

**REAL LIFE**

# BLOOD TIES

**“Life Support” by Hannah Barton**

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SOME STRETCH OF PRIMORDIAL TIME PASSED—I imagine, I can’t look it up right now—during which blood was only shed, spilled or stolen, before it was ever drawn or given. Blood is magnetic wealth; it is the stuff of lifelong pacts and biohazards. *The life of a creature is in the blood*, and we are bloody symbolic creatures. In the year of Mary Shelley’s *Frankenstein* and the century of new bodily “transgressive intimacies,” a British physician finally curbed one female death by childbirth with a blood transfusion; he was the same age as the American painter who, having received the news of his wife’s postpartum heart attack too late to see her burial, created a pulsing code and the first long-distance telegraph. Some of us feel we bleed into our work; some moreso *let* through suckling devices, turning daily blood to vital data; others wonder whether the blood on our fingertips is all our own; and some of us keep blood ties forever, with people we call our lifeblood long after time and space have failed to help us find them again. —SORAYA KING



# LIFE SUPPORT

When your existence depends on glycemic control, blood goes in, data comes out, and self-tracking is not a choice **by HANNAH BARTON**

**I** WAS DIAGNOSED WITH Type 1 diabetes at age 27. After that, my world, and my movements through it, became oriented around and articulated most effectually in metrics.

The numbers I see most frequently concern my blood glucose levels. Upwards of eight times daily I press a spring-loaded lancet against a fingertip, release the mechanism, and massage the fleshy digit until a neat globule of blood pools upon it. Capillary action sucks the blood—shades of red varying from scarlet, to ruby, or

wine—into the test-strip proboscis of a match-box-size analog blood glucose monitor. Blood goes in, and data pours out. I peer at the small screen as I wait for my body to talk in numbers.

Frequent blood tests are necessary since Type 1 diabetics produce no insulin—a peptide hormone secreted from the pancreas which allows the body's cells to absorb glucose from the blood—so we are required to administer it ourselves, in my case via a subcutaneous injection. The test tells me how many millimole per

litre (mmol/l) of glucose are present in my blood at that moment. From this I can tell whether I have administered my insulin dosage correctly, or if an adjustment is necessary. If no or insufficient insulin is administered, blood glucose will accumulate, causing hyperglycemia—hyper, over—which will prove fatal in a matter of hours or days if untreated. Elevated blood glucose wreaks havoc upon the diabetic body: Unable to derive energy from blood glucose, fat and muscle reserves are raided, causing rapid weight and tissue loss along with extreme fatigue; the body craves water as it attempts to flush out the excess glucose, causing an unbearable thirst. A prodigious amount of urine is produced in an attempt to slake it; ketones are released as brown fat is metabolized, which alters the pH level of the blood; the diabetic's breath starts to smell of nail-polish remover; a stupor; a coma; then death.

Diabetics who have access to insulin but, for whatever reason, are not able to regulate their blood glucose levels with it will suffer periods of hyperglycemia that will result in significant, long-term ill effects: pathological damage to the kidneys, eyes, liver, heart, and nervous and circulatory systems. These blood-test results, then, yield vital data.



CONSULTING THESE METRICS INDUCES a response borne of optic rather than haptic stimuli. Once let and measured, my blood assumes a discrete visual identity: an integer on a dim screen. My least error-prone meter is as basic as they come—standard-issue NHS fare; a small blue plastic trapezoid that houses a gray-on-gray LCD display. It switches on when a testing strip—an oblong of stiff plastic about the size of a match-

stick—is pushed into a slot below the screen. The display lights up with eight-bit graphics. A looping blood drop, dripping from top to bottom materializes and urges me to do the deed. I lancet my finger and feed my blood in. The screen now displays a spinning egg timer as it calculates and measures. Five timer rotations, or five seconds, and the result is delivered. Numbers, in that gappy pocket-calculator font, fill the screen, and they are authoritative.

The desired blood glucose range for Type

## My equipment never strays far from my side. My life support: pen and monitor and me, in corollary

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I's is between four and six mmol/l pre-prandial and between six and 9.5 mmol/l two hours post-prandial. Pierce, squeeze, wait. Will I land in range, or fall outside? A reading of 9.5 mmol/l or higher indicates high levels of blood glucose, or hyperglycemia. This causes my heartbeat to quicken and my face to glow red. These numbers sign bodily ruination. I see over 14 mmol/l and I detect an abject dread.

It's also of course possible—for my pen and I are mere pancreatic imposters—to administer too much insulin, which in turn will cause blood glucose levels to drop below four mmol/l. This is called hypoglycemia—hypo, *under*. Hypoglycemia is dangerous at the time it occurs, producing some striking physiological responses. Numbers below 4.0 mmol/l cause my tongue and fingertips to buzz. My lips go numb and I can taste metal. Below 3.0 mmol/l and my cultivated demeanor dissipates. All instinct, I pour with sweat and rage, and—with what feels like a heartbeat so violent it is evidenced on my breastplate—some beast



within aggressively searches out glucose. Below 2.0 mmol/l and there begins a slow yet total dismantling of the world I stand in. In this place the buzzing envelopes me entirely; a white noise dominates as my surroundings recede. People and things and concepts become shapes and colors and gut feelings, increasingly distant and increasingly ridiculous. Amid the fug, an insight: My understanding of all that surrounds me, and my approach to negotiating my movements through it, is entirely protean—contingent on the glucose content in my blood. Fifteen minutes later I recover and harumph with wry laughter, finding it absurd that this caliber of perceptual shift—enough surely to impress the most seasoned psychonaut—has been brought about by such a mundane deficit.

Numbers below 1.0 mmol/l are produced by a body needing hospitalization, a body near death. They signal chaos. I strive to avoid both psychological and physiological disruptions and remain on the level. I am happiest when I see steady fives; their straight backs and cursive swell seem to beam at me. In numerical synaesthesia, a robust *five* has bronzed lithe limbs, a scarlet heart that beats strong, glossy rich brown kidneys, and gleaming white toenails crowning my pink feet.

Given the parameters of the condition, it stands to reason that dining is a necessarily quantified affair. I scan for sugars, and count carbohydrates, quietly totting up totals with the speed of a cold reader and preparing my injection amid the dinner table talk. Carbs are not all alike of course: complex carbs—think brown rice—are metabolized slowly, whereas simple carbs—

think refined sugars, including drinks, non-diet sodas, juices, smoothies, and yes, liquors—hit the bloodstream fast. Booze consumption is a dark art: Carbohydrate-laden beers, and spirits and mixers, task the liver with processing both sugars and alcohol; this phased metabolization causes irregular spikes and dips in blood glucose levels as each step of digestion is attended to. So I categorize the carbs I am to consume as simple or complex, and estimate how many grams of each are on my plate, considering auxiliary factors such as fat and protein content (which slow digestion), fiber (which aids it) and whatever is in my tippie of choice. My calculations at lunch today: 50 grams of carbohydrates, 10 of which are simple.

I must think beyond the plate, too. Exercising helps lower blood glucose levels—have I exerted myself today? Am I ill? Am I stressed? Can I note any other trends of late? With decisive movements, I administer seven units of insulin (a jog, good health) into an injection site on my stomach. Two hours later I test my blood, my body having responded successfully, or not. My equipment never strays far from my side. I need to have eyes on them before I leave my flat, and I stop in the street just out front to rummage in my bag as I check for them once more. My life support: pen and monitor and me, in corollary.



CONTEMPORARY DIABETICS DABBLE IN blood as they try to manage and understand their bodies, but it used to be urine through which the condition was determined and defined. Diagnoses in antiquity took note of the symptomatic thirst and need to urinate—the term *diabetes*, coined by Apollonius in 240 BCE, means “to pass through”—with the waste noted as being extraordinarily sweet to the taste. Barely-yellow pools of the stuff would attract ants one by one, and doctors would employ “water tasters” to take diagnostic sips. The affliction mystified physicians throughout the ages, consequential as it is to an autoimmune assault on the hitherto

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## The contemporary diabetic bleeds data

invisible endocrine system, diabetes lingered in obscurity, referred to colloquially as “the pissing evil.” It was an unknown unknown.

Only in 1889 did Joseph von Mering and Oskar Minkowski discover the role the pancreas plays in regulating blood glucose levels, a revelation that led Frederick Banting and Charles Best to homogenize a pancreatic extract in 1922. After ascertaining the safety of this substance, they provided their first patient with insulin therapy—a 14-year-old boy named Leonard Thompson. “Isletin Insulin” entered commercial production in 1923, though it was not until 1953 that the hormone was synthesized. The pathology of diabetes, and its links to long-term health issues were uncovered in the 1940s; home urine test strips were introduced in the 1950s and home blood glucose tests became available from the early 1980s. By the close of the 20th century, the interrogation of somatic data had diminished the opacity of this once confounding condition; the deep dark red mysteries of the diabetic body drawn out into the sunlight via our perforated fingertips.

