

The Author is in Pain: Encounters in the World of Non-Belonging

V. Manivannan 1

Performed on October 17, 2015 at Affect Theory Conference: Worldings/Tensions/Futures, Millersville University, Lancaster, PA

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Close your eyes. No—close them. I want this to hurt you the way you're hurting me.

My appendix perforated in 2014. It may have begun as early as March, when I sweated through a night of cramps and went to a GI specialist the next day, who told me I looked fine, my stomach felt fine, speculated it was pancreatic in origin because *you'd know if it was your appendix. The pain would be overwhelming.*

For my affectively dysregulated body, this meant nothing.

The appendix is only 10cm in length and commonly becomes inflamed. Its removal is practically a throwaway procedure. Mine swelled through August before it finally ruptured, on the first day of the fall semester, stretched to the pelvis, plastered to pubic bone. I have the drawing the surgeon made for me, post-op, a kindergarten scrawl more patronizing than his first words to me in the operating theater, *I was wondering the whole surgery, what did you do to your thighs?*, before so much as a *How are you feeling.*

I am not feeling. I am contrived emotion, all the time, when I say, *Good, and how are you?*

In September the pain *was* overwhelming, but only for two days. I rewrote my will. I phoned my mother to say, *I'm dying, I love you.* I never vomited. I shit everything but blood. My temperature hung steady at 97.7. By the third day, I had plateaued. I was the usual, a circular saw spooled in guts and whirring, putrefaction shaped like a leg. I told my mother, *See, I told you. Nothing but breakthrough pain. I told you I could tough it out.*

I must have gotten this idea from somewhere, that it's only liars and the stoic who survive.

My mother said, *I can't believe you didn't go to the doctor when it began.*

When even in the ER, I *looked too well.*

Experience made me anticipate this. I wore a Queen T-shirt and sweatpants and a male doctor heard me out and told me, *It's probably pelvic inflammatory disease*, and to my response that I wasn't sexually active, *Are you sure? Are you sure you couldn't be pregnant?*

Later, a different male doctor brought his team of students to crowd around my bed and listen to him speak convincingly about the possibility of constipation, until I said, when asked to recount my pain, *It's periumbilical radiating to the right lower quadrant, with no noteworthy increase on palpation except for McBurney's sign, accompanied by dizziness, confusion, lack of appetite, and generalized pain. I hold degrees from Dartmouth and Columbia and I'm pursuing a doctorate, and if I don't speak to a surgeon in the next ten minutes, I'm walking out.*

How clinical. How quickly he backed down. How this should not have required Ivy Leagues and fluency in medical jargon, when the radiologist who did my initial intake described my CAT scan as, *Your pelvis looks like a bomb went off. How are you even standing right now? And you said this started a month ago? It's unbelievable.*

Comment [VM1]: Let's not forget that the double-slash, in programming, is a comment or detail not meant for the computer's gaze. In short, it is an unnecessary inclusion.

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Translation: you look too good to be telling the truth.¹

The CAT scan is unreadable, so I'm wheeled to the basement by two men who speak over my body and not to me. I've seen this horror film before, this dark pocket of a room crowded with cryptic screens, empty hallways zigzagged with abandoned, disheveled gurneys. I'm told it could be a reproductive issue; I'm here for a vaginal ultrasound. I am claustrophobic in stirrups. The technician, an older Latina, is stroking my hand and the hollow of my ribs and it dries me to salt and cinders, but I want to fall into her arms, the same way I seek embraces on the subway from strangers kind enough to let me cling, or lean, or cry.

The radiologist is South Asian, my age, absorbed in her screens when she says *Okay breathe* and pushes it in, and I, who stand accused of doing this to myself because I never show my pain, I scream, and she says to the screen, *That's strange, I can't see anything*, and I am cringing up the gurney as far as the gurney allows, I say, *I have chronic pain, I need a minute*, and she says to the technician, *I need her to be still*, and to the screen, *What is that, I can barely see it*, and to the screen, *Doesn't that look strange?*, and to the screen, accusing me, *I'm not sure any of these images are going to work*.

Comment [VM2]: This is the moment when, while performing, the author almost cried.

Showing, not showing. I can't win, can I.

