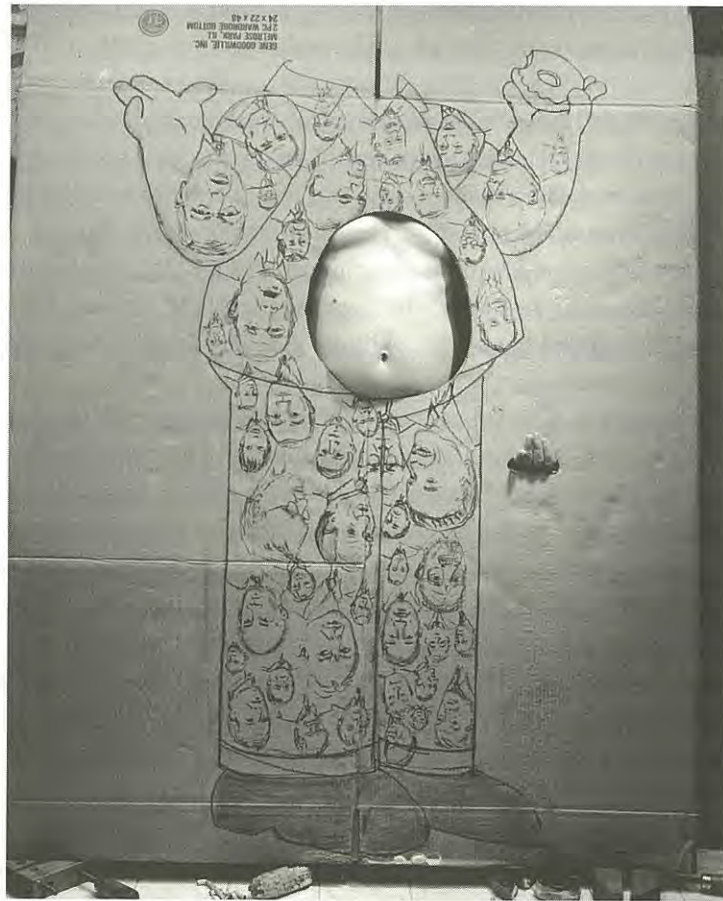
This is the material context for so many. Working life exhausts practical sovereignty, the exercise of the will as one faces the scene of the contingencies of survival. At the same time that one builds a life the pressures of its reproduction can be exhausting. Eating can be seen as a form of ballast against wearing out, but also as a counter-dissipation, in that, like other small pleasures, it can produce an experience of self-abeyance, of floating sideways. In this view it is not synonymous with resistant agency in the tactical or effectual sense, as it is not always or usually dedicated singly to self-negation or self-extension. Eating amid the work of the reproduction of contemporary life is best seen as activity releasing the subject into self-suspension.

I am not asking to replace a notion of cognitive will with a notion of involuntary or unconscious activity. In the model I am articulating here, the body and a life are not only projects, but also sites of episodic intermission from personality, the burden of whose reproduction is part of the drag of practical sovereignty, of the obligation to be reliable. Most of what we do, after all, involves not being purposive but inhabiting agency differently in small vacations from the will itself, which is so often spent from the pressures of coordinating one's pacing with the working day, including times of preparation and recovery from it. These pleasures can be seen as interrupting the liberal and capitalist subject called to consciousness, intentionality, and effective will. Interruption and self-extension are not oppo-

sites, of course; that is my point. But the other point is that in the scene of slow death—where mental and physical health might actually be conflicting aims, even internally conflicting—the activity of riding a different wave of spreading out or shifting in the everyday also reveals confusions about what it means to have a life. Is it to have health? To love, to have been loved? To have felt sovereign? To achieve a state or a sense of worked-toward enjoyment? Is “having a life” now the process to which one gets resigned, after dreaming of the good life, or not even dreaming? Is “life” as the scene of reliable pleasures located largely in those experiences of coasting, with all that's implied in that phrase, the shifting, diffuse, sensual space between pleasure and numbness?