The contemporary diabetic bleeds data. As beneficiaries of the technological developments of the last century, diabetics today may find themselves far better equipped to manage their condition than their forebears, and advances in diabetes management continue to hit the market. Constant Glucose Monitoring (CGM), for instance, is a nascent wearable technology that gives the user continual knowledge of their BG levels. A CGM set comprises a transmitting sensor to be placed on the body, and a handheld receiver with a dashboard display. A hair-fine needle protruding from the sensor burrows under the skin, sipping at the interstitial fluid beneath. The dashboard receives and displays blood glucose levels in near real-time, at all times, issuing alerts when the user is high or low—its legibility particularly well suited to diabetic children and

their parents. Yet nifty as these are—with the newest CGMs compatible with smartphones and watches—they are also currently prohibitively expensive for many, costing upwards of \$1,300 as an initial outlay, plus \$60 every two weeks or as soon as the sensor needs replacing.

As incentivized contributors to a potentially vast data set, the willing disclosure of metrics at scale may contribute to research aimed at further understanding or even curing the condition. However, not all diabetics are born equal; the

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digital divide between smartphone users and everyone else speaks to the degrees of sectoring present in the diabetic population, with even the most bog-standard analog equipment and test strips proving costly for those without healthcare. Diabetes affects the poor or unsupported the hardest, with countless across the world going undiagnosed. Others are price-gouged and surviving on limited medication, or suffer the consequences of going without treatment entirely, their future-damaged bodies paying the price.

The role of the functional individual come data-creator is further complicated as practices of “self-tracking,” which diabetics have so long experienced, become more broadly understood and adopted. For many, tracking and quantification manifest as by-products of digital engagement. From the data captured in our browser histories to social media posts that prove popular,

we find our movements logged and assessed. As such, self-tracking emerges as a constitutive state of mediatization. However, as posited by Deborah Lupton and Melanie Swan, it is the *choice* to consult and analyze the datasets produced—or moreover, the decision to actively produce additional datasets by using wearables and apps—that distinguishes the notional Quantified Self (QS) in separate parameters. QS defines itself as a movement, the key tenet being that one can attain “self-knowledge through numbers.” The first QS meeting that took place in 2008, in the Pacifica home of *Wired’s* co-editor Kevin Kelly. Kelly, along with counterpart Gary Wolf, founded the QS movement, and with *Wired* as a vehicle for coverage, saw it expand to form a global community comprising hundreds of “chapters” instated in 34 countries at time of this writing. QS participants socialize their practice during these meetings and via digital platforms, sharing their experiences of and approaches to quantifying the self—along with success stories and failures. The explosive popularity of the movement attests to the benefits and satisfactions that can be gleaned from monitoring one’s health—self-tracking is after all, a historic practice—yet the act of reviewing one’s detailed, digitally afforded biometric data in the context of QS marks a radical departure in the consideration of what constitutes selfhood—and which qualities of selfhood are privileged. Subsequent to its founding then, QS and its politics have been variously adopted, discussed, debated, proselytized: Does QS promote betterment or stoke data fatigue? Can bioinformatics afford empowerment or are the biopolitical concerns insurmountable? I feel that I should be enlivened, encouraged, by the popularity of QS, and the galvanizing discourse surrounding it. Surely, these conversants are speaking my language?



A FEW YEARS AFTER my diagnosis I had a check-up with the hospital consultant, a lovely endocrinologist I see annually, who talks me through

my latest results: an eight-week blood glucose average (they’re called HBA1Cs and we aim for below seven percent), kidney and liver function; heart rate; blood pressure; eyesight; and he checks the circulation in my fingers and toes. After enquiring about my emotional state he, in near-fatherly tones, reminds me with urgency that if I am thinking of getting pregnant I must plan it very carefully, for periods of elevated blood glucose levels prior to and during in the first trimester will harm the fetus. Does that all make sense, he asks? Yes. But I have another question for him: “Doctor, can diabetes...” I search for the words, my carefully rehearsed, elegant phrasing flying out of the window. I quickly blurt “Can diabetes make you stupid?” I am Lisa Simpson, except I’m 29, and I’m concerned about an imminent “dumbening.” More specifically, I am concerned about periods of hyperglycemia. I visualize the surfeit sugar crystals as cartoonish granular blocks, coursing through my bloodstream, tearing up my venal walls and when in the brain, carousing around the grey matter, unravelling neural connections, scratching out memories, and stymying my higher cognitive functions. Is this why I forgot my keys the other day? The question again: Is my brain being torn to ribbons, doctor?

It wasn’t and isn’t. “Your concentration is being diverted,” he said, “consider it diluted, not reduced.” Diabetics, like parents, have one part of their attention near constantly dedicated to monitoring their respective concern. It seems an obvious answer in retrospect. My feelings towards the act of obtaining results had already begun to mutate, from the excitement stoked as the first few sets offered up such astonishing insights, to disillusionment, as I realized that this, in all its ceaseless repetition, was my life now. I found out later that the emotional exhaustion caused by ongoing management can give rise to “diabetic burnout.” In this complex, risky state, the diabetic may neglect their insulin regimen in a bid to experience brief freedoms. Knowing I benefit from all the technological advances available, yet finding the iterative, disruptive somatic messages, the ceaseless indexing of my very state of being, engender feelings of profound ambivalence. The 3.2



mmol/l, the 11s. And whilst acknowledging that those advocating for self-quantification are variously earnest, or curious, and well-intentioned, I also see them as modern-day civic boosters; borne of a techno-utopianism particular to California, where, according to Richard Barbrook and Andy Cameron in “The Californian Ideology,” “the social liberalism of New Left and the economic liberalism of New Right have converged into an ambiguous dream of a hi-tech Jeffersonian democracy.” Normalizing the politics of the Quantified Self will serve to boost and normalize a civic state wherein successes are determined in metrics, and health is positioned as central to the notion of identity. As an individual whose health is necessarily central to my identity, this notion recapitulates my body as a site of resistance.

A friend of mine is surprised by my take on this, but they do not bear witness to my private, daily, ritual interfaces with a data-producing machine, body and blood pressed against device; this ongoing confrontation with a dataset has profoundly altered my experience of selfhood. I feel incredulity at this quantified life being thought of as a desired state. I find the enthusiasm for self-quantification evidenced in the global chapters and participatory groups entirely at odds with sense of interminability provoked by the insistent nature of diabetic glycemic control. I also feel envy. Voluntary self-trackers benefit from choice, whilst I fantasize about throwing my devices out of the window—imagining myself as my closed-circuit former self, as an autonomous being again, no bloody fingertips or jabbed flesh—before immediately feeling guilty. “I’m sorry!” I say to them “I didn’t mean it!” I long not to see my body as a problem to be solved. It is a state of compromise; the immediate and long-term condition of my body and my emotional state, dependent on how I react to a numeric display. Diabetics are in a uniquely intimate collusion with devices. We joke on forums: We are

cyborgs! It’s true enough. The human-as-machine metaphor dies hard, and if the body is conceptualized as a biomechanical whole, the diabetic is a system with a malfunction: leaky cyborgs, who think in biometrics while dabbling in effluvium.

So, I think of earnest QS-ers as akin to D-503, the protagonist in Yevgeny Zamiatin’s novel *We*. D-503 was a true believer in the “perfectly mathematical” rule of the governing One State, whose civic structures are made entirely of glass. Zamiatin intended D-503’s mind-set to unsettle, so why does the normalization of the

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QS mentality not surprise? Rather than comprising a radical shift, the messages that sell quantification as a means of betterment chime soundly in an age of social-media-valorized metrics. We are encouraged to share, perform, and participate, with digital devices increasingly constituting rather than merely mediating experiences. The growing popularity of QS—in the instrumentalization of somatic data production—recalibrates the power dynamic between hardware or software producers and participating data creators—or consumers. That the movement also dovetails neatly with the established diagnostic approach of Western medicine recasts pragmatic considerations around storage and safeguarding as a question of ethics, notions of citizenship, the role of the state and the power amassed by corporations. Implicit too in the techno-utopian rhetoric surrounding QS is a turn to scientism, of machine-as-underwriter. For science writer

Gideon Lichfield, the move toward merging flesh with intelligent machines represents a desire to “escape from the mundane and bothersome nature of membership (even their own privileged membership) in a flesh-and-blood society that is held back from advancement by its tiresome need to support—economically and socially—large numbers of less fortunate, intelligent, and motivated people.”

This resonates. Diabetic patients who can't or won't manage their condition are categorised as “non-compliant” by some medics, a term indicative of the patient straying from their treatment plan at cost to their bodies, themselves, and the state. I find the deviancy implied in this terminology striking; the rogue diabetic, initially gratefully surveilled, is ratted out by their wayward data, betrayed by their biometrics. The diabetic cyborg body routinely, necessarily, reconfigures, acquiring prosthetics or appendages, and in doing so submits to biometric surveillance. Voluntary self-trackers *opt in* to such machinations. In a techno-utopia one might see a cyborg-citizen as an assemblage of embodiments, optic, haptic, physical and bionic, linguistic and metric, the body enmeshed in the infrastructure. I find myself thinking of the fascist Republic of Gilead, envisioned in Margaret Atwood's *The Handmaid's Tale*, where the bodies and bodily functions of citizens are integrated with and co-opted by the ideology of the state, and “un-people”—the functionless or the resistant—are sent to labor then die in radioactive colonies. In a quantified future, will the socio-economically sidelined, the geographically remote, the disabled, the unfamiliar, the unwilling, be labeled as non-compliant, or as un-people, too?

