Bodies in Protest

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Something Unusual Is Happening Here

Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged . . . to identify ourselves as citizens of that other place.

(Sontag 1989, 3)

Our bodies are surrounded by environments and themselves constitute parts of environments that other bodies experience. In spite of this close affinity with biophysical environments (or, perhaps, because of it), most people do not pay close attention to their bodies’ complex relationships to biospheres and the things in them. In the absence of obviously dangerous environments that pose immediate threats to survival or physical well-being, the stance taken toward biophysical surroundings is probably one of “nothing unusual is going on here.” And more likely than not this stance is taken in the absence of any serious reflection. It is simply assumed, a taken-for-granted part of what everyone accepts without discussion or proof.

When a woman walks into her backyard or a friend’s house, plays a round of golf, or visits a coffee shop, she is likely to do so without pausing to ponder the implications of these spaces for her immediate
well-being. Moreover, she can and will assume that her friends, acquaintances, and even strangers experience these spaces as she does; that is, they assume the relative safety of these spaces without requiring tests or proof of their assumptions. There is what Alfred Schutz (1967) calls a “reciprocity of perspectives” regarding our attitude toward routine environments: you and I see, smell, and hear basically the same things and, importantly, our somatic responses to these things will be similar. We are alike and understand each other insofar as each of us takes for granted the routine, predictable quality of our everyday environments. Sustaining social life depends in part on these tacit agreements.

Safe, or nonextreme, environments exist when physical places are embedded in legitimate ways of knowing that render them innocuous and inoffensive. Nonextreme environments are apprehended in an “as if” manner. Indeed, most people, most of the time, act toward their physical environments “as if” they are not dangerous; they do so, in part, because people around them are also acting “as if” the environment is safe (Kroll-Smith 1995). “As if” forms of consciousness are essential for the development of more complex social relationships (Berger and Luckmann 1966; Schutz 1967; Giddens 1991; Kroll-Smith 1995). They are prelinguistic, emotively apprehended contracts between participants that the world enjoys sufficient order to proceed with the tasks at hand. An apropos image of a routine, nonextreme environment is a physical, organic space in which probabilities are not randomly distributed, in which some events are more likely to happen than others and still other events are unlikely to happen at all.

It is true, of course, that not all environments are apprehended prereflectively. Some require imagination or active understanding to comprehend. All societies know this fact and most prepare for it. Sometimes natural weather patterns, or human ignorance, or malfeasance creates dangerous or extreme environments. News reporting regularly features accounts of such dangerous environments as tornadoes and hurricanes, or toxic waste sites and radioactive fallout. Few people would debate whether these types of environments are risks to
personal and collective well-being. Most modern societies learn to anticipate these dangers, however, and develop (more or less) coordinated city, state, and federal responses to them.

Societies and the bodies that inhabit them are thus organized to reflect a general consensus regarding safe and dangerous places (Durkheim 1965; Douglas 1966). The areal distribution of these places is an accepted part of what everybody knows about environments. Violating the reciprocity of perspectives regarding the demarcations between routine and dangerous environments are a growing number of people who believe their bodies are reacting violently and unexpectedly to physical places acknowledged as benign, if not nurturing. Central to MCS is its premise that bodies are made sick by these putatively clean spaces; they simply cannot withstand them.

In these culturally defined safe spaces where an ordinary body exists free from danger and hurt, an environmentally ill body is more likely to call attention to itself as an obstacle to routine social exchange, raising the disturbing question Why is this body different from ours? A more disturbing question follows: Is he or she human like us? In some respects those with MCS are in a struggle to be accepted as human. To do so, they must shift attention from an exclusive focus on their bodies to a careful reconsideration of what are acknowledged as safe, clean places. The resistance they face is based in part on the social and political changes that must follow if the bodies of the chemically reactive are acknowledged as real.