I am focusing here on the way the attrition of the subject of capital articulates survival with slow death. Impassivity and other politically depressed relations of alienation, coolness, detachment, or distraction, especially in subordinated populations, can be read as affective forms of engagement with the environment of slow death, much as the violence of battered women has had to be reunderstood as a kind of destruction toward survival.⁶⁶ But what I am offering here is also slightly different. In this scene, activity toward reproducing life is neither identical to making it or oneself *better* nor a mimetic response to the structural conditions of a collective failure to thrive, nor just a mini-vacation from being responsible—such activity is also directed toward making a less-bad experience. It's a relief, a reprieve, not a repair. While these kinds of acts are not all unconscious—eating involves many kinds of self-understanding, especially in a culture of shaming and self-consciousness around the moral mirror choosing pleasures so often provides—they are often consciously and unconsciously not toward imagining the long haul, for example.

The structural position of the overwhelmed life intensifies this foreshortening of consciousness and fantasy. Under a regime of crisis ordinariness, life feels truncated, more like desperate doggy paddling than like a magnificent swim out to the horizon. Eating adds up to something, many things: maybe the good life, but usually a sense of well-being that spreads out for a moment, not a projection toward a future. Paradoxically, of course, at least during this phase of capital, there is less of a future when one eats without an orientation toward it.



3. Claire Pentecost, "Appetites/Sovereignty" (2007)

CODA: Cruel and Usual Nourishment

Slow death is not primarily a gloss on the lives of quiet desperation that Thoreau attributed to men in capitalist society, although the phrase *soul killing* has been used often enough to describe the attritions of bourgeois sociality that one might say something about the many sacrifices people make to remain in proximity to mirages of sovereignty. Nor is it in the melodramatic idiom that Baudrillard uses when he refers to "slow death" as the double execution of the capitalist subject by the sacrificial violence of being in labor and an always-increasing seduction to consumer overexcitement.⁶⁷ Nor is the phrase an existential way of talking about living as such, on the way to dying. Nonetheless, even this list of rejected exempla suggests something important about the space of slow death that shapes our particular biopolitical phase; mainly, people do live in it, just not very well.

For ordinary workers this attrition of life or pacing of death where the everyday evolves within complex processes of globalization, law, and state regulation is an old story in a new era.⁶⁸ Likewise the world continues to pulsate with counterexploitive activity, in a variety of anarchist, cooperative, anticapitalist, and radical antiwork experiments. People are increasingly using the time they do not have—what with the exigencies of the reproduction of life—to refuse to maintain the vampirism of profit extraction that exhausts the body and saturates the infrastructure of even the most benign and impulsive everyday pleasures.⁶⁹ But for most, potentiality within the overwhelming present is less well symbolized by energizing images of sustainable life and less guaranteed by the glorious promise of bodily longevity and social security than it is expressed in regimes of exhausted practical sovereignty, lateral agency, and, sometimes, counterabsorption in episodic refreshment, for example in sex, or spacing out, or food that is not for thought.

development of “authoritarian personality” theory since Adorno et al., see Altemeyer’s introduction.

- 29 Patricia Williams, *The Alchemy of Race and Rights*, 222.
- 30 Stewart, *Ordinary Affects*, 4.
- 31 Deleuze and Guattari, “Capitalism: A Very Special Delirium,” 216.
- 32 See Berlant, “Thinking about Feeling Historical.”
- 33 I entirely respect Caruth’s work and claim, but think that the relation of trauma to styles of representation is far richer in terms of the implied temporal imaginary of the symptom than *Unclaimed Experience* argues. Caruth’s later work attributes the creativity and aesthetic richness that might accompany post-traumatic life to the life drive, and thus preserves the autonomy of trauma from the ordinary, a view against which I am arguing.
- 34 For a related analysis of the tradition of traumatic temporality, see Clough et al., *The Affective Turn*, 1–33.
- 35 Caruth, *Unclaimed Experience*, 1–9.
- 36 Ruth Leys points to two styles of traumatic symptom, the mimetic and antimimetic, arguing that trauma’s shattering of boundaries as such produces a constant shift between seeing the subject of trauma as shattered into symptom (mimetic) or produced as dissociative being (antimimetic). My analysis is clearly on the antimimetic side of things, but as the focus of this book is on dramas of adjustment and processual subjectivity during times of historical transition, trauma’s focus on the logic of exception underdescribes the range of response styles that emerge in these extended situations. See Leys, *Trauma: A Genealogy*.
- 37 Phillips, “Freud and the Uses of Forgetting.”
- 38 See the historical details surrounding the emergence and suppression of “the falling man” of 9/11 in Junod, “The Falling Man.” See also DeLillo, *Falling Man*; and the documentary *9/11: The Falling Man*, dir. Henry Singer (2005).
- 39 François, *Open Secrets*.
- 40 Fred Moten, *In the Break*, especially 63–122.
- 41 Spivak, “Forum: The Legacy of Jacques Derrida.” The term “telepoesis” is from Derrida, *The Politics of Friendship*, 32 (translation modified). See also Spivak’s use of the concept in “Harlem,” 116.