Experiencing daily the gamut of compulsory quantification—the benefits, the tolls—I think perhaps that diabetics are canaries in the mine. But I am a doom-monger on occasion, I don't deny it. An indicative daydream: What would I do in an apocalypse? I'm in a *28 Days Later*-type scenario, the miracle survivor. As I mourn the loss of family and friends and the destruction of all humanity, I will loot pharmacies for insulin, bashing away zombies in the hunt

for needles, and in the inevitable supermarket sweep my trolley will be filled with low carb options and as many dextrose tablets as I can get my hands on. Oh, and I mustn't forget batteries to keep my glucose monitor running. This storyline is getting boring, I'm aware. And that's the ongoing battle, for the time being at least. Before I fight off any brain-eaters or resist the co-option of my cyborg-self by the state, I must reconcile with the tedium of it all, committed to monitoring that I would describe as dull, if it wasn't so vital to keeping alive and well. So whilst being deeply grateful for the relative ease by which I can attend to my condition, and as much as I draw upon and feel thankful for the streams of bodily data I can access—for it undoubtedly improves my life and the lives of others—it is in the quiet periods where my levels are stable and I don't need to pierce my skin to feel in numbers in which I luxuriate; times when I can almost recall what it feels like to be a hermetically sealed, autonomous entity, only dimly cognizant of the biochemical reactions taking place within. Such moments are fleeting. Knowledge of my health status is drilled deep; so profoundly has my relatively late diagnosis informed my sense of selfhood, I not only have diabetes in my waking fantasies but I carry my devices and conduct tests in my dreams. It demands attention. And though my body may talk in effectual numbers, I cannot respond exclusively in kind. I insist on an expressive approach when reconciling with my condition; the sprawling stories encoded within metrics are not adequately conveyed in digits, which may serve capably as signs, but comprise mutable significations. Others may think differently of course—this is just the way I'm wired. •

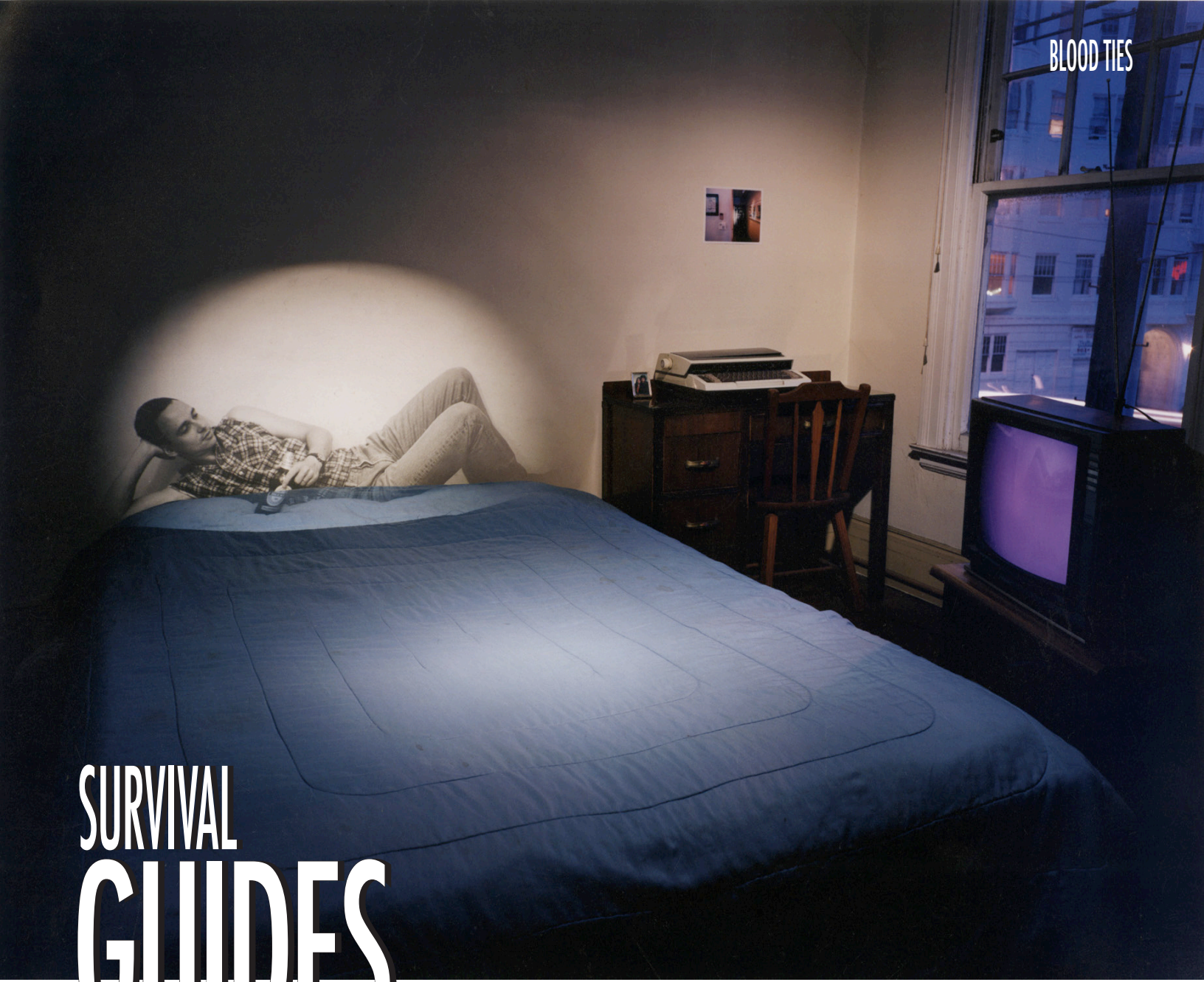
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# SURVIVAL GUIDES

Communities are mechanisms for outliving the end of the world  
by RACHEL GIESE

**M**Y FIRST JOB in journalism was as an editor at gay and lesbian newspaper in Toronto in the mid-1990s. Our offices overlooked Church Street, the main drag of the city's gay village. Out the huge windows, a queer world lay before us: up the block, a community center and a drop-in for teenagers; down the street, a theater company; in between, two bookstores, a

half-dozen bars, a few bathhouses, a video store that stocked mopey gay classics like *Personal Best* and *Boys in the Band*, a shop that sold feminist sex toys and SILENCE = DEATH T-shirts, and a low-rise filled with AIDS organizations and support groups.

Across the street was a coffee shop, with a wide set of steps leading up to its entrance. During the day, cups in hand, people lolled there like sunning lions; at night the steps were taken over by raver kids and hustlers. When production at the paper slowed down and we had nothing to do, we'd stand at the windows and watch

the crowd below: the wide-eyed kids fresh from whatever small town, the regal queens strutting, the activists in leather jackets passing out free condoms, the butch dykes in flannel shirts with earlobes full of studs, the wispy HIV-positive guys lowering themselves on shaky legs to rest on the steps.

This is how we lived then, with death inflecting the everydayness of getting a coffee, flirting with a stranger on the street, working at a community paper. One of my responsibilities was the obituaries section. Every issue I filled my designated pages, sometimes asking the designer for more, with tributes to men dead from complication due to AIDS—many of them, like me, in their early 20s. We were 15 years into the AIDS crisis by then. The memorial in the park up the street was already etched with hundreds of names.

Looking back, it was a wonder I'd found my way into this community at all. No one grows up learning to be queer, not then, anyway. If anything, we intuitively knew how to hide any tells: to look away from other bodies in the gym class locker room, furtively sneak books out of the "homosexual" section in our hometown library. The search for community was high-level spy craft; it meant digging for intelligence without blowing your cover. We used the technologies we had at hand, trading news and gossip within the safety of our bookstores and bars, and out in public signalling each other with the cut of our jeans or a lingering gaze. Camp was a technology, too, as Susan Sontag observed; that clichéd, trademark gay archness was "private code, a badge of identity even." Back in the 1960s gay men in Britain sized one another up, communicating in a near-ultrasonic range with a slang called Polari. In later years, we still spoke in code: Is he a friend of Dorothy's? Does she play for our team? Outsiders neglected by the broader culture have always found ways to make tools of their own.

I'm too young to have witnessed the beginnings of the AIDS tragedy. David France, in his new book, *How to Survive a Plague* (a companion to his stunning 2012 documentary), recalls a vigil in New York's Central Park in 1983: "The plaza was crowded with 1,500 mourners cupping

candles against the darkening sky. A dozen men were in wheelchairs, so wasted they looked like caricatures of starvation. I watched one young man twist in pain that was caused, apparently, by the barest gusts of wind around us ... My friend's mouth hung open. 'It looks like a horror flick,' he said. I was speechless. We had found the plague. From there, it was an avalanche."