I taste vomit in my mouth when she pulls the camera out. I only keep breathing because the technician squeezes my brittle hand all the way to the elevator and tells me, *Don't worry, miss. You'll be all right. I promise*.

It goes without saying I survived.

This is the tradeoff mandated by the confusion of affects, the bait-and-switches of the body, the forced misinterpretations of a brain addled by constant, chronic pain. That the pressure of her touch stayed like hot wax on my skin, but as long as it lingered, I felt I could be human.

In your worlds I feel less than that. I have fibromyalgia. Note the use of *have*, as though I own it, instead of it possessing me, instead of shadow and silent nurse, abreast of each other by turns in a relay race neither hopes to win.

I have tried and failed to explain with words how my body betrayed me in September, after it made me spend years learning its lexicon, in which facial tingling and partial blindness translate to a stiff neck and nothing more; a seize in the heart that knocks me down, merely chest wall pain; stone and

¹ Wherever I go, there I am haunting myself, as the super-crip woman whose disability is erased by the compensatory gifts of stoicism, intelligence, creativity, pose; or the silent sufferer, the object of pity who can be saved if only her cries for help are addressed; or the moral cripple who does it to herself; or a pathology to be explained by a doctor or the DSM-5, which confuses mental and physical disorder so badly it is a short step to becoming a hypochondriac if I lack a known, identifiable etiology. More than anything else, I am the faker, the social engineer seeking an advantage based on others' perceptions of a falsified weakness. I am all these things and none of them. I am always suspect. See Dolmage, J. (2014). *Disability rhetoric*. Syracuse, NY: Syracuse University Press. p. 35-47.

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coal in my gut, a restricted psoas; forgetfulness, disorientation, slowness, fatigue, the cognitive lapses particular to brain fog. Doctors assess my clothing and my voice and humor me with a stethoscope and a write-up for B vitamins and I have no other recourse but to match medicalized affect, too.

This attitude, it's not exclusive to the hospital.

If this is my normal, how else can I interpret the circular saw?

Wherever I go, I inhabit rooms thick with the telepathic exhortation *be well*, compelling me to mask a chronic pain that can't be cured, to fabricate understandings of pain as it should be²: that razor cuts or a snapped rubber band physiologically relay to the brain something undesired, when both have served as my DIY relief, when once in high school I soldered wires to my finger unawares and my teacher said *How did you not notice, what's wrong with you*, but no, what's wrong with *you*, that this is how we talk when we talk about pain, the language of victor or victim, weapon or wound³, and superficial looking, when there are better ways to see my pain than this, when there could be other, better ways to know?

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You can look now. Open your eyes. See how I **pass** as one of you.

Comment [VM3]: Turn, slowly, 360 degrees.

// START VIDEO

See the author, standing against a flat white wall, the bookcase in the corner suggestive of the domestic. A disembodied voice asks, "How are you feeling today?" The author fumbles for words, saying, "Everything's terrible. It's been a long time since I've been worked on. I've been feeling the flare-up in here a lot (gingerly rubbing abdominal muscles), from not being able to hold myself upright last week. Um...neck and back pain (shrug), some trouble with this knee (patting left knee) and both ankles." Her tone is matter-of-fact, tinged with defeat, or maybe boredom, at having to yet again recount symptoms that are a part of her daily survival. The video is muted. She raises her arms but cannot quite. Her stiffness shows when she bends to touch her ankles. She lies down on the yoga mat, removes her glasses, and it is as though she has vacated her body, anticipating the physical therapist who enters from off-screen and begins massaging her. The author's body is limp but her face, if you watch closely, is a high-pitched cringe, while in the room in front of you she continues as before, articulate, steady in 2.5-inch pumps, looking out at the audience and defying any of you to look at her, either one of her, and go on thinking that surviving is either a heroic narrative or a transformative passive agony. It is masquerade. It is mindfulness and anti-mindfulness. It is becoming more of the same, incoherent biological form in sundry human guises. It is affective labor and manual

²Chen, M. Y. (2014). Brain Fog. *Journal of Literary & Cultural Disability Studies*, 8(2), 171–184. doi:10.3828/jlcs.2014.14
Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. New York, NY: Oxford University Press.

³ Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. New York, NY: Oxford University Press.

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labor, the latter considered masculine, the former the realm of the feminine. It is the stamina of surviving not events, but unpredictable yet endless time.

The author continues to speak as before, gesticulating indifferently, or self-deprecatingly, at the video behind her.

My name is Vysbali Manivannan, and I'm presenting on invisible pain, intensities, ocularity, language, and the medicalization of affect, is how I'm supposed to begin, with a Powerpoint behind me instead of this, my own private pain. I am supposed to whittle my scholarship to sanitized safety, because who among us, myself included, wants to spend days refining their prose about pain, if writing about painful things is wont to invade the body? Who desires the painful work of reading it? Of having to give it that long, hard look?

I'm supposed to stand here at the podium in my blazer and pumps and show you how sharp I am, how coherent, how put together. You wouldn't know from looking that one month ago today I had to lace myself with narcotics just so I can stand. You wouldn't know from looking how I have to blunt my signals to meet your telepathic insistence that, if I don't, I will never be one of you.

You don't need to speak to tell me who I am supposed to be.

I am supposed to be an invalid, a super-crip soldier, a hypochondriac fabricating pain for attention. A woman with fibromyalgia, a constant condition of chronic pain marked by at least 11 out of 18 points, which are called *trigger* or *tender*, depending on who you ask. Note the inescapable metaphors of weapon and wound⁴, how I struggle to overturn them, only to revert, desperately, because I have no other way to make you understand.

There has to be another way.

Whatever you want to call those points, I had 17 when I was diagnosed, in 2007, even though I started my search in 2006, after teaching a class partially blind with half my face numb, I was wearing an outfit similar to this, recounting my symptoms to a Columbia psychologist who assessed me with her eyes and said, *But you look so well, there can't be anything wrong with you.*

Is that how I look to you, standing in front of you, on the screen behind me?

That's what I wore to the hospital to offset the stoicism I can't seem to turn off, but I'll never be able to manipulate my appearance enough.

The rheumatologist who diagnosed me, the first doctor I could trust, told me: *You're a bright young woman with ambition and creativity and a conventionally desirable body. I'm sorry. No one is going to believe you.*

She said: *I hope you're not seeing anybody because sex will always hurt you.*

She said: *Chronic pain is an endless masquerade. It's authentic, but the only way you can convey it as real is by faking your lived interiority.*

⁴ Scarry, 1985.

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Blame my high threshold. I've had to feign frozen shoulders to obtain physical therapy for real ones, limp onto subway cars so when I say, *I have a condition; could I please have a seat?*, I'll project the right affects, and you will swap out projecting *lying malingerer* for *pity the subhuman*, and I can't complain if I'm seated for a hundred-plus blocks but I think it's you setting me up to fail.

Look at me. I look like one of you, the thinkers, the theorists, who don't need sheets of paper to read from like I do, because your mind will not fail you and I transcend impostor when I admit to you the unthinkable, that affective dysfunction compromises my brain, that I am an academic of unsound mind. I trip over precipices in your worlds, abruptly bereft of the ability to process what students, professors, advisers are saying, what *I* am saying, because our work requires a wholeness of grasp, a comprehension made impossible by brain fog⁵.

In your circles I have to mock myself to play along, making faces and cuckoo signs, blaming lack of sleep, an academic standby we can all get behind, except less than 8 hours for me means my brain stutters and my tongue flaps rootless in my mouth. I have forgotten words like *hardware, undermine, committee, door*. I've become adept at synesthesia and description, any tactic to evoke the thing without revealing how compromised I really am. Like the woman behind me, intimacy and pain unfiltered, artist or scholar, crip time or normate, *forced to live in your fast, hard world, while I am a snail in quicksand*.

I can't keep up. I have learned to move with my temporal shifts, the impossible longness of one more block on rubber legs, the rainy days gluing my joints to my bedsheets, or time standing vertically on the motion of my psyche, when I submit myself to my therapist's empathetic gaze to relearn movement.⁶ These time experiences, born of pain and frustration, undesirable, are when the writing wells up, and uninhibited speaking, as no amount of sensory management will let me escape and I am forced to dive inward to my core.⁷

You can see how safe these hands are, you can glimpse the pain they inflict. See how little I grasp of my own bodily memory: how to stand, how to balance, how to extend my arms above my head, my realization that I can't. How to move my ankles. How to take a step forward and back. How my eyes pivot in search of a biogram, those maps of kinesthesia, proprioception, bodily memory of movement that refuse to come.⁸

It happens every day, but look at my disbelief.