THREE Slow Death

Many thanks to Dipesh Chakrabarty, Geoff Eley, Dana Luciano, Nasser Hussain, Roger Rouse, Adam Thurschwell, and Martha Umphrey for their meticulous engagements, as well as to audiences at Amherst, Johns Hopkins, the University of Wisconsin, the University of Chicago, APA, ASA, and Cleveland State. Special nostalgic thanks to Virginia Chang, my original collaborator in the Obesity and Poverty conference (2002).

- 1 See Harvey, “The Body as an Accumulation Strategy.” To call Harvey polemical is not to devalue his profound contributions to understanding the productive destructiveness of capital: in his work, a polemic is a call for precision, not a way of drowning it out.
- 2 Mbembe, “Necropolitics,” 12. See Agamben, *Homo Sacer*, *Remnants of Auschwitz*, and *State of Exception*.
- 3 See Sarat and Hussain, “On Lawful Lawlessness,” 1307; see also Hussain, *The Jurisprudence of Emergency*.
- 4 For a related critique of the metaphysicalization of the sovereignty concept, see Balke, “Derrida and Foucault on Sovereignty.” In “The Life and Times of Sovereignty,” Daniel Morris helped me to elaborate and clarify what it might mean to temporalize this concept.
- 5 See Bataille, *Literature and Evil*, 173; and *The Unfinished System of Nonknowledge*.
- 6 Foucault, “17 March 1976,” 238–63.
- 7 *Ibid.*, 243–44. Ultimately Foucault’s model of the endemic and of biopower is far more focused on power distributed through delegated state practices than is this chapter.
- 8 See, for example, the place of sovereignty in the conceptualization of sociality and publicness throughout Michael Warner’s *Publics and Counterpublics*. In “Derrida and Foucault on Sovereignty,” Balke argues that late Derrida also presumes the metaphysical and foundational equivalence of self-mastery, autonomy, and sovereignty in the operation of the Western polis and its individuals.
- 9 See Laclau, “Universalism, Particularism, and the Question of Identity,” 107, and Gilroy, *Against Race*, 220, 230. See also Armstrong, *The Radical Aesthetic*, 236. The antinomian activity of the contemporary U.S. state shows how powerful an as-if or fantasmatic assumption of sovereignty can be in the hands of those otherwise bound by an obligation to legal proceduralism.
- 10 The future anteriority of the subject is central to the problematics of death-in-life in Barthes, *Camera Lucida* and *A Lover’s Discourse*, and Cornell, *The Imaginary Domain*. See also, as a problem, this mode of the will-have-been as confronted by Lee Edelman, *No Future*.
- 11 Available in World Health Organization documents as early as 1998, and registering typical anxiety about the joke-and-threat status of obesity in public-sphere Western rhetoric about it, *globesity* is now in wide circulation in medical and commercial venues: see, for example, Anderson, “Buzzwords du Jour”; Eberwine, “Globesity”; Blackman, “The Enormity of Obesity”; and multiple articles in *Journal of the American Medical Association* and other medical journals. For a recent academic deployment, see Kulick and Meneley, “Introduction.”
- 12 “Anti-will” is Patricia Williams’s brilliant phrase for the mass personality or collective identity deemed so instinctive and appetitive that it is defined by its compulsions. Williams, *The Alchemy of Race and Rights*, 219.