As the plague struck New York, it struck the gay communities in San Francisco, Los Angeles, Berlin, Montreal, Miami, Toronto. My older colleagues—men and women who'd come of age during the separatist, hedonistic, radical 1970s—lost entire circles of friends within months and weeks in the 1980s. They told me about lovely young men who shriveled down to their bones overnight, their skin blossoming with lesions; about hospitals barring boyfriends from visiting their dying lovers; about funeral homes that refused to take the bodies; and ashamed parents who told friends back home that their son died of "cancer."

In the days following the election of Donald Trump, I told these stories to a friend. Like so many, and like me, she was despairing over what was to become of America. Racism, nationalism, paranoia, and rage were pre-existing realities, of course, but Trump's win was a backlash—or "whitelash," as CNN's Van Jones put it—to the desire for progress, to the calls for justice by Black Lives Matter, the Occupy movement, feminist activists, the water protectors at Standing Rock. In an essay published a year ago in the *New York Times*, Wesley Morris wrote that America was "in the midst of a great cultural identity migration. Gender roles are merging. Races are being shed. In the last six years or so, but especially in 2015, we've been made to see how trans and bi and poly-ambi-omni we are." Trump, he said, "is the pathogenic version of Obama, filling his supporters with hope based on a promise to rid the country of change."

My friend is younger than me, a Millennial to my Gen-X. I wanted to offer something, to myself as much as to her. What I had was history.





FOR YEARS, THE OFFICIAL response to the AIDS catastrophe was stigma, derision and contempt. President Ronald Reagan ignored the deaths of thousands of Americans, including that of his old friend Rock Hudson, refusing to publicly utter the word “AIDS” until nearly the end of his presidency. His own communications director Pat Buchanan called the disease “nature’s revenge on gay men,” and Reverend Jerry Falwell said it was “the wrath of God upon homosexuals.” That was a violence and a trauma, too: how terribly and conveniently AIDS fit into the existing homophobic narrative that to be queer was to be diseased and deviant.

Republican Senator Jesse Helms proposed a ban on travel to the United States by people who were HIV-positive in 1987; Bill Clinton signed it into law in 1993. It remained in place until 2009. In the intervening 22 years, there were no major international AIDS conferences held in America. HIV-positive foreigners couldn’t visit American relatives or friends. For those wishing to immigrate to the U.S. to join a spouse, waivers were available—but only for heterosexuals. Same-sex couples were excluded.

The activist movements that rose out of the 1980s and ’90s were confrontational, creative, and raucous. ACT UP and Queer Nation held die-ins and kiss-ins. The fire-eating Lesbian Avengers (their motto: “we recruit”) launched the first Dyke March. From HIV/AIDS, the cause expanded to hate crimes, employment discrimination, homophobia in popular culture, relationship recognition. Closeted public figures who didn’t stand with queer people were threatened with outing.

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In Canada, activists protested Customs agents who routinely seized gay and lesbian books, magazines and videos at the border citing obscenity laws. They took on a neo-Nazi group called Heritage Front, which emerged in 1989 and hosted white power concerts, recruited disaffected white teenagers, and even infiltrated a mainstream conservative political party. One night, after a march to protest a skinhead rally, I went to catch a streetcar home and a courtly gay guy on his way to a bar in leather chaps and a cowboy moustache noticed I was leaving alone. He insisted on walking me to my stop, where he waited until I was safely onboard and then blew me a kiss goodbye. “We look out for each other, honey,” he said.

We didn’t have traditions to draw on: Our families of origin in far too many cases disowned us, and pop culture and media ignored or mocked us. Many of us hadn’t met anyone else like us until we were adults, believing as children and teenagers that we were all alone. We had to imagine ourselves, and our tools, into being. This time of fear and threat pushed us out of the closet, instigating a massive political and cultural revolution.

Networks of support dreamed up in living rooms and on dance floors evolved into hospices, high schools for queer teenagers, health clinics, film festivals, churches and synagogues, Pride marches, party circuits, and advocacy groups. Within the span of a few decades, institutions were built from scratch, funded from the proceeds of drag shows and club nights. Spontaneous vigils and rallies advertised by leaflets and phone trees grew into sophisticated political lobbying efforts that now have staff and offices. Ad hoc volunteer campaigns to pass out condoms in bars and parks evolved into safer sex education programs. New York and Chicago’s Black and Latinx underground drag balls created alternate family units and developed a uniquely queer art form. Gay and lesbian writers penned a canon of novels, poems and plays.

Lots of our efforts failed and rarely did we all—gay and lesbian, bi and trans, white folks and people of color, women and men, radicals and moderates, provocateurs and assimilationists—agree. And yet, collectively, we secured a slate of civil rights protections and anti-discrim-



ination laws more rapidly than anyone would have thought possible.

AIDS doesn't kill quite so often and so fast. Antiretroviral treatment has transformed the disease into a chronic condition for those who can afford it and have access to it; now the horizon is set on a vaccine. Like every other marginalized group has done, in the face of persecution and hate, we built what we needed to survive. The plague that killed so many of us didn't destroy us. It created us.

I shared my history with my friend because I wanted to remind her that there are communities that have already survived, and are surviving, the end of the world. Progress has no final chapter, no concluding destination. Just more work.



OUR INFRASTRUCTURE AND INSTITUTIONS remain imperfect and unfinished. Within the community, the affluent, white, male, and the “straight-acting and straight-looking” dominate. The allure of respectability, of marriage rights and polite tolerance, has shut out those on the fringes, the gender non-conforming butches and queens. The mass shooting at the Pulse Nightclub in Orlando reminded us of the degree to which we are still hated; and, in the conversations that came in its aftermath, the specific vulnerability of those both queer and brown or black. “You know what the opposite of Latin Night at the Queer Club is? Another Day in Straight White America,” Justin Torres wrote in the *Washington Post*. “So when you walk into the club, if you're lucky, it feels expansive. ‘Safe space’ is a cliché, overused and exhausted in our discourse, but the fact remains that a sense of safety transforms the body, transforms the spirit. So many of us walk through the world without it.”

This past Pride Day in Toronto, a group of activists from Black Lives Matter stopped the parade for 25 minutes to protest the overwhelming presence of police at the event; a number of floats from law enforcement agen-

cies were welcomed in the parade. The queer community split in its response, many calling the action divisive and impolite: Our handsome prime minister was in the parade, waving to crowds in a pink shirt, and BLM had delayed him. What was lost in these attacks on the group was the history of the parade itself. Pride Day is a tribute to resistance and confrontation, a memorial to New York's 1969 Stonewall Riots and, in Toronto, also to the massive protests that followed a series of police raids on gay bathhouses in 1983. It didn't take long for memories to fade.

The queer world is no longer a small stretch of blocks scattered in isolated cities. A gay kid in farm country finds friends and boyfriends on Instagram, comes out because of Gay Straight Alliances and maybe even has a supportive mom who watches *Ellen*. A trans woman figures out who she is and how to find help by watching transition videos on YouTube, and calling hotlines in cities halfway across the country. Hooking up in bars and bathhouses has given way to GPS locating the nearest trick on Grindr.

We've metabolized these new technologies as though they'd always been there, doing what communities have always done, adapting and customizing the available tools to share knowledge and survive as our conditions evolved. And along the way the community has become bolder, less furtive, more connected and even, sometimes troublingly, more mainstream. Now it's time to adapt and restructure again, to reckon with what we've achieved and lost, to direct our focus to those most vulnerable, like trans people who are being targeted in hate crimes, and LGBT people still facing violent persecution and imprisonment in countries like Russia, Uganda, Jamaica. Some people say it feels like wartime again. And I think of the old queer protest slogan: An army of lovers cannot fail. ●

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# MONSTER TUCK RALLY

Plastic surgery “monsters” know what they’re doing—and that, to their phobics, is the scariest part by ALEXANDRA KIMBALL

**I**N 2015, 34-YEAR-OLD Justin Jedlica checked into Dr. Leif Rogers’ surgical center in Beverly Hills. A cosmetic surgery veteran, Jedlica had had nearly 200 procedures—five rhinoplasties, cheek, chin and butt implants—and his body had been redesigned with silicone implants along his pectorals, biceps and triceps. But these surgeries had created a disparity between his sculpted arms and his unenhanced back, and unlike pectoral augmentation, back augmentation had never

been done before. So Jedlica, a former sculptor, designed his own back implants by drafting a pattern from tissue he fitted and draped around his own body. The pattern was then sent to a medical technology firm, who cast it in silicone, and sent four flat, cutlet-shaped cutlets to Rogers, a known innovator in cosmetic surgery.