Horizontal, I go blank. Expecting to die under hands I trust to remake me. Trusting that if I cannot speak she can read my signals, be they muscular, biochemical, telepathic. We both know this is an exchange of pain, witnessing, caring. I know, unlike you, she knows what to look for.

I know **this** is all you're looking for.

Comment [VM4]: Gesture to self, critically, down and up.

⁵ Chen, M. Y. (2014). Brain Fog. *Journal of Literary & Cultural Disability Studies*, 8(2), 171-184.

⁶ McDonald, A. Crip time. Anne McDonald Centre.

⁷ Koppers, P. (2014). Crip time. *Tikkun*, 29(4), 29-30.

⁸ Massumi, B. (2002). *Parables for the virtual: Movement, affect, sensation*. Durham, NC: Duke University Press.

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In front of you I am staging myself, unable to predict when I can match your pace but reliably preprogrammed, overwritten with your voice⁹, while the woman behind me dives, and I show you this despite my shame to suggest that the crip time of pain is generative, able to erect bridges between our bodies and psyches, to create a shared touchstone that goes beyond the first layer of appearances to something you too can inarticulately feel.^{10, 11}

I'm fumbling towards this, that pain can be both undesirable but desirably generative, that because of these senses I don't want and can't refuse I have habituated a kind of social cunning, synesthetic perception, constant becoming; that bringing intimate private pain into the light of day is a move toward political participation, insisting on transfers you'd otherwise skirt, but I feel stupid all the time, complicit myself for rejecting my own cognitive fluctuations because I feel you repudiate the student who can't think, the professor who powers down, the human who can't balance these hard, fast worlds.

Look at me. I can't even balance myself.

You say without speaking, *What did you expect? This is academia.*¹²

If you want the truth, this is it.

You are not inculpable.

I almost died because I did not listen to my body, because I am so used to listening, because I am so used to silently feeling *you*. This sick culture. As with depression, the lieutenant of pain, the result of pathologizing the subject who can't measure up to the State's demand for a sovereign individual, defined by agendas, projects, consistent production, because she lacks energy, imagination, sheer will.¹³

Or, what always goes unsaid, that depression and self-injury came first, and the rest I did to myself.

Unlike my appendicitis, unlike the tumors and chemo fog of cancer, fibromyalgia is everywhere and nowhere, takes everything as its symptom. This is the closest I can come to approximating its location, the way I manage in the privacy of my home, the slow, steady work of survival, surrendering to touch and psychological attunement between bodies that you can choose to evade¹⁴, shielding yourself with pity, sympathy, encouragements that always boil down to *Well, you look great!* and if I'm playing along all I can say is, *Thanks, it's all an illusion, though*, to which you politely laugh.

Comment [VM5]: Gesture, angrily, at screen.

⁹ McDonald.

¹⁰ Blackman, L. (2010). Embodying affect: Voice-hearing, telepathy, suggestion, and modeling the non-conscious. *Body & Society*, 16(1), 163-192.

¹¹ Scarry, 1985.

¹² Patsavas, A. (2014). Recovering a cripistemology of pain: Leaky bodies, connective tissue, and feeling discourse. *Journal of Literary and Cultural Disability Studies*, 8(2), 203-218.

¹³ Cvetkovich, A. (2012). *Depression: A public feeling*. Durham, NC: Duke University Press.

¹⁴ Cvetkovich, 2012.

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I am so tired of playing along.

I blunt myself because of you, performing **this** because it's what you expect: body-and-mind, implicitly split when it comes to knowledge production, instead of the messy clump of co-informing sensory processes that act as one, the bodymind¹⁵, which acknowledges how pain ruffles the brain, disrupts the ability to think, to recall, to know, to create.

How can I be one of you, if **this** is who I am?

Comment [VM6]: Same, self-critical gesture as before.