- 13 For the actuarially based establishing arguments, see National Center for Health Statistics (a subdivision of Centers for Disease Control and Prevention), "Prevalence of Overweight and Obesity Among Adults: United States, 1999–2002"; the CDC general obesity homepage at <http://www.cdc.gov>; International Obesity Task Force, <http://www.obesite.chaire.ulaval.ca>; the several World Health Organization Obesity reports at <http://www.who.int/en>; and Mokdad et al., "The Spread of the Obesity Epidemic in the United States, 1991–1998." For debunking arguments, see Oliver, *Fat Politics*, and Campos, *The Obesity Myth*, and the prescient Richard Klein, *Eat Fat*. For geopolitically relativizing arguments, see Gremillion, "The Cultural Politics of Body Size."
- 14 See Dumm, *A Politics of the Ordinary*, 10–49.
- 15 For a great habitation of the Lyotardian "temporalization of space and spatialization of time," see Quick, "Time and the Event."
- 16 Brennan, *The Transmission of Affect*.
- 17 The "event" has been accumulating much critical attention via Jean-François Lyotard, Gilles Deleuze, Jean-Luc Nancy, Alain Badiou, and the post-Freudians, all of whom focus on the event as an experience of radical contingency. I concur with this sense to the extent that the event always points to an impactive experience, but, with the exception of Freud's *après-coup* and Deleuze's perturbation, event theorists use extreme and melodramatic anti-foundational languages of nothingness, shattering, cleavage, and so on to describe impact, disregarding what about the event is at the same time ordinary, forgettable, charming, boring, inconsequential, or subtle. See the Preface for an expanded argument about ordinariness and the event. I am thinking with Jameson's work on genre here, to initiate a way of describing events that allows calibrations of their resonance to articulate different registers of impact (including the vagaries of the vague, the null, and the whatever) and the conventionality of even memorable affective experiences. See Jameson, *The Political Unconscious*. For kindred views, see Collins, "The Great Effects of Small Things"; and Stewart, *Ordinary Affects*. See also the ruminations on the ongoingness of the historical event in Sewell, *Logics of History*.
- 18 A related view on how to think about the temporality of environments in late capitalism, focused on the environment in its natural sense along with its epistemological one, can be found in Barbara Adam's wonderful *Timescapes of Modernity*.
- 19 In the nineteenth century it might have been called morbidity, that is, death as a way of life, but in this instantiation, in slow death, the focus is on the articulation of the structural and the experiential. Not defining a group of individuals merely afflicted with the same ailment, slow death describes populations marked out for wearing out. Thanks to Dana Luciano for discussions about this.
- 20 For more on the anti-intellectual utility of an actuarial imaginary in the orchestration of public politically related emotion, see Berlant, "The Epistemology of State Emotion."

- 21 Such a description as this, pointing to disavowed ways of living that thrive within the "same" temporal regime or horizon of history, resonates with Agamben's use of "zone of indifference" or undifferentiation [*zone di indifferenza*] to describe the thriving antinomianism within political life under contemporary regimes of national/global law (Agamben, *State of Exception*, 23). At the same time that a discourse and practice of obligation to the law endures to resanctify the sacred rights of human subjects, a variety of zones in which the law is suspended also emerges, negating conventions of rights protection in order to protect the idea of protection. This is not just a phenomenon of state practices but also of popular support for the suspension of legal protections on behalf of legal freedom. The problem in Agamben's important description of this multiplication of distinctions into a zone of incoherence is that a structuralism perdures in the idea of bare life as that which is included as the excluded. Agamben overterritorializes what is fundamentally a temporal, symbolizing, and expanding penumbra suffusing and confusing the law. The concept of indistinction should be much stronger, enabling discussion of the foundational disavowals within democratic practice of parceling out freedom and unfreedom, legitimacy and all its formal and informal others. This argument about the activity of displacement is akin to Talal Asad's argument about the institutions of hypocrisy that protect cruel and unusual punishment within liberal legal regimes. Asad shows powerfully how out of sight is not out of mind. See Asad, "On Torture, or Cruel, Inhuman, and Degrading Treatment."
- 22 Elizabeth Kolbert's "XXXL: Why Are We So Fat?" provides the best brief history of the rollout of this crisis to date. Flegal et al. provides the most up-to-date obesity statistics, with 32–35 percent of Americans obese through 2008, but with the rate of increase in obesity status having flatlined around 2003–2004.
- 23 See U.S. Congress, "Personal Responsibility in Food Consumption Act of 2005." Introduced and passed in the House in March 2004, the Senate version of the hamburger bill passed on October 19, 2005. For a legal/cultural reading of this event, see Lithwick, "My Big Fattening Greek Salad."
- 24 The Center for Science in the Public Interest maintains a frequently revised data page concerning normative and legal trends in enforcing nutritional pedagogy: <http://www.cspinet.org>. As for norm tracking, early in this process the French fry took a beating that had nothing to do with the right-wing vitriol against the old Europe that manifested after 9/11. In 2005 an article appeared in the *New York Times* stating aghast that the French fry is now the most frequently and voluminously eaten vegetable by all children in the United States over fifteen months old; this was soon succeeded by a controversial claim that childhood consumption of French fries leads to increased incidence of adult breast cancer; and soon succeeded by the virtual omnipresence of Michael Pollan as the voice of conscience and manageable health, with his slogan: "Eat food. Not too much. Mostly plants." See Tarkan, "Bananas? Maybe. Peas and Kale? Dream On"; Melanie Warner, "Cali-