The environmentally ill recall how their bodies were initially thrown off balance and how they first tried to sustain “a nothing unusual is happening here stance.” When commonsense, or “what everybody knows,” explanations fail to account for all of their somatic changes, however, they admit their bodies can no longer be taken for granted; rather, they must be thought about, pondered, and mused over. It is the first change in a series of changes that culminate in people developing new theories about their bodies and the routine, nonextreme places they occupy. And it is a change that few of the environmentally ill forget. If narration is a process in which the self is joined to a new
definition of the body and its relationship to environments, then we are not surprised to learn that 80 percent of respondents in a nonrandom survey of sixty-eight hundred chemically reactive people claimed to know “when, where, with what, and how they were made ill” (quoted in Ashford and Miller 1991, 5).

Entering the EL Career

The process of becoming aware that something unusual is happening to the body and its relationship to the environment begins, somewhat ironically, with recognizing that something unpleasant or downright disagreeable, but not unexpected, has occurred. This process takes one of two forms: through an acute exposure to a chemical agent or agents and the immediate association of signs and symptoms accompanying the exposure; or through a simple recognition that unpleasant changes in the body are occurring with no immediate recognition that they are caused by local environments.

Acute Exposure

A professional musician describes her place of employment, an opera house that is a completely sealed environment:

The hydraulic which raises and lowers the pit malfunctioned, spewing fumes into the pit through its air-intake plenums. . . . I began to get respiratory infections regularly. . . . later in the season I was exposed to formaldehyde offgassing from large quantities of raw plywood in a recording studio. These exposures were the origins of my MCS.

Several of her fellow musicians also experienced problems caused by the initial exposures in the orchestra pit. Indeed, there is nothing surprising in people getting sick when they are exposed to excessive amounts of hydraulic fluids and formaldehyde. Her colleagues, however, recovered. She did not.

A government employee was exposed to a “toxic cocktail” while working as an inspector for a state department of environmental
resources. He was responding to a complaint from residents who smelled caustic odors coming from an abandoned used car lot in their neighborhood. He provides the following account of his exposure:

I’m the only one who suggested we needed samples. Like digging into the ground. I didn’t bring sampling equipment. Besides, soil sampling was not part of my job at the DER. Some state troopers loaned us shovels and someone found some jars. The emergency response guy dug and I pointed. We were all greatly relieved to find something... We started smelling strange things coming from the ground. At that point, the state police should have pulled us back. No one was wearing a respirator. But everyone was so excited that we finally found something out there, that we proceeded on our merry way. The bigger the smells were, you know, that was pay dirt. We had this guy digging. I was just following my nose, smelling, stopping, pointing, and someone would dig. I was like a hunting dog.

Once we collected the samples, and the excitement of the big discovery was not so exciting, I noticed the smells burning my nose, eyes, my throat, my skin, and such. And it was a strange feeling. The guy with the shovel had to call me a couple of times, because apparently I was in the rapture of the deep, kind of like I had crawled into a big shell and couldn’t hear the world. If you’ve ever scuba dived, I did several years ago, it was like having nitrogen narcosis. I was giddy and losing my balance.

How did this man interpret his unsavory experience? Quite simply as an “occupational hazard.” “It happens in work like mine,” he reasoned.

A graduate student who suffers from MCS remembers her acute exposure:

My disability began after I was “crop-dusted” twenty-two years ago. . . . Although I became ill the same day that I was sprayed . . . I did not connect the spraying with my illness until much later. The pilot had opened the valve before getting to the field. I didn’t think that I received
much exposure and I was naive and not afraid of chemicals, and in fact never thought to tell my physician at the time about the incident. At the time, I believed in “better living through chemistry.”

For this woman and others who enter the EI career through an acute exposure, there is, in retrospect, little doubt about the origin of their troubles, but there is little surprise or occasion for wonder. “Accidents happen. Things can go wrong. I understand all that,” reasoned a man who was sprayed with malathion while working in a city pest control project. A city sewerage employee contaminated in a chlorine spill explained her unexpected exposure by invoking a modern wisdom: “Shit happens.”