Over a four-hour surgery, Rogers reopened an old scar from one of Jedlica’s previous surgeries, and installed the implants under the latis-

simus dorsi and over the teres muscles on the patient's back, layering two implants for a more beefed-up effect. He had less body fat than Rogers had hoped for, so Rogers had to make adjustments along the way, dissecting deeper into the tissue. Once he was satisfied with how the pieces were lying, the surgeon sealed and bandaged the incision, and declared it a success: "Now his back is going to look the way he wants it to."

Eight weeks later, a healed Jedlica agreed. "I'm like made in Taiwan right now," he said. "I definitely look dollish. It was the right call... It's what I wanted."

Jedlica's groundbreaking surgery was featured on the hit TV show *Botched*, a reality vehicle for a prominent Los Angeles cosmetic surgery clinic; and the into media niches that regularly cover figures who are known for (or suspected of having) excessive cosmetic surgeries. Along with Jedlica—dubbed the "Human Ken Doll"—there is Jocelyn Wildenstein ("Catwoman"), Herbert Chavez ("Superman") and Valeria Lukyanova, (the "Human Barbie Doll"), along with any number of competitors to these titles (Lukyanova shares hers with at least three other Human Barbie Dolls).

Together, they are staples of the lower-tier print tabloids and digital versions like the *Daily Mail*, *Radar Online*, and the *Huffington Post*; they occasionally also appear on general news sites like *Gawker* and *Vice*. Videos of their surgeries and interviews generate millions of views on YouTube, where they are scavenged for memes: Wildenstein in a scene from *Batman*; Jedlica and Lukyanova in a recycling bin. Wherever they appear, their altered faces and bodies provoke a stream of fascination and disgust: "Dude, she looks like a toy and not at all human." "Disgusting human being." "I am not a religious person, but if someone would say that he is an insult to god, I would understand it."

Pop culture has always traded in freaks—pageant toddlers, polygamous Christians—figures who serve not to be admired, but pitied, reviled, and rejected. They are the flipside of the glossed-over, blandly perfect actors and models that populate the modern cult of celebrity. Surgery addicts have received top billing in this side-

show since the dawn of the industry. The media obsession with figures like Jedlica is the latest iteration of a symbiotic relationship between celebrity, surgery and society: We find these stuffed and stretched bodies irresistible, and speculate about the elusive motives behind their compulsion to alter them. But our scrutiny is just as compulsive and strange. Surgery addicts are vessels into which we pour our collective ridicule, disgust and horror. They are our monsters and our mirrors.



THE WORD *MONSTER* COMES from the Latin *monstrum*, meaning "divine omen." Early recorded monsters were deformed children, whom natural scientists believed showed signs of the mother's error while pregnant. A child born with limbs resembling tree trunks was said to be the result of an arboreal curse on the mother. Joseph Merrick, the 19th-century "elephant man," told his doctors that his mother had been surprised by an elephant during pregnancy. Another meaning of is "instruct." Early descriptions of monsters served as both theories and warnings, circumscribing proper behavior for expectant mothers.

But the roots of the plastic surgery monster lie in 19th-century Europe, an era when our understanding of the human body was transformed in the wake of rapid technological advance. "Developments in geology, biology and evolutionary thought all changed how we understood the human body, a site we stake our identity and integrity on," says Dr. Gregory Brophy, an assistant professor of English at Bishop's University in Quebec. "When we picture what it means to be a person, the body is how we imagine that. Monsters are horrifying because they mix the categories by which we understand the body." Early monsters blurred the boundaries between living and dead (zombie), human and animal (minotaur), single and multiple (Hydra).

Brophy's own work focuses on "body horror," a sub-genre of Gothic fiction that surged in pop-



ularity in the 19th century, populated by a new threat: the monster that sprung not from nature or the divine, but human technology, expressing the Victorians' anxieties about the encroachment of new technologies that might transform their sense of self. Medical innovations like blood transfusions and skin grafts made it possible to join different bodies—self and other—in a symbiosis that troubled the Enlightenment's ideas of the body as singular and distinct. Communication tools like telephones and telegrams collapsed the distance between voices, and refined transportation technologies like trains and automobiles threatened the integrity of national borders, national bodies. Frankenstein's monster is grafted from the bodies of several different people, and “sparked” by electricity;

Dr. Moreau sews animal to man, creating human-beast hybrids. Griffin, the protagonist of H.G. Wells's *Invisible Man*, monsterizes himself with a chemical concoction. “Even in *Dracula*,” Brophy says, “the vampire creates more vampires through a type of blood transfusion.”

In the early 20th century, techniques designed to repair the facial injuries of war veterans were refined to optimize the appearances of Hollywood's studio-system actors, spawning a tabloid fixation that evolved in tandem with celebrity itself, fueled by the ever-present Anglo-Saxon taboo against vanity. In the 1930s, an era when even heavy makeup was considered scandalous, celebrity procedures were highly secretive, and the consequences of exposure were swift and harsh. (Mary Pickford, “America's Sweetheart,” was said to have been unable to smile after a regrettable face lift.) Even as surgery techniques improved mid-century, allowing an increasing number of celebrities to successfully achieve the rigid postwar beauty ideal, the taboo persisted, motivating a new era of invasive celebrity reporting and allowing the public to symbolically tear down the very stars they had elevated to iconic status. When Gary Cooper

admitted himself to a New York hospital for a facelift in 1958, reporters tracked him down; one article accused him of “trying hard to look like Gary Cooper.” Marilyn Monroe's surgeon kept records of the star's chin and nose procedures under lock and key until his retirement, when they were passed down to his medical partner.

By the 1980s, cosmetic surgery was so commonplace, and in many cases so undetectable, that it alone was no longer newsworthy. Media focus shifted from the fact of surgery to its effects. Stars with extreme or failed procedures were viciously mocked: Ann-Margret; Zsa Zsa Gabor; Liberace; and one of Jedlicka's beauty icons, Michael Jackson, whose extreme transformation was a point of obsessive interest and

## Victorian anxiety over blood transfusions has now shifted to new forms of technophobia

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revulsion for reporters. Jackson was regularly described in the stock terms of schlock horror: “Wacko Jacko,” “America's Most Famous Sideshow,” “Freak.” Paparazzi installed themselves outside his dermatologist's office. Full-page features compared versions of his face, and invited random experts to weigh in—tropes of surgery coverage that continue to this day. “The ideological function of the monster is that it marks the limit of the categories we use to understand our identities,” Brophy says. “Think of [how] Michael Jackson blurred those limits: adult/child, man/woman, black/white.”

Contemporary vampires are depicted as sympathetic and sexy; the Victorian anxiety over blood transfusions has shifted to new forms of technophobia. Digital culture has once again collapsed the boundaries between selves, creating

new and transgressive intimacies. Social media and texting have eroded our expectation of a private self, allowing us unprecedented access to each other's minds. The ease of global communication challenges the concept of the national body, while the increasingly free exchange of goods has democratized consumer culture, allowing an increasing number of people to access, and disrupt, traditional signifiers of class. Shifting ideas about race and sex, meanwhile, have challenged the categories of identity by which we organize social life.

Our surgery monsters—uncanny mixes of flesh and plastic, human and technology—symbolize our fears about these transformations. But unlike 19th-century monsters, who lumbered in the pages of books and penny dreadfuls, our “abominations” are IRL. And in contrast to their predecessors, surgery monsters are not just monsters, but also creators. Figures like Jedlica represent a disturbing breakdown between authority and subject, consumer and consumed, and they take pleasure in the startling, novel effect they have on others. The anxieties that motivate our revulsion are the same that motivate their enthusiasm. However surreal their skin and features, they're not from some other world, but ours.



LIKE THE VICTORIANS, WE are horrified by bodies that mix too obviously the natural with the technological. Of course, there's an irony to this: surgery is technology, but so is soap, nutritious food, and dentistry. Everyone is part technology, especially those we consider “beautiful,” a label that is inseparable from wealth and social status. Beauty is mandated, especially for women (it's notable that the male surgery addicts who make the news are almost all gay or gender-non-conforming). At the same time, beauty's rigid definition—white, cisgender, able-bodied, lean, symmetrical, young—means few meet the requirements. Brushing your hair or shaving is just as much an act of self-manipulation as getting a

surgeon to slurp fat from your thighs. The difference between Jennifer Aniston—who works out seven days a week—and Jedlica is one of degree, not kind.

Some theorists have called the myriad forms of work we do to appear attractive “beauty labor.” For previous generations, beauty labor was expected, but it had to remain invisible: the ultimate goal was a “natural” look. As cosmetic surgery becomes ever safer and more accessible, the public has come to accept it as part of the beauty labor that women in particular are expected to perform. The secretiveness with which the elite once approached their surgeries has given way to a winky, don't-ask-don't-tell ethos. “Patients in their 50s and 60s would never admit that they got something done,” Dr. Julia Carroll, a Toronto dermatologist, told the *Globe and Mail* in 2015, “but many younger women like to brag that it's part of their beauty routine.”