- fornia Wants to Serve a Health Warning with That Order"; and Rabin, "Study or No, Fries Are Still Bad News." See also the response from business, Investors .com, "California's Low-Fat Diet"; Pollan, "Unhappy Meals"; De Noon, "Michelle Obama's Plan to End Childhood Obesity Epidemic."
- 25 The Obama administration's "Let's Move" initiative covers the gamut from gardening and exercise to actual recipes for cooking and activism. See <http://www.letsmove.gov>. As with previous administrations, the focus is on changing consumption habits through consensual corporate and institutional "partnerships." <http://www.cdc.gov>.
- 26 Oliver, Campos, and Klein fight the "cold facts" of the obesity epidemic with their own cold facts, many of which are taken from "fat activists" who proffer their own antinormative analyses of what should constitute definitions of health and sickness. Speaking a debunking language in the register of scandal to drown out the register of crisis, they do not write with a nuanced understanding of their participation in the discursive and always processual construction of disease historically. See Oliver, *Fat Politics*; Campos, *Obesity Myth*; and Klein, *Eat Fat*.
- 27 See World Health Organization, "Controlling the Global Obesity Epidemic"; MSNBC, "'Globesity' Gains Ground as Leading Killer"; Dickson and Schofield, "Globalization and Globesity"; and Eberwine, "Globesity."
- 28 Besides the cornucopia of evidence in the widely reprinted blog Nanny State Liberation Front, <http://nannystateliberationfront.net>, a decade-long, well-argued, and documented polemic by Jacob Sullum tracks the solidification of the nanny state socialism meme in relation to obesity, from "Public Health vs. The Nanny State?" (2000), "The Link between Fat Ad Budgets and Fat Children" (2004), "An Epidemic of Meddling" (2007), to "Fat Load: A Slimmer America Won't Save Taxpayers Money" (2009). See also note 45.
- 29 Medical sociology and cultural epidemiology are developing groundbreaking approaches relating social capital to other forms of inequality in relation to health, but the field is yet young in terms of thinking about the relation of formal to informal health ideologies and infrastructures. For summary examples, see Song, Son, and Lin, "Social Capital and Health," and Muntaner's more critical commentaries, "Commentary" and, with Lynch and Smith, "Social Capital, Disorganized Communities, and the Third Way."
- 30 Davidson, "Unequal Burden," <http://www.kaisernetwork.org>.
- 31 For wonderful analyses of addiction's disruption of the agency/intentionality phantasm, see Brodie and Redfield, eds., *High Anxieties*.
- 32 CNN, "Fat Americans Getting Even Fatter." See Sturm, "Increases in Clinically Severe Obesity in the United States, 1986–2000." The United Kingdom is comparably described: see Economic and Social Research Council, "Diet and Obesity in the UK." This increase is also being tracked among adolescents: see Miech et al., "Trends in the Association of Poverty with Overweight among US Adolescents, 1971–2004."
- 33 See Gardner and Halweil, "Underfed and Overfed." The pandemic nature of unhealthy overweight is registered in countless places. See research summaries in Kimm and Obarzanek, "Childhood Obesity"; Popkin, "Using Research on the Obesity Pandemic as a Guide to a Unified Vision of Nutrition"; and Walker, "The Obesity Pandemic." While increasing homogeneity of food distribution in global urban and suburban contexts has made unhealthy weights a global medical concern, at the same time the norms of what constitutes evidence of bodily thriving remain resolutely local. See Angier, "Who Is Fat?"
- 34 A substantial literature exists on the translocal impact of U.S. food policy and neoliberal market practices (often called reforms) on global food production. A good general introduction to the field is Lang and Heasman, *Food Wars*. But for a sense of the texture of the debates, it is most instructive to track the series of reports on food production, politics, policies, and consequences at the World Trade Organization and World Social Forum Meetings at alternet.org and open democracy.org.
- 35 Each time I gave the talk on which this chapter is based, sensible people have argued back that obesity and overweight are forms of resistance to the hegemony of the productive/bourgeois body as well as to white class-aspirational beauty culture. My counterargument is that while many forms of ordinary behavior can be phrased in terms of blockage, defense, or aggression, people are more vague and incoherent than that characterization would suggest. There is, in any case, a difference between eating and being fat, and both kinds of activity can be noncommunicative gestures, or ways of detaching from or merely interrupting a moment. Tracking this activity of the shifting subject requires quite a different imaginary in reference to what it means to do something than the transformative fantasy that saturates the concept of resistance and protest. The case is an obstacle to our appetite for drama. So, maybe, and sometimes—but mainly not.
- 36 For a valuable European history of state and medical moralization around bodies as manifest in food, see Turner, "The Government of the Body."
- 37 See Hicks, "America on the Move."
- 38 See Surgeon General, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity"; for later emendations of Satcher's plan, see *USA Today*, "Surgeon General: 'Obesity Rivals Tobacco as Health Ill,'" and the current page at the CDC, <http://www.cdc.gov>. There is a vast clinical literature responding to this cluster of empirical claims; see, for example, Manson et al., "The Escalating Pandemics of Obesity and Sedentary Lifestyle."
- 39 Schlosser, *Fast Food Nation*, 242–43.
- 40 The literature on pangenerational disability from obesity and obesity-related