In these and related accounts, people who later identify themselves as environmentally ill normalize their initial and sudden chemical insults, placing them in the category of what everybody knows: accidents happen, and while they are unfortunate, they are not necessarily unusual. At this stage in becoming chemically reactive, it is not necessary to construct a novel way of knowing the body and its relationship to the environment. Instead of a new practical epistemology, the old one will do just fine, to wit, bad things sometimes happen to good people. In addition, biomedicine is prepared to identify and explain somatic responses to acute exposures. Symptom lists are matched with chemical agents, treatment strategies are common lore and routinely work. Moreover, toxicology will predict that most people commonly recover from an acute exposure with no lasting or residual effects (Ashford and Miller 1991).

Chronic Exposure

A retired teacher recounts a series of ordinary, unexceptional activities and events she believes are the sources of her illness:

We lived in a rural mountain village with clean air. . . . We gardened organically . . . backpacked and exercised. . . . I knew nothing about formaldehyde. Urea formaldehyde foam insulation was blown into the house we rented in 1979. We lived there until 1987 when we moved
into an eight-year-old double-wide mobile home which we painted inside and out. I taught in a brand-new carpeted classroom. In 1984 my classroom was insulated with styrofoam on the interior walls. I took two different antibiotics in 1987 for a stubborn hand infection. . . . I refinished many pieces of furniture for our home and my classroom. I silk-screened for many years. My symptoms developed gradually over nine years until November of 1988. Two students led me to the office at noon and I never returned to work.

Alice remembers:

About 1975, whatever year Hurricane Frederick came through our area, the office area of our retail electronics store had to be relocated due to damage. Our entire operation was temporarily relocated, but I worked mainly in the office. My office was in the work area of a former tire store. . . . I experienced very dry nasal passages and some eye discomfort the entire time we were located there.

Sometime after this, we bought a lot and my husband put sulphur powder on his pants legs to keep the red bugs off. I had a rather severe reaction to the sulphur powder. I washed his clothes with some of mine and had to wash mine about ten times before I was able to purge them from the sulphur powder enough to wear them and not prickle all over and have a very dry nose.

We had blueprints drawn up and, when going over them to check for changes after they were printed, I thought I was taking a cold for several days—slightly sore throat, fatigue, stuffy nose, and scratchy eyes.

We then built a new home with a basement which was located about five hundred feet from a golf course. . . . my condition steadily worsened. Thinking I had an allergy, my family doctor sent me to a very good allergy group which diagnosed the problem as . . . a vasomotor reaction.

A legal secretary writes:

I started working for a lawyer. He had just completed major renovations on a new office . . . the smell was very strong. I . . . lost my job in
1990 when I grew increasingly ill, was unable to eat, and lost thirty pounds. . . . I was hospitalized twice, the first time for two weeks, on intravenous feedings and the second time for four days to have a specialist try to determine what was wrong. At that time Crohn’s disease was suspected.

A dentist recalls seeing my first patient at 8 a.m. and being ready to go to back to sleep at 9. I thought at first I had yuppy disease, you know chronic fatigue. I couldn’t think clearly and was irritated for no apparent reason. Again, I attributed this to chronic fatigue syndrome. But then some really bizarre things started. My joints started to swell, painfully, and I had diarrhea about every other day. I started to lose weight and noticed my skin bruising when I bumped into something. I could even bruise myself by pressing my thumb on my arm. . . . I started to feel like something was in my body, and it wasn’t me, like that girl in The Exorcist.