Crucially, these procedures have become a class marker, a type of conspicuous consumption for the upwardly mobile. The same article heralded the rise of “richface,” the distinctively artificial, filled-and-frozen look epitomized by the Kardashian women. Cheap labor and easy trade has filled the global marketplace with endless knockoffs and imitations of the luxury goods that once signified upper-middle-class status. Cosmetic surgery, unavoidably expensive and time-consuming, now subs in for fashion as “an easy visual marker of wealth.” Anyone can have a designer bag, but Botox injections tell the world you have cash and time to burn.

If artifice is aspirational, why do figures like Jedlica strike us as horrific? Katella Dash, who has spent over \$99,000 on cosmetic procedures, is proud of her synthetic appearance: “I love to look plastic,” she told the *Daily Mail* in 2014. To her audience, her fakeness is not admirable, but risible. “Remember when women were lovely and only got arse implants or nothing at all?” writes a YouTube commenter. “He/she look better with less surgery,” writes another. (Dash is transgender.) These commenters claim to be disturbed by the “unnaturalness” of her appearance—by the technology visible on her poreless skin, bulbous lips, and swollen breasts.

“Somebody recently said to me at a party that plastic surgery is okay, as long as it’s not *Real Housewives* surgery,” society columnist Shinan Govani said in the *Globe* article. “So there’s *Housewives* surgery and non-*Housewives* surgery. But when the conversation wound up, we agreed that not all *Housewives* surgery is created equal, and that Orange County *Housewives* surgery is so much worse than New York *Housewives* surgery.” The surgery narrative pivots on the question of limits and excess; the line between perfection and monstrosity is scalpel-thin. A growing body of cosmetic-surgery-service journalism exhorts readers to “be responsible” in choosing their surgeons and procedures, and to err on the side of conservative or moderate augmentation—“abusing” cosmetic surgery produces the stuff of nightmares. In language that would feel at home in 19th-century body-horror fiction, black-market surgery centers are referred to as “Houses of Horrors,” and illegal butt injections are described as “grotesque.”

Seen in the context of class, this starts to make sense: our celebrities use surgery to signify an upper-class status; our monsters use surgery to achieve it. Notably, many of them are from working-class or immigrant backgrounds, and many are open about this. “We lived in a little house with a dirt driveway, we had a free standing stove with coal,” Jedlica said in a 2016 interview, continuing, “I was extremely envious of people who had a lot—one of my favorite TV shows was *Lifestyles of the Rich and Famous*—I always wanted to be like those people.” Many finance their surgeries with funds from partners or loans. Rodrigo Alves, a Brazilian man with extensive surgeries who also claims the “Human Ken Doll” title, works as a flight attendant.

People like Dash and Jedlica—whose fame rest entirely on the fact that they’ve had cosmetic surgery—represent a glitch in the status quo: by undergoing surgery prior to wealth, instead of subsequent to it, they’ve hacked the class hierarchy.

WHAT IS THE DIFFERENCE between Kim Kardashian and Jocelyn Wildenstein? How many Botox injections lie between beauty and monstrosity? Jedlica’s body is this question made flesh. In the new economy of beauty, surgery itself is fetishized for the risk it entails.

There are different types of surgery monsters. Celebrities—female celebs, mostly—who “overdo” plastic surgery are accidental monsters, and thus victims: Renée Zellweger, Melanie Griffith and Lil Kim, we assume, were aiming for an undetectable effect, but they made a mistake by going too far. We can see the seams on their faces and bodies, between the old celebrity and the new, the organic flesh and the plastic, but we register our disgust as pity. This represents a narrative shift from the “Wacko Jacko” days: in our thoroughly therapized, nominally feminist culture, the rhetoric of horror often masquerades as sympathy, or “concern-trolling,” in the language of social media. Brophy calls this a form of “sadistic voyeurism”: our pity of the surgically scarred, self-made exhibitionist is *schadenfreude* at her fall, punishment by scrutiny.

Artists using surgery as their media, like Orlan and Genesis Breyer P-Orridge, are monstrous, but deliberately so: they aim not for conventional beauty or “naturalism,” and as such, are not often flogged in the press. They puzzle us, but their unique aims protect them from being truly loathed. Figures like Jedlica, along with Michael Jackson, Lukyanova, and Wildenstein, are more mysterious. They are aiming for beauty, for perfection; but where we see that they’ve failed, they feel they’ve succeeded. They transgress not only on purpose, but with carelessness and glee, abusing the resources we revere as a means to normative beauty—not to achieve “richface,” but to posit their own ideals.

“My back implants are one-of-a-kind, as I designed and handcrafted each piece to make sure they matched the Ken doll aesthetic,” Jedlica explained to the *Daily Mail*. His other inspirations include Michael Jackson, Joan Rivers, and Superman. “I don’t even know if I look like a Ken doll,” he told the *Daily Beast* in 2014. “But if other people want to say I do, it’s flattering. As a kid, you play with Ken dolls and kind of assume





that is what a handsome guy is supposed to look like.” Surgery monsters don’t model themselves after beautiful humans, but the iconic beauties of modern corporate America: toys. They are representations of humans—exaggerated, distorted, unsexed; beauty at its most commodified and inhuman. Jedlica and his ilk aren’t copies of people, but distorted copies of distorted copies, a phenomenon French philosopher Jean Baudrillard described as the “hyperreal.”

In Baudrillard’s take, late-consumer capitalism is saturated with hyperreality: CGI effects in movies that look more convincing than live-action; media representations of war that seem more “real” than actual battle; theme parks like Disneyland that “re-create” a wholesome American past that never existed. Ariel the Little Mermaid is arguably more recognizable than Marilyn Monroe; at the very least, her image commands far more capital. Instagram and YouTube are saturated with Disney and Mattel-based cosplay, teens and 20-somethings using makeup, costuming, and digital effects to recreate themselves in the image of various toys. They model themselves after commodities; they also seek to become commodities. “The look I am going for is a walking blow-up sex doll,” Katella Dash told the *Daily Mail*. “It’s about as fake a person as you can be.”

It’s no shock, says Brophy, that the word “plastic” comes up so often in critiques of the cosmetic surgery industry—it’s a key concept in the development of capitalism. “Plastic used to mean adaptable,” he explains. “In the 18th century, you see references in literature to God as the ‘plastic artist.’ There was no sense that it meant something synthetic or wrong. That started to change in the 1930s, and that’s no coincidence. Now plastic means ‘artificial,’ and it’s tied to consumer culture. Plastic evokes credit cards, disposable toys.” It’s also associated with pornography, which Baudrillard also categorized as hyperreal: the explicit artificiality marks it as not sex, but a simulation of sex, twice removed from the actual act. Surgery monsters occupy the same troubling space, serving up an image of sexiness from which sexuality is absent.

Jedlica uses technology to blur the line between consumer and consumed, human and

commodity, embodied soul and plastic object—and yet Jedlica retains his agency. A cottage industry has sprung up around the plastic surgery addict: In addition to ongoing appearances in lifestyle media and on reality TV, Jedlica runs a cosmetic surgery consulting business and sells T-shirts imprinted with his image alongside slogans like “plastic makes perfect” and “proud to be plastic.” He speaks of his modified body in the distinct jargon of the marketing industry: His goal is to “brand myself,” to “make something that’s unmistakably Justin.” He is planning to release a line of custom silicone implants for use in cosmetic surgery centers.

As many commenters have pointed out, Jedlica does not look like a Ken doll. His skin, however shiny and poreless, doesn’t look like doll skin—it looks like Justin Jedlica skin. In seeking to replicate a well-known product, he has created a new one. This produces an unsettling effect that registers as alien: an unfaithful copy of an unfaithful copy that goes beyond both human and doll to point at something as yet unimagined. And more horrific, still, is Jedlica’s insistence that this image is beautiful. Whereas figures like Orlan reject or oppose any concept of normative beauty, using surgical technology to become hyper-individual, even weird or “ugly,” monsters like Jedlica work within beauty norms, inflating and distorting them from the inside. Like Warhol’s saturated and celebratory portraits of soup cans and film stars, Jedlica subverts the current beauty ideal by embracing and exaggerating it. The result is uniquely monstrous: a mix of fantasy and reality, beauty and ugliness that is as provocative as it is horrific.



PREPPING FOR JEDLICA’S BACK surgery, a *Botched* producer asks Rogers about his patient’s mental state. “I think a lot of people would see him as crazy,” Rogers concedes. “I mean, who would go through all this? After examining him, interviewing him, he’s actually very rational, logical. He’s extremely bright. He’s been through

it many times before. He knows the risks, even before I had to tell him. He's been through some of the complications and dealt with it, without any issue. Based on that, I felt that he was actually a good candidate for something like this."

Nineteenth-century monsters like Frankenstein's were demonized; modern surgery monsters are pathologized ("he doesn't need a surgeon, he needs a psychiatrist!"). Commenters speculate that he has body dysmorphic disorder, obsessive compulsive disorder, anorexia, and schizophrenia. At the heart of these remarks is a concern about Jedlica's perception. Does he know how he appears to us? When he looks in the mirror, does he see the monster we see? "Do I look sad?" Jedlica talking-heads to the producers of *Botched*. "If I did, I would fix it!"