illnesses is often focused on diabetes and hypertension. See, for example, the front-page *New York Times* series on diabetes: Urbina, Kleinfield, and Santora, "Bad Blood," and Scollan-Koliopoulos, "Consideration for Legacies about Diabetes and Self-Care for the Family with a Multigenerational Occurrence of Type 2 Diabetes."

- 41 In Harvey, "The Body as Accumulation Strategy," 103–4.
- 42 The National Depression Screening Day website is <http://www.mentalhealthscreening.org>. See also Jacobson, "The Epidemic of Obesity"; Shomon, "National Depression Screening Day Offers Public an Open Invitation to Learn about Treatment Options, Expectations"; and Simon et al., "Depression and Work Productivity."
- 43 See, for example, the argument against setting "moral panic" versus the obesity epidemic in the blog *Inquisition 21st Century*, <http://www.inquisition21.com>, and the 100+ articles on the libertarian Cato Institute website, at www.catoinstitute.org, with titles such as "Obesity and 'Public Health'?", "Fat Scare Leads to Government Girth," "What You Eat is Your Business," and "Big Reasons for Fat Skepticism." Rush Limbaugh even blamed the obesity epidemic on "the left," the welfare state, and the United Nations; see Media Matters, "Limbaugh Blamed the Left for Obesity Crisis."
- 44 There have been two "Declaration of the World Food Summit" instantiations, in 1996 and 2002. The archive of the transnational collaboration, mostly among financially stressed nations but including the United States, is located on the United Nations website at <http://www.un.org>. The U.S. government's speeches focus on bank financing of entrepreneurial initiatives. The 2002 Declaration explicitly acknowledges that no progress is being made in the eradication of world poverty despite all of the money, planning, and good intentions directed toward that end at these meetings.
- 45 All statistics on obesity are debated, especially those about children. The Centers for Disease Control and Prevention page on obesity and overweight puts the national percentages at 68 percent in 2010, but slides willy-nilly between obesity and overweight statistics. <http://www.cdc.gov>. For debates about the empirical base of the situation, see the special issue on the obesity epidemic of *The Journal of Clinical Endocrinology and Metabolism* 89, no. 6 (June 2004), featuring many articles focusing on the debate about how to diagnose and treat children. See especially Slyper, "The Pediatric Obesity Epidemic." These debates in the medical literature produce popular literature such as Pick, "Slim Chance"; and Brown, "Well-Intentioned Food Police May Create Havoc with Children's Diets." The current CDC statistics viz. childhood are at <http://www.cdc.gov>.
- 46 Brownell and Battle Horgen, *Food Fight*, 15; see also 23–24.
- 47 There is a vast literature on constrained physical environments and the obesity increase; a good place to begin is the Obesity and the Built Environment website