Although acute and gradual entrées into MCS differ markedly from one another, both are likely to be explained initially using various commonsense or “everybody knows” accounts. Everybody knows, for example, that allergies run in families and that toxic chemicals are to be avoided. In this fashion, something problematic is absorbed into something taken for granted. Crohn’s disease is a recognized, if unfortunate, medical condition. And while no one wants to be possessed by the devil, possession is a known—if not necessarily believed in—cultural phenomenon. Karen started her MCS career by noticing small changes in her body, including a loss of energy, stiff joints, and allergy-like symptoms. She brought these signs to the attention of her mother, who explained that allergies “run in the family” and that fatigue and stiffness could mean Karen had a “cold in her body,” drawing a distinction between such a cold and one that was in her head. Temporarily satisfied with her mother’s explanation of her symptoms, Karen adopted a casual attitude toward her somatic troubles. If these conventional or commonsense explanations rendered an account of the
problem sufficient to treat it and move on, our story would end here. The bodies in question, however, resist routine attempts to classify and treat them.

Acute- and gradual-onset cases begin to merge into one class of trouble as people become aware of some kind of connection between their symptoms and the ordinary environments they encounter every day. At this juncture a shift from “nothing unusual is happening here” to “something out of the ordinary is occurring” is made. Consider Elliot’s story.

I was an industrial painter living in Los Angeles. For over seven years I worked fifty hours a week painting the insides of factories, threaders, rollers, line equipment, and so on. I am thirty-two years old and enjoyed good health until about a year ago when I began noticing some weird things. While driving to work one morning my shoulder and neck muscles began to jerk around. I almost lost control of the car. I also began to forget things about this time. I would forget why I was in a store, what I was supposed to buy, the time of day and sometimes the day of the week. I would forget these things. Once I forgot my phone number. Then there was the nausea and skin rashes. I also had trouble breathing. I noticed my problems were worse when I went to work.

I made an appointment with an internist to get a checkup. This is weird. I am standing behind a woman who is paying her bill in the doctor’s office. I rested my hand against the wall, just leaning on it waiting my turn. When I pulled my hand down from the wall I had paint all over it and there was a spot on the wall that looked just like my hand. I thought the wall had just been painted.

In fact the wall had not been painted for years. Later clinical studies would show that industrial paint solvent emitted from Elliot’s sweaty palm literally took the paint off the wall. The concentration of industrial-strength solvents in his bloodstream required several days of detoxification to clean out. Although Elliot was pronounced clean of industrial chemicals and found a less noxious job as a construction worker, he continued to experience his original symptoms with
increasing severity. He was increasingly anxious over his apparent sensitivity to ordinary synthetic materials and some foods, sources of physical distress unrelated to the chemicals in the paint solvents. After missing several days of work because of weakness, headaches, trembling, and other unusual symptoms, he filed a workers’ compensation claim against his former employer.

Elliot is now building a ceramic house trailer because he has become too reactive to the environments in his apartment, neighborhood, and community. He plans to move his finished trailer to the Sierra Madres, hoping to find relief from his symptoms in the more rarefied mountain air.

Karen, who started with allergy symptoms and a “body cold,” soon found she was “going brain dead” and was unable to stop itching. Moreover, like Elliot, she experienced her symptoms increasing and decreasing in severity in relationship to the environments she was in. In her account of what she calls her “wake-up call that something was not right there,” she describes putting on a new raincoat, a birthday gift from her parents. “I no sooner had my arms in that coat than I started to get a rash. . . . I tore it off and ran to the bathroom and ran cold water on my arms. I was sick the rest of the day. . . . My mother tried the coat on and she was fine. . . . I later learned that it was weatherproofed with some chemical I react to.”

Ann, who was exposed to agricultural pesticides for several years, suffered from chronic bronchitis, which she attributed to the pesticides. While many physicians and toxicologists would argue that her exposure to pesticides was well below levels considered dangerous to human health, there is nevertheless a known relationship between respiratory diseases and pesticides (Duehring and Wilson 1994, 10). In the following account Ann describes how she became aware that something out of the ordinary was happening to her, something more quixotic and horrifying than bronchitis.