Comment [VM7]: Turn to face the screen. Reveal that this self behind you, before you, is someone you know intimately, someone you don't know at all.

After all this, if I asked, would you touch me, make yourself complicit in a way you can feel, in the way I desire, even though your voices are fireworks on my skin, even though I have performed podiatric surgery on myself to correct a surgeon's error, with a razor and a lighter and no anesthesia, giddy as all other signals faded to zero?¹⁶

You may always have that doubt, is this compassion or cruelty, but I am sick with longing.

We speak of two distinct orders of events when we compare one person's pain to another's, and when I throw mine in, with its persistent intensities and unexplainable sensory processing and its unpredictable intermittency, a third order arises, in which the undesired becomes standard, the standard a shock to the system, and none of it available to you for sensory confirmation or denial. *Pain unsharably in our midst*¹⁷, and no way to vocalize it except as weapon or wound, as female hysteric or masochist, as mentally ill and self-inflicting, as medicalized affect. The scalding, pinching, aching, stabbing. The happy meeting of razor and wrist.

How close I come, you have no idea.

I say this is about looking but looking is bound up in the language of pain, and I want to restore layers to both, attempting synesthesia, provocation, the spectacular reveal, to explain the condition of pain as a world with no end, anterior to language and invisible to outsiders' eyes, when your worlds say voice and vision are doomed to fail, and my body will always be a question mark from which to hang, while death keeps stroking me, finding me wanting, but one day. I'll misread the signals I have to misread already just to get by.

I'm not dead yet. I'm relying on your susceptibility. Your openness. Your awareness that there is always more encoded than you are being given.

¹⁵ Price, M. (2015). The bodymind problem and the possibilities of pain. *Hypatia*, 30(1), 268-284.

¹⁶ Scarry, 1985; Siebers, 2004.

¹⁷ Scarry, 1985.

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I am a cartography of signs if you possess the right eyes. If you're ready, if you're willing, let me show them to you now.

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You can't see them all but I'm up to seven modifications now, nine if you count the scarifications, the surgeon dwelled on longer than my post-op recovery, ten if you count the magnet in my finger, which is less an extension of touch than the way I feel atmosphere, thrumming and electric, just enough heft to slow me down.

Comment [VM8]: Turn around, remove blazer, toss it to the floor, as easy and natural as the feeling of being discarded yourself, or of discarding self, right now.

I'm accusing the surgeon but all my physicians react with incredulity, *But why would you do that to yourself?*, as though there is one right kind of body and medicine holds the monopoly on interventions into it. The air thick with the unspoken, *And you wonder why you're so unwell.*

I haven't said it yet but in the ER, the head nurse coding me into the system saw my scarified thighs and gasped, *Did you do that?* *I had it done*, I said. It was a cover-up for years of self-injury, long since behind me, which I've heard described as an externalization of excess affect or the cause for all my pain. The nurse tagged me *suicidal*. I protested, threatened to walk out, but she was inflexible until she asked about my panopticon tattoo, and I presented my back to her and delivered the standard lecture I give my classes: that the body is inseparable from the operation of power, and physicality is an object of control¹⁸, and when I turned back around all the nurses had gathered, nodding, and the head nurse was quietly erasing the *suicidal* tag.

I want to say something to validate this experience, like this is the proof that though I am banished to the world's limits vision and language will not always fail me, and somewhere I can still hope for an embrace. Or if scars are the proof of invisible pain, then these must be speaking all the time, implying a willingness and ability to endure, dismissing the fact that submitting to the needle is voluntary while fibromyalgia christens all its houses *feeling this is not a choice.*

Comment [VM9]: Gesture, as best as you can, to the tattoos on your exposed back.

It was a choice to etch these maps on myself, to make anything of myself visible at all. Foucault's panopticon at my nape, cast in relief due to the artist overworking the skin so that the ink sits on raised scar tissue, the watchman's tower less so than the prison cells around it. It says something, doesn't it, that the symbol of disciplinary power is what proves my body unruly. That the prisoners are more elevated than anything else.

¹⁸ Foucault, M. (1977). *Discipline and punish*. New York, NY: Pantheon Books.