The explicitness with which he and his ilk acknowledge something like the "beauty economy" is distressing to viewers who are invested in the idea of beauty as ideal and permanent, removed from the cynical machinations of money and politics. He also flaunts the means of his transformation, challenging the idea that beauty should at least be plausibly natural—and, by extension, that beauty exists outside our conception thereof, as something to be uncovered, or at least achieved through the tactful manipulation of technology. In his stretched and swollen face lies an uncomfortable possibility: Beauty is a thing that technology itself redefines with our use.

We are invested in beauty as something that is natural and ideal, but also universal. This is the motivation behind the growth of "beauty science," a field of sociological and medical research that aims to define the most appealing faces and bodies across cultures and throughout time. We think Jedlica looks ugly. Jedlica—who believes enough in beauty to have given his body in its service—thinks he looks perfect. When we look at Jedlica, we see the fragility of the beauty concept itself: so tender that it can flip into ugliness with the slip of a scalpel, so amorphous that one person's Ken doll is another's monster. If beauty is this nebulous, what does it say about a culture that is organized around its worship? If seemingly immutable notions of beauty can change, what else can?

"What's interesting to me about Jedlica is the

awareness he has" of his position in society, says Brophy. "He's saying, 'let my body present what is happening in this culture.' That's what a monster is, the bodily symptom of a culture's anxieties." At a time when so many of our social categories are under pressure, when we are being asked to renegotiate longstanding ideas about gender, sexuality, and sexual identity, the monster becomes a symbol of not just possible, but immanent change. Like all good monsters, Jedlica's physical transformation parallels a greater social transition from which we can't turn away.



TWO DAYS AFTER JEDLICA'S back surgery, he threw an "unveiling" party at his home. *Botched* followed the festivities.

"I definitely look dollish," he told his guests, displaying his new enhanced back, still stained from the surgical markers. "It's very swayback, which is what I wanted." Wincing from the pain, he squeezes back into his shirt, a tiny black crop top with a detail resembling ammunition that enhances his superhero bulk.

"Why don't you go to the gym?" asks a guest, smoothing his hands over Jedlica's upper back.

"Oh Jesus, another one," he sighs. "It has nothing to do with that ... I don't have my body implants to avoid the gym ... I have better things to do than work out."

"Would there be an end?" asks another guest. "Would there ever be a final step?"

"That's like asking a painter, are they gonna stop, like putting down their paintbrush," Jedlica replies. "I'm becoming the perfect living doll ... When I'm 85 years old I'm still probably still gonna be having procedures done. I hope so." •

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# CLASH RULES EVERYTHING AROUND ME

The true cost of *Clash of Clans* isn't virtual gold but wasted time. Good riddance

by TONY TULATHIMUTTE

**S**OMETHING IN MY pocket is killing me: a suckling tick, a phone-borne horde of barbarians. Have you played *Clash of Clans*? It's a smartphone and tablet strategy game in which you cultivate a base of tiny soldiers to destroy other people's bases of tiny soldiers. Developed by the company Supercell in Helsinki, which puts the Viking-pillage mechanics into some kind of approximate cultural context, it's free to

download and nominally free to play—yet in 2015 it pulled from its 100 million daily users \$2.4 billion in revenue, \$9 million of which they spent on a Super Bowl commercial starring Liam Neeson.

I want to talk about how this happens, but first let me take you around my base, where at this very moment flea-size people are teeming around in an isometric village, dominated by a



palette of nuclear green, concrete gray, mustard yellow, and turd brown. Little tunic-clad builders swing teeny hammers at scaffolded barracks, while info bubbles importune me to brew spells, research upgrades, and collect resources. Every tap of the screen brings on a new funny plip or jackpot chime or orchestra hit. My defenses are a mix of military industriousness and high fantasy: house-sized mortars, pink-haired archers in flak helmets, wizards poised atop mountains ready to send fireballs streaking from their fingers. My wealth is housed in enormous bins of gold doubloons and globes of magenta elixir. I will spend it all today and get it all back again tomorrow.

*Clash* isn't especially addictive (I know what *that* looks like), but it puts me in constant low-grade anxiety—about my depleting shield, whether my builders are idle, which upgrades to pursue. It is a persistent itch that feels good to scratch. Every fifteen minutes or so I get a notification informing me that my troops are ready for battle, or that my cannon has upgraded, or that my village was wiped out by someone called “dank nuggs” or “rektum.” The threat of invasion from other players is constant, as is the opportunity to invade them; a “Revenge” button appears after someone attacks you. Pressing your fingertip to the battlefield makes a gush of wriggling troops surge out, absorbing bombardments from the enemy's defenses. Your troops either get wiped out or successfully raze your enemy's base; the more total the destruction, the greater the spoils of gold, elixir, trophies, and sadistic glee.

Not everyone is your enemy. You can join clans of up to 50 other players, enabling you to request reinforcements and wage war against other clans. Little distinguishes one clan from another besides stats and names, names like Pinoy Guns, \$DA BEAST\$\$, BLOOD FOR WAR. In an aspirational mood, I searched for any clans called “Happiness,” but they were all either empty or invite-only. Clan Prestige kicked

me out immediately; Clan Friendship kicked me out for donating weak troops; Clan Love communicated mostly in Arabic. So I stayed awhile in the dead-silent Clan Maturity, left a week later for Clan Corgi Butts, and ended up where I always suspected I belonged: in the Trash Clan. Never mind. Everyone is your enemy.

*Clash* belongs to the subgenre of “resource management,” aspects of which franchises like *SimCity*, *Starcraft*, *Civilization*, *XCOM*, and the latest *Metal Gear Solid* each incorporate to some degree, and others like *FarmVille* and *Tiny Tower* have networked and miniaturized.

## Clash isn't especially addictive (I know what *that* looks like), but it puts me in constant low-grade anxiety

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Resource-management games have you balancing various types of currency and resources. Construction and warfare leads to more resources, which leads to more construction and warfare: *Clash's* simplified mechanics boil the resources down to troops, gold, and elixir (read: oil—you extract it from the ground).

There is a trite-and-true political argument that's often made about such games: how they're capitalism simulators, models of military-industrial neoliberalism, ideologies encoded as entertainment—*SimCity* favors regressive taxes, while Molleindustria's *To Build a Better Mousetrap* requires you to automate, incarcerate, and otherwise exploit your laborers. In *Clash*, absolutely everything can be purchased, every building and troop is military and replaceable; the battle reports tell you how many troops you “expended.” Unlike other cartoon-styled games, where characters are “knocked out” or “eliminated,” there's no ambiguity about death. When mowed down, troops turn briefly into ghostly skeletons,

then gravestones, and tapping on the gravestones converts them into elixir (read again: oil).

This capitalist angle gets a lot more interesting when you consider that *Clash's* purpose is to extract the world's most important resource from its player base (this time, read: money). Gameplay largely involves waiting for things to finish building. If you don't want to wait, you spend. Gems allow you to bypass the wait times for constructions and upgrades, which ordinarily take hours, days, or even weeks to complete. The bright green color of grass, greed, and envy, gems can be earned a few at a time through gameplay but can be purchased with real money to the tune of \$4.99 for 500, or up to \$99.99 for a 14,000-gem war chest; each gem is worth somewhere between one and 20 minutes of time.

Once you've arranged your base—and there's no end to the arrangements you can make there—a typical session of base maintenance and raiding lasts about five minutes, and the wait times to train new troops enforce a limit on your gameplay; without gems it'll be another 15 to 30 minutes before your army is ready for battle, and that will suit most casual players fine. One user calculated that it would take about 952 days—just over two and a half years—to fully upgrade your entire base (provided you have only one builder; more builders can be purchased with gems). He also figures that it'd take 343,000 gems to rush the whole thing, which comes out to roughly \$2,450. Many of the top players are wealthy, disproportionately Middle Eastern folks who've spent upwards of \$16,000 on the game; game developers call these high-spenders “whales,” and one Saudi whale in particular was rumored to have spouted over a million dollars on the game.

Clashing on the cheap imposes a discipline on your life. I like to start upgrades right before bedtime so that my builders can take advantage of the natural eight-hour waiting period called sleep. One high-level player on YouTube stresses that the most important element of fully upgrading your base for free is scheduling. “Yes, you actually do have to *do* something in real life to farm a fully maxed-out base,” he says, and continues:

Can you clash at work? Can you clash at school? Do you have breaks? Are you your own boss? Do you have long periods of inactivity, just because that's what happens—can you raid there? The first thing you do when you wake up is you play *Clash* ... You can clash in the shower, on the toilet—not recommended, if you don't want to damage or get your phone dirty, but you can do that.

Not recommended, but also not hypothetical: the former No. 1-ranked player George Yao would bring five plastic-wrapped iPads into the shower with him to keep multiple *Clash* accounts going.