In March 1991, I was out in the garage for a considerable length of time with the doors shut as it was foggy and cold, when I suddenly came
down with sensations of being electrocuted up and down my spine. My arms were also being electrocuted and my whole body vibrated. My arms became semiparalyzed and every joint made popping sounds. . . . When I shut my eyes I saw black and white spots like a scrambled TV screen or geometric patterns. The pain felt like I was being eaten alive.

A former chemical engineer remembers:

In the summer of 1984, I had been working for three months in their specialty chemical division. I began to get chest pains if I inhaled small quantities of isocyanates or drank coffee. I went to see a doctor, who explained that I should be careful. I was not aware of my poor thinking, for on December 14, 1984, I instructed a machine operator to add methanol to a drum of toluene diisocyanate. . . . Of course there was an exothermic reaction and the liquid TDI burped out of the drum. I helped clean up the spill. My memory is poor about the cleanup. . . . I remember 3M’s lawyers making a mockery of my memory in the workers’ compensation hearing. The next morning after the spill, I experienced chest pains in my home that I associated with inhaling small quantities of isocyanates. During the next month, I recognized painful symptoms from more and more objects, but I was totally unaware what had happened. I mistakenly thought that I had brought TDI home on my clothes. The more I did the more I seemed to be in pain. I started to react to mold, fabric softener, perfumes, most detergents, chemical fertilizers, glycols, and lots of other chemicals. If these things are present in a room I am in pain.

Betty, a chemist, recalls in rather graphic terms her realization that something terrible was happening to her body:

I would have shortness of breath and irregular heartbeat. . . . the skin on the inside of my right nostril would peel off. I had muscle spasms, “tics,” and seizurelike activity. . . . I had uterine contractions for six hours (like labor). Within ten days my uterine wall fell off in one sheet. . . . I began to have breathing problems after taking certain medica-
I was exposed to the chemical ethylene oxide over a ten-year period. From 1980 until 1984 I had daily (five days a week) high-level exposures, due to a gas sterilizer exhausting the entire load into the working area.

Betty believed there was an association between her exposure to ethylene oxide and her physical deterioration.

A recreational dancer describes a series of unsuccessful efforts to hold a job as her body became increasingly unmanageable:

Unaware that smoke is an EI patient’s major problem next to perfume in public places, I ballroom danced in smoke-filled bars. I began to experience memory loss and would not know where I was at on the dance floor. . . . At my job I worked with carbonless files and felt myself heating up inside as if a match were burning me. I would have brain fog and confusion, and at one point did not know what to do with a bundle of papers that I signed on a daily basis. . . . I often cried and made so many mistakes I lost my job. I tried to work in retail, but had such brain fog when handling money and objects that I caught myself handing a customer the change that she owed me. The drawer had been missing money and . . . I had blamed my supervisor. It was clear to me, however, that I had been handing money out to customers. I ended up losing that job as well. At . . . another job, I worked less than two hours with checks at a processing center; the ink from the machine made the inside of my head swell up so badly that I became emotional and started to cry. I lost that job as well.

The transition in this first stage is from the initial experience of symptoms as perhaps unfortunate and distressing but not particularly unusual, to apprehending the body as acting strange and unpredictable in what were once routine and putatively safe environments. Norman Denzin (1993) captures the anxiety of this transition in his concept of the “epiphanal moment,” a liminal period wherein the person is betwixt and between “interpretive frameworks” (91). Reflecting on that moment at the onset of her illness when she was without
the words to interpret her symptoms, a woman with EI recalls, “I thought I wasn’t human.”

These accounts provide stories of bodies that become increasingly disorderly in mundane, putatively safe places—garages, offices, workshops, or houses—and bodies that react unexpectedly to common consumer items. Interpreting these narratives as statements about environments, it is possible to discern a transformation or change in the definitions of safe and dangerous places. What was once safe is now dangerous or extreme.