of the National Institute of Environmental Health Sciences: <http://www.niehs.nih.gov>.

- 48 Nestle and Jacobson, "Halting the Obesity Epidemic."
- 49 See U.S. Department of Health and Human Services, "Overweight and Obesity." Daniel Zu's "Musings on the Fat City" lays out the problem of thinking about health-related movement within the urban ordinary really imaginatively.
- 50 Critser, *Fat Land*, 7.
- 51 See *ibid.*
- 52 See Wise, "Collateral Damage."
- 53 See Critser, *Fat Land*; Nestle, "Hunger in the United States"; and U.S. Conference of Mayors, "A Status Report on Hunger and Homelessness in America's Cities 2001." For counter-arguments as to whether food insecurity is increasing—a debate about methods of measurement—see Nord et al. "Household Food Security in the United States, 2000." The important thing here is just to note that, in the contemporary United States, mass unhealth due to significantly excess weight and mass hunger are not antithetical states or historical contradictions but propped strangely and perversely onto each other.
- 54 See Tilghman, "Obesity and Diabetes in African American Women." See also Freedman et al., "Racial and Ethnic Differences in Secular Trends for Childhood BMI, Weight, and Height."
- 55 See Chang, "The Social Stratification of Obesity."
- 56 See Adams et al., "Overweight, Obesity, and Mortality in a Large Prospective Cohort of Persons 50 to 71 Years Old."
- 57 For a variety of comparisons among women's eating and mobility patterns, see Sobal and Stunkard, "Socioeconomic Status and Obesity," and Lovejoy, "Disturbances in the Social Body." See also Chang, "U.S. Obesity, Weight Gain, and Socioeconomic Status"; Chang and Lauderdale, "Income Disparities in Body Mass Index and Obesity in the United States, 1971–2002"; and Chang and Christakis, "Income Inequality and Weight Status in US Metropolitan Areas." Chang's work alone demonstrates the lability of contemporary accounts of the class and racial indicators of overweight and obesity. In "U.S. Obesity, Weight Gain, and Socioeconomic Status," she argues that poverty-related obesity presents a variety of significant health care challenges in the United States, while claiming that the rate of increase in obesity currently varies significantly across class lines and locale, and that middle-class nonwhites are increasing their degree of overweight faster than are the poor. In "Income Inequality," though, she and her co-author note that varying degrees of economic inequality in different metropolitan areas do not much affect individuals' risk of obesity, except for white women, who continue to use weight status as a means of class mobility. The implication of the latter article is that income inequality in the United States does not create weight-

related ill-health; but the implication of "Income Disparities" is that there is, nonetheless, a high correlation between individual income and unhealthy weight, because the poor are indeed more likely to be significantly overweight than everyone else. This tension between causality and correlation is what creates much of the polemical and methodological debate over whether weight-related unhealthiness in the United States presents an epidemic, a problem, or even an interesting phenomenon.

