

A Coma Speaks

Dead Zones of Media and the Replication of Family Value

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*They'll get a fuckin shock, when they see
this near-corpse, this package of wasting
flesh and bone just rise and say . . .*²

- 1 The massive changes wrought by the narratives and practices of molecular biology have shifted the very concept of “life” at play in contemporary culture, as distinctions between “living systems” and “machines” have begun to blur and morph.³ No longer attached to “organisms,” life becomes an emergent attribute of information systems, networks without any obvious center. As in the example of artificial life – organisms that live “in” computers – contemporary culture is beginning to be populated with entities whose “life” is both uncertain and difficult to locate. Uploaders – subjects who actively pursue their own implosion into an informational substrate – form a futures market for a subjectivity franchise on the Internet domain, an ex-corporation whose installation shatters the autonomous individual into a sample of continual variation. More than a repetitious immortality, uploaders provoke a new relation to the future: being-sampled. The very transformations that would make possible the “copying” of human subjectivity onto silicon also enable new forms of deterritorialization, the promiscuous splicing of subject effects not unlike those acts of bacterial transduction detailed by biologist Lynn Margulis.⁴
- 2 These new distributions of vitality – both fantastic and scientific – are not confined to that usual ecology of virtuality, silicon. Comatose bodies cultivate yet another, singular execution of an informatic body. Accompanied by more than the visualization of an EEG and the machinic yoga of life support – breathe in! breathe out! – coma victims are connected to multiple rhetorical machines that would govern this strange flesh and enable its narration. In what follows, I map out some of the capacities and threats posed by those bodies whose vitality is articulated as a signal, “wetwares” through and by which contemporary informatics operates.⁵

Out of the Barrel of a Gun

- 3 Gary Dockery, a Chattanooga police officer, was shot in the head in September of 1988. He subsequently went into a comatose state, and was silent for 7 years. In February of 1996, Dockery developed pneumonia, and his condition worsened as his lungs filled with fluid. “His family was given the choice of risky surgery or letting the disease take his life.” Such a decision, of course, proved difficult: How to manage the enormous contingencies associated with such a calculation? On the one hand, the family had good reason to wonder if the pneumonia was not a blessing, an end to the lengthy suffering he had endured. At the same time, the very indeterminacy of Dockery’s state argued for further aid; some argued that he had suffered enough, others thought that no help should be spared.
- 4 Only the agon and difference of argument could broker such a decision; a true differend, the Dockery’s decision could not be made through recourse to any maxim or law, even as it was the law itself that distributed the decision to the family. Family members argued the situation in Dockery’s room as Dockery grappled with pneumonia in silence.
- 5 Four hours later, Dockery spoke. For eighteen straight hours, Dockery spoke of the time, read thermometers both digital and analog, and said that he “did not want to go back to the village,” a nursing home facility where he had been “living.” The sheer excess of the discourse, as well as its novelty, provoked media interest, and within hours the story was reported in print, television, radio and web sources. The volume of talk about Gary Dockery’s coma, both by Dockery and the media, would be difficult to quantify, but it unerringly focused on the odd rhetorical situation the Dockerys found themselves in.⁶ Of what “caused” Gary’s return, Dr. Folkening said Gary Dockery’s illness, the change of environment, an onslaught of visitors after years of sparse contact and hearing discussions of his death may have contributed to his awakening.⁷
- 6 In light of Dockery’s discursive eruption, the family decided to go ahead with the surgery. But even as Dockery’s speeches would seem to eradicate the ambiguity of the coma – clearly he was alive, unambiguously responding to his name, talking with his child on the telephone – a new and disturbing uncertainty emerged out of Dockery’s clarification. If Dockery had made it clear to his family that he indeed wanted to live, his very persuasiveness threatened the fragile certainty that surrounded comatose patients

everywhere. If such agency persisted in the coma victim, a patient for whom families must speak, it would render even more difficult and uncertain the calculations that under gird life support. Even after his testimony, the Dockerys were unsure of the decision to operate, as the surgery could once again plunge Gary into silence even as he spoke for his life for 18 hours. On the Christian Broadcast Network, Gary's mother spoke of their discord: "I had to wrestle with some of them. Some of them did want to give up. As a matter of fact, last Sunday most all the family, his son and even some of my children wanted to give up and just go ahead and let him go, and I refused because God gave me a promise."⁸