*The Random House College Dictionary* defines **extreme** as a condition or state farthest removed from the ordinary. Something is considered ordinary if it can be apprehended and responded to in a routine manner; that same thing might be experienced as extreme if it eludes efforts at normalization. The idea of extreme suggests the absence of a meaningful way of comprehending an event, a circumstance, or perhaps, as in this case, a place, that produces the (possibly) negative effect of rendering a situation incoherent. Applied to environments, we might say that extreme environments are physical or spatial states that escape or elude common or expert knowledge and therefore are experienced by people as essential puzzlements or profound uncertainties.

In extreme situations, “as if” environments are transformed into “what if?” environments. Based on the preceding accounts, for example, we can imagine the following reminiscence: “I once thought of my garage [house, backyard, living room, and so on] as if it were a safe place to be. What, in fact, if it is dangerous?” What makes an environment extreme is the joining of a diminishing fund of applicable knowledge with a drastic increase in tension between a person’s body and its immediate environments. It is the coincidence of a depreciated fund of useful knowledge with an amplified awareness of the need to respond that characterizes the extreme environment. Thus, an environment may be said to be extreme when it narrows the range of what people know about their somatic relationships to physical places and things while simultaneously intensifying their need to respond to their
bodies and their material surroundings with imperfect knowledge. Extreme environments mark a momentary or extended period of ontological insecurity; physical circumstances of place are now uncertain, and traditional coping strategies are increasingly ineffective.

Perhaps it is not particularly useful for most of us to consider causal direction at those moments when physical states mirror ideal meanings. But when bodies and environments are incoherent and conventional meanings no longer make sense, people are apt to conceptualize their somatic and environmental distress, theorizing their misery in a manner that allows them to understand and manage it. Environmental illness is a theory of the body and the environment constructed of necessity, driven by discomfort and pain. It joins a mind to a body that is no longer readily intelligible by cobbling together clusters of words to tell a story of disease.

If sick bodies are organizing thoughts, as we propose, it is worth pausing to assay these bodies as they are experienced by the persons who inhabit them. Consider the following several descriptions of sick bodies offered by people who would later interpret themselves as environmentally ill.

A “partially disabled building contractor” writes:

My body becomes my worst nightmare. I feel like Freddie [from the movie Nightmare on Elm Street] lives inside me. I start to drool uncontrollably. I get confused . . . forgetting where I am. I feel electrical shocks inside my skin. I want to scratch my skin off, but it hurts too much to touch it. Sometimes I just cry and my fingernails turn blue. My tongue gets thick and rolls around in my mouth like a big piece of fat. Eating makes me gag. I want to sleep but I’m too nervous.

A retired program analyst for the Department of Defense describes her body as

Itching and burning. With headache, chills, sweats, numbness, and swelling in my hands, pain along my right arm and in the ball of my left foot, gastrointestinal problems (nausea, dysentery, . . . constipation),
feeling of being drugged, nasal stuffiness, agitation, weakness, lethargy (body-like-lead syndrome, in which I weigh three hundred pounds instead of the one hundred I actually weigh), hoarseness, thick-feeling tongue and difficulty speaking, cough, irritability, confusion, depression.

A former products engineer borrows from biology to describe his body: “My ears itch and I get excessive mucus in my mouth, almost gagging me. My neck gets a tick jerking me back and forth. I swell up like a balloon and I get pimples. Pimples! I’m forty-one years old. Maybe I’m de-evolving, or regressing. I feel like a mutating cell.”

A former insurance agent sums up his body:

I have this general feeling I am going to die. . . . My family is getting intolerant with me. . . . I woke up yesterday and my eyelids were swollen and cracked and my feet were numb. I tried to tell my boy how bad I felt and my tongue just kept getting bigger, or I felt like it did. I couldn’t say my words. It was like someone stuffed a bunch of marbles in my mouth.

A housewife laughs quietly as she attributes to her body a capacity for intentional behavior:

I was thinking the other day that my body had become my enemy. Like it wants to hurt me. Like it says, “Ahh, today I’m going to wheeze, swell up, cramp, get real anxious and sweat profusely. . . . I know I’m talking like this isn’t my body, but it isn’t. . . . You asked me what my body feels like? I’ll tell you what it feels like, like a nightmare. So there.