- 58 For a useful summary of the current literature, see Brown, "Everyday Life for Black American Adults." While the specter of shorter life has been tracked in the medical and popular press for a while, the clearest current epidemiological representation of this phenomenon is Olshansky et al., "A Potential Decline in Life Expectancy in the United States in the 21st Century." The popular debate continues. Just after the publication of Stein, "Obesity May Stall Trend of Increasing Longevity," a counterargument was staged in Gibbs, "Obesity, An Overblown Epidemic?"
- 59 See Logwood, "Food for Our Souls," 98.
- 60 For the general problem of disciplinary moralizing at vulnerable populations, see Gilliom, *Overseers of the Poor*; on the specifically medical side, see Fitzpatrick, *The Tyranny of Health*.
- 61 For surveys of size and eating motivation in the historical and anthropological disciplines, see Gremillion, "The Cultural Politics of Body Size," and Mintz and DuBois, "The Anthropology of Food and Eating." The seeming impossibility of not seeing behaviors as symptoms, as condensations and displacement, of "larger" social forces is striking. The symptom as case becomes a map of a historical field. It is always an expression of a social relation. For ethnographic or observational material that suggests otherwise, showing ingestion as an activity of self-abeyance, see Shipler, *The Working Poor*, and DeParle, *American Dream*. See also note 38.
- 62 See Valverde, *Diseases of the Will*.
- 63 In using eating in excess of minimal caloric requirements for the reproduction of life as a way to think about lateral agency and some contexts of its materialization, I am refuting the kinds of misconstrual that characterize the subjects of appetites (i.e. people) as always fully present to their motives, desires, feelings, and experiences, or as even desiring to be. For a brilliant performance of this error, which goes through all the actuarial and historical material one could want while insisting on a hypercognitive historical actor presently obsessed with eating and fat, see Klein, *Eat Fat*. For a beautifully written but even more self-contradictory performance of this perspective, see especially Probyn, "Eating Sex." Adapting Deleuze's and Guattari's articulation of the sexual and the alimentary, Probyn argues paradoxically that eating is a performative part of the becoming-x central to the ongoing undoing of the subject in assemblages of processual sensual ac-

tivity and that the appetitive is nonetheless exemplary as a grounding site of self-discovery, self-confirmation, identity, and ethics.

- 64 The "slow food" movement emerging in Europe in the 1990s responds to many of the environmental factors this chapter details; along with its critique of neoliberal agricultural policies, it translates the impulsive improvisation around recalibrating the pacing of the day into a collective program for deliberative being in the world in a way opposed to the immediatist productive one of anxious capital. For a terrific analysis of the phenomenon, see Leitch, "Slow Food and the Politics of Pork Fat."
- 65 See Rubin, *Worlds of Pain*, and Heymann, *Forgotten Families*.
- 66 One could use such a model of agency to talk about the self-disenfranchisement of U.S. voters—the slow death of the body politic—much as one can talk about modes of negative agency in domains more immune from the presumption of sovereignty. See chapter 7, "On the Desire for the Political."
- 67 Thanks to Kris Cohen for the Baudrillard citation. I hadn't known about this history of the phrase "slow death" before writing this piece. While the vision of the exhaustion of the capitalist subject expressed by the melodramatic Situationist model of Baudrillard and, also, Bataille does share some parts of this analysis of contemporary obstacles to bodily flourishing, it does not get at the overdetermined gestural invention of other bodily temporalities, nor the complexities of optimism, that I am laying out here. Baudrillard, *Symbolic Exchange and Death*, 38–42. Lotringer's "Remember Foucault" provides a great, rich history of their use of the concept.
- 68 See, for example, Davis, *Late Victorian Holocausts*.
- 69 See, for example, Notes from Nowhere, *We Are Everywhere*; Sitrin, *Horizontalism*; Shukaitis et al., *Constituent Imagination*; Holmes, *Unleashing the Collective Phantoms*. See also chapters 5–7 for more anticapitalist activist bibliography.

FOUR Two Girls, Fat and Thin

- 1 Sedgwick, *Fat Art, Thin Art*, 160. This essay was written originally for a festschrift dedicated to Eve Kosofsky Sedgwick.
- 2 By "phrase" I refer both to Marx's "The Eighteenth Brumaire of Napoleon Bonaparte" and Lyotard's *The Differend*, where the concept of the phrase resonates musically—a form generated through repetition that comes to seem like the origin and limit of meaning, rather than a scene of it. The *differend* is what goes beyond the phrase; it is what, in Marx, the bourgeoisie cannot afford to avow and which, therefore, is everywhere enacted in the tawdry pleasure and violence of ordinary discipline and taboo.
- 3 See the keyword "Phantasy" in Laplanche and Pontalis, *The Language of Psycho-Analysis*.