So the most interesting thing about *Clash* isn't how it's an allegory for late capitalism. (Isn't everything? Isn't that the point?) It's that *Clash* makes especially clear how everything is interchangeable under such a system. *Time is life is work is death is money is property is time*. Technology fuzzes the distinction between real and virtual. Like almost every game with a death mechanic, the true currency of *Clash* isn't virtual gold but actual time. Dying in a game forces you to waste your time trying again, “spending” part of your limited lifespan on a failed effort. Money can help you enjoy your time in the game more, but there's no changing that every session brings you five minutes, a hundred thousand coins, and dozens of deaths closer to your death.



ANYONE WHO GREW UP playing as many video games as I did wonders at the life they might've led if they'd learned to speak fluent Thai instead. When we call something a “waste of time,” we usually mean something outside of the narrative of whatever you've called your real life, some menial and unproductive activity that doesn't amass wealth, deepen your relationships and quality of life, or improve you. Something that makes time pass without changing anything else. *Clash* lends itself to being played casually in moments when you're captive or idle—train time and toilet time—and thus

positions itself as a better way to waste time.

It is some wonder how a decades-old, \$21 billion industry that outperforms Hollywood could still be considered culturally marginal, but there's no games editor at the *New Yorker*—is there? One can discern in mainstream game writing a common strain of anxiety, quick to either reassure us of gaming's artistic legitimacy and utility, or else its corrupting effects (recall the “hand-eye coordination” vs. “Nintendinitis” think pieces of the '90s). Most efforts to make games respectable noisily advertise their seriousness: conferences called Serious Play and Serious Games; a college degree with an emphasis in “games and meaningful play”; or the irreverent theme of *Kill Screen's* inaugural issue, “No Fun.”

All this defensiveness seems awfully unnecessary. These days, video games are a 30-something with a steady job and a *New York Times* subscription. They're used mostly to entertain, but also to train surgeons, soldiers, and pilots, to alleviate pain in hospitalized children, to fundraise for charities; I can also personally attest that I achieved peak fitness from playing an hour of *Dance Dance Revolution* every day in college. (It wasn't worth it.) Games are just too broad to generalize about.

You wouldn't know this from watching TV or movies, though. It's always instructive to hear one medium's opinion of another, but it's especially interesting how TV and movies treat video games, given that the latter were until recently the whipping boys of culture. Loneliness and video games have been juxtaposed almost wherever they appear on camera. In movies, a character playing video games alone is understood to signify that he—always “he”—is lazy, neglectful, depressed, antisocial, unambitious, and/or emotionally stunted. (A few games have cheekily internalized these archetypes—consider *Grand Theft Auto V's* insufferable gamebro Jimmy De

Santa, or *Uncharted 4's* Nathan Drake, who dismisses the PlayStation as a “little TV game thing.”) *House of Cards* stands as an exception: Frank Underwood demonstrates range, erudition, and hipness in his fondness for both *Call of Duty* and *Monument Valley*, though he also demonstrates being a multiple murderer.

The suggestion is that virtual life is an immersive escape fantasy, one in which your humdrum assigned existence is exchanged for other, more interesting, powerful, or liberated ones. This is no more true of *Clash* than it is of *Tetris*

## Video games, in the way they structure our behavior and obtrude into our lives, are less escapes from reality than they are metaphors for it

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or *Bejeweled*. As your village's Chief, you have no backstory or identity, your troops don't speak or have relationships with one another, and there is no motive to destroy other than destruction itself; your adviser, a concerned-looking brunette, is all business, and so are most of the other human players.

But more often, video games, in the way they structure our behavior and obtrude into our lives, are less escapes from reality than they are metaphors for it. If modern life often seems like it's about making money for large corporations just to pull in enough resources to buy things, collect experiences, form good connections, have fun, and improve yourself, all against a backdrop of nonstop worldwide violent conflict and plunder (especially in the Middle East), then *Clash* is more lifelike than life itself.



In that sense, it's not just a war simulator played on your phone but a success simulator played on your life, one whose achievements can be more consistently rewarding than what our suboptimal social reality offers. Is it at all surprising that some people would decide the play's the thing and use their lives as resources for the game? "My day job was a means to an end, paying the bills, and my real life was the game," George Yao said of his career pinnacle. The more time, money, effort, and emotion you invest in the game, the less sense it makes to separate it from life—especially if Nick Bostrom and Elon Musk are right and we're all living in a more advanced civilization's video game anyway.

Non-gamers never fail to be bemused by people like Yao. Why spend dozens of hours chasing a rare armor set or decorating an in-game house when you could be burying real gold in your backyard or achieving orgasm? Then again, why achieve orgasm? You expend all your sexual energy today and get it back tomorrow. Sure, the stuff of *Clash* is intangible, but so is most wealth today, not to mention status, college degrees, and the concepts of God and the nation-state. The pleasure of games like *Clash* is not joy, excitement, or catharsis, and certainly not material gain. It's focus and achievement—the steady drip of progress, of constantly gaining and spending currency. Like cultivating a bonsai, building your base is a means of externalizing self-improvement. Though you lose battles quite often, in *Clash* there is no concept of loss. Destroyed buildings are rebuilt in seconds, troops can be replaced with identical ones in minutes, and your looted resources can be easily regained with a bit more warfare.

*Clash* guarantees that your property only improves, nothing ever breaks or obsolesces or depreciates. Upgrades are highly conspicuous, inviting you to compare your dingy stone walls

with other players' purple crystal bulwarks, or your rickety wooden towers to another's iron parapets—here, luxury is not just power but military power. The only thing that's irreplaceable is the time you spend, the time you kill, playing it.

Maybe it is a waste of time. Yet there are many pursuits we could call wastes of time that instead are classified as leisure, despite seeming to me intuitively pointless: camping, going on walks, going to the beach, team sports, lawn care, swimming pools, house decoration, fish-

## It's a lot easier to call gamers weak-minded misfits than to countenance the idea that art is more meaningful than what's available under certain conditions of life

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ing, owning a house, and having children. Then again, by the same standard, I also think reading fiction and playing games are wastes of time, and those are mostly what I do. If I were to defend myself, I could wax poetic about how games and novels offer vivid vicarious experiences and broaden your worldview by putting you in the minds, bodies, and circumstances of other people, but that's disingenuous. I read and play games because I want to and nobody is making me stop.

The fact that people still do make utilitarian cases for art is a good example of people's need to rationalize their preferences. In a *Wired* profile, one wealthy "whale" reasoned that spending \$1,000 a night on *Clash* actually saved him money, since he'd otherwise go out and spend \$6,000 drinking with his buddies. I suspect this attitude

has something to do with the human fallibilities of sunk cost and cognitive dissonance: if you've already spent hours and maybe some cash on a particular activity, you might keep playing because you don't want that effort to "go to waste," and then you might imbue that activity with all sorts of heavy meaning and nobility to assure yourself that your time was well spent. Then compulsion gets reframed as passion, hobbies become identities, and life is more than the process of becoming a beached whale.

Is calling myself a writer or gamer just a way of dignifying my habits? One reason the loser-gamer stereotype persists is precisely the notion that games are easier than reality—that people who play lots of them can't cope with the real world's challenges, risks, and uncertainties, and opt for the soft electric blanket of an impoverished simulation. Or they can't do human interaction and have to settle for the companionship of weak AI. Or they're addicts who lack imagination and purpose. Sounds good, except: Games, especially online competitive ones, are way hard and failure-prone and full of tedious chores and total assholes. Game addiction is real enough, but there's a difference between simply preferring to spend your time gaming and being unable to stop, though not a mutually exclusive one. It's a lot easier to call gamers (or bookworms) weak-minded misfits than it is to countenance the idea that art, even bad art, is richer, deeper, more meaningful than what's available under certain shitty conditions of life: poverty, oppression, exclusion, illness, or even plain old distaste.

What I'm saying is, either *Clash* is as good a way to spend your time as any, or that everything is equally a waste of time. Make sure you enjoy wasting it.

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## Everything is equally a waste of time



THE OTHER DAY I was getting blood drawn. I hate needles, and to distract myself as usual I was reading a book, in this case Leonard Michaels's *Sylvia*. As the second vial was drawn I hit a scene just a few pages from the end where a major character dies, and the nurse started wiggling the needle in my arm, asking me to open and close my fist. "Nothing's coming out," she said. "It was coming out fast before, and now it's stopped." After a few more nauseating wiggles she withdrew the needle and told me she'd have to try the other arm.

When the needle went in again, my forehead went damp and my hearing cotton-balled; from somewhere I heard a shrill distorted remix of a Beach Boys song, then I came to with my clothes soaked, a pair of latex-gloved hands supporting my head by the mandible, and a nurse fanning me, saying, "You're waking up. You passed out. What's your name?" My mouth replied, "Was I dead?"

They'd moved my book and glasses out of reach, and I was made to sit tight for half an hour, infantilized, sipping a cloying orange electrolyte solution and sitting in the phlebotomist's high chair with my legs elevated. I got bored immediately, annoyed that my stupid vasovagal reflex was eating into the time I could have spent at home playing video games instead of writing. I asked my nurse if there was anything I was allowed to do; she said I could use my phone. With ash-gray hands I took out my phone and went to war. •

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