A former college administrator imagines her body as

a creature likely to be found in a Grimm fairy tale. Yeah, I have become a monstrous fable. When I go somewhere I wonder do people see me as hideous. . . . when I get up in the morning I don’t want to look in a mirror. I am afraid of the grotesque thing that will stare back at me. The funny thing is, though, I look normal.

An environmental activist specializing in “safe schools” often feels
like her body is “being held hostage by a hostile synthetic environment. . . . I am less resilient to my environment. . . . Having this illness is like living in a body infested with dandelions. I never know where or when the next group of weeds will sprout.”

A professional musician imagines being in a wheelchair, and there were barriers everywhere. You couldn’t walk up to a person, without a tree in the way (their fragrance). You couldn’t get out your door, because of pesticide barriers. . . . Ramps don’t mean anything, the chemical barriers are far worse than the physical barriers.

Finally, a college professor describes her illness and body by asking the reader to imagine his or her body as if it were incarcerated:

Imagine that suddenly you must spend your life in prison, but the prison is something you always carry with you, like a turtle carries its shell. If you slip out between the bars, if you escape, you will meet the equivalent of an electrified fence: excruciating pain. . . . And what keeps you locked up, robbed of the freedom you once experienced as natural as your own breath? It is what you breathe, what has been spewed into the natural air, unregulated chemicals from almost everywhere. . . . Imagine that every step you take is over a minefield, that at any moment something which doesn’t affect most others . . . will explode in your face. . . . Imagine that you carry your own prison but no one but you sees the bars.

A striking feature of these accounts is their remarkable thoughtfulness. Thick descriptions, enhanced by the clever use of analogies, suggest the environmentally ill body has become a mysterious and ambiguous thing. Fairy tales, genetics, horticulture, law enforcement, war, horror films, and nightmares are among the analogies used to convey to the self and others an understanding of this untoward and unpredictable body. An otherwise obscure environmentally ill body becomes intelligible when imagined as a field of weeds or a minefield, as a nightmare, a fabled monster, and so on.
If the environmentally ill simply trafficked in literary symbols to describe their bodies, however, as provocative as such descriptions are, their miseries would invite comparison with Kafka’s miserable Gregor Samsa, who

woke up one morning from unsettling dreams [and] found himself changed in his bed into a monstrous vermin. He was lying on his back as hard as armor plate, and when he lifted his head a little, he saw a vaunted brown belly. . . . His many legs, pitifully thin compared with the size of the rest of him, were waving helplessly before his eyes. (1972, 3)

As Kafka’s story unfolds, one is likely to be struck by the absence of any inquiry by Gregor or his family to determine just what turned him into a cockroach and how to turn him back into a human being. His wretched condition was simply accepted and adapted to, though, one might conclude, with rather disappointing results.¹

Unlike Gregor, the environmentally ill do not simply accept the changes in their bodies, adapting by moving furniture about and changing their diets. Perhaps to escape the fate of those with no plausible stories to represent and explain their misshapen lives or bodies, they construct accounts of their somatic miseries in what Touraine (1995), Beck (1992, 1995), and others (see Giddens 1990) would call the common language of modernity: instrumental rationality.

In this initial stage, people become aware of their bodies turning into something they do not understand. Something indeed unusual is happening to them. Moreover, commonsense accounts of their somatic troubles no longer help them understand the changes in their bodies. If consciousness is shaped in part by the constraints of our bodies, the bodies we have just encountered are likely to encourage a new way of knowing the physical self and its relationship to local environments.

A new way of knowing bodies and their relationships to environments begins, appropriately enough, in the mundane work of reclassification and correlation. If EI is a practical epistemology, it must know something new about the links between somatic troubles
and physical spaces. The next chapter examines the process of reclassifying bodies and the material world, and, as a consequence, how the bodies of the chemically reactive stand against biomedical theory.