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Below this normalizing eye, the supine female body, disallowed affective faciality and incapable of the *intensive expressive movements* that provoke change and becoming.¹⁹ Wait and see. She unmask the face as a false signpost, and visibility as the central problematic of the grand unified theory of female pain: that pain that must be performed into visibility ceases to be authentic regardless of its truth.²⁰ She is not the same braille as the panopticon. She is faceless because she has to be. Under the eye of power, she is psychosomatic; she is not real. She stands on the cosmic ouroboros, the snake that eats its own tail and contains the physical scale of the universe, as though through unification all the connections could finally be laid bare, when we are always partial, anything but whole.²¹ Linked by her red sash to power and eternal return, this woman stands capable of traversing both. She is spiraled in ants that emanate from her core, like the ant mill that army ants sometimes stumble into and can't escape. Blind, reliant on pheromones, when they cross an old scent trail it spells the end. They follow it until exhausted to death. The circle must be disrupted by outsiders if the ants are to survive.

You could say it's the same with chronic pain. How I constantly have to *hack a living by reinterpreting the rules*²², the eruptions and interruptions of signals and processing, which enable me to prove that whatever my body may tell me I can ignore it past the point of fatality, and as much as I stand here accusing you, I know: I am here because of you. Disrupting the circles in which I am so entrenched.

Help me disrupt the rest.

Center the woman in your sights. Let the camera's eye do the looking for you, to show you, concretely, how the signals escape. Slow and tricky as crisp time, how you may have to angle it with finesse to trigger the reveal. Hold it still when it's exposed, for even the more authentic image hides a truer one below.

Comment [VM10]: Activate Aurasma and offer phone to an audience member. Pray they become engaged.

If the problem is that invisible pain is bloodless, here is the problem solved. The fertile wounds you demand to dwell in²³. The consequences of ignoring the body.

Here are the 18 trigger points of a standard fibromyalgia diagnosis. You get to see them all at once, front points on her, back points on me, but it's not enough, it's never enough, so this addition of the psoas muscles in close-up, smeared on her the way they feel in me, lumbar vertebrae and pelvic floor lusting for convergence in a permanent crippling kiss.

¹⁹ Galloway, A. (2007). *The exploit: A theory of networks*. Minneapolis, MN: University of Minnesota Press.; Deleuze, G. & Guattari, F. (1980). *A thousand plateaus*. Minneapolis, MN: University of Minnesota Press.

²⁰ Jamison, L. (2014). The grand unified theory of female pain. *Virginia Quarterly Review*, Spring.

²¹ Because body modifications are artistic interventions I cannot claim full credit for, I'd like to acknowledge: Lucky Mike of Shotsie's Tattoo, NJ (2007, since relocated) for resizing and inking the cosmic ouroboros; Lara of East Side Ink, NYC (2012, since relocated) for resizing and inking the panopticon; and Bradley of White Rabbit Tattoo, NYC for designing and inking the sashed, faceless woman bridging the two.

²² Parikka, J. (2010). *Insect media: An archaeology of animals and technology*. Minneapolis, MN: University of Minnesota.

²³ Jamison, 2014.

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The wounds look small, but by now you know: they come from a deep place. Rooted throughout the body. A silent reminder that the medical standards are lacking, that the exclusions tell us more than the inclusions, that maybe I bled internally for a month but I am bleeding, all the time.

Comment [VM11]: Take phone back. Turn back to face the audience.

Peel it away, and I am bright and capable again, worthy of the gods.

That's the illusion.

Even this is not the whole story, this star system welling up with blood, as if pain itself could seep from the pores. It doesn't need visual confirmation. What it needs is you.

Let me be woundless with valid pain. Let me set my academic metronome to crip time. Let my private pain emerge as something instructive, as whole matrices of feelings able to generate new modes of thinking, knowledge, transformation, joining. Less a story of what bodies in pain are than what bodies in pain can do.²⁴

In September, this is what I recorded as my dying request.

I wish you would touch me.

I am this gaping wound and empty head that you don't want and I wish you would make your boundaries permeable. Change what your worlds tell me I am supposed to be. Let me in. Let my pain be something you can see, and me a body that belongs.

²⁴ Blackman, 2010.