- 7 But the ambiguity provoked by Gary Dockery's blue streak was not confined to the decision regarding his own surgery; it would haunt the deployment of decisions made by families everywhere. These decisions were already troubled by the impossible evaluation of the contingency or "worth" of the patient's life; now the dangerous outbreak of comatose agency in Chattanooga undermined the "worth" of familial opinion itself; Dockery's voice would seem to have more weight than the legally legitimated voice of the family, that voice through which the coma speaks. So, too, was the popular image of medicine under attack.
- 8 The wonder of the Gary Dockery saga is why did he speak just as his family was resigned to letting him die? "We have no explanation at this time," Dr. Kaplan says.⁹
- 9 The silence of the medical community only exacerbated the import of a prior silence – that of comatose bodies: "I think the biggest interest this will spark is mutism after this sort of injury. We assume mute means that not much is going on. The fact remains that Gary Dockery was mute for seven and one half years and now is capable of speech."¹⁰ The medical profession worked quickly to dispel any fears that the brain dead were anything other than unambiguously dead. While early reports of the Dockery case spoke of his emergence from a coma, not "the mummy walks" but the coma speaks, physicians gradually pointed out a subtle distinction between two different types of "brain death" – the persistent vegetative state (PVS) and whole brain death or brainstem death. On National Public Radio listeners learned that Dr. John Caronna, a professor of clinical neurology, tells Noah that the story of Gary Dockery's waking up from a 7-year coma is not entirely accurate. Medically Dockery has maintained consciousness, but severe brain damage from a gunshot wound limited his response to stimuli. Caronna says something energized

him, increasing his ability to communicate. But it's unclear if he will continue to improve or not.¹¹

- 10 This “grandfathering” of Dockery into a PVS rather than a whole brain or brainstem death failed to eradicate the ambiguity that suffuses the coma patient. How could there be more than one type of “brain death?” The proliferation of distinctions makes possible finer grades of discipline on the comatose body – indeed it makes the difference between being a “neomort,” available for organ donation, and being a comatose subject, available, contingently, for the future – but it also undermines the univocality and persuasiveness of the declarations of death. No longer a binary “She’s alive!” or “I’m sorry, we lost her,” the diagnosis of death now becomes a continuum, with each distinction threatening to blur into the next, while the comatose body prepares to be “energized.” The “something” that enabled a comatose body to speak in this instance was, of course, a very specific species of speech act or virtual witnessing that operates through the absence not of the other but of the self: “hearing discussions of his death.”¹²
- 11 Of course, “comas” have always been speech acts. First articulated as a medical definition by French physicians in 1959, the *coma depasse* was re-described by an ad hoc committee at Harvard University as “brain death” in 1968.¹³ By 1981, the new taxonomical category of “brain death” became part of UDDA, the Uniform Declaration of Death Act. The 22-year period that spans Mollaret and Goulon’s discussion of *Coma depasse*, irreversible coma, and the retooled “declaration” of death testifies not only to the distinctive shift that has taken place in the constitution of legal death, from corporeal movement to televisual signal. It also indexes the heterogeneity and contingency at play in the various criteria deployed around these boundary criteria, a boundary that is seemingly self evident but remarkably murky: life/death.
- 12 This ambiguity is not, of course, confined to the present. Physician John Cheyne, in his classic 1812 text on *Cases of Apoplexy and Lethargy: With Observations upon the Comatose Diseases*, finds paradoxically that apoplexy (the coma’s genealogical cousin) strikes those who seemed *least likely* to be struck down by ill health. And Cheyne’s attempts to define “apoplexy” meet with only what he would characterize as a “rhetorical” satisfaction.¹⁴
- 13 The continual ambiguity and contingency that haunt this “declaration” of death is evinced in numerous accounts of medical

practice. Bioethicist Lance K. Stell writes of the effects of death's apparent new multiplicity:

Despite the intent to underscore the neurological basis of traditional criteria for death, the term "brain-death" has itself exacerbated confusion. To many laypersons (and to some medical professionals too, unfortunately), "brain-death" suggests that there is more than one kind of death ("brain-death" and "cardio-respiratory death"), or that there is more than one way to be dead (in a brain-sort-of-way and in a heart-sort-of-way), or that there are degrees of being dead ("brain-dead" and "really dead" or "dead-dead"), or that one might die more than once (first, when one's brain dies and again later when one's heart stops).¹⁵

This continual multiplicity provokes the question that I ask as a rhetorician: How is this ambiguity and contingency managed in the narratives and articulations of the comatose body today, and what sorts of bodies and configurations of power do these management tactics enable?

- 14 The outbreak of excitement and uncertainty at the site of Dockery's comatose body was managed, by the media, through relentless recourse to Dockery's family. The media too, talked a blue streak, and the unnerving possibility that it may have been the family's discussion that provoked the outburst was continually alluded to even if it was rarely named. So, too, did media reports imply that Dockery's incommunicado was attributable to a lack of attention on the family's part. In the first year after the shooting, Dockery communicated with blinks, nods and grimaces, but "that stopped when visitors diminished after a few years."¹⁶ At the same time, the family itself became the vector of comatose re-animation, as it was the very voices of the family that were presumed to have "energized" Dockery.¹⁷
- 15 Ungovernable even (or perhaps especially) by a medicine that deploys finer and finer distinctions, the comatose body becomes the promise and burden of families, an obligation toward the proper comportment of a body and its organs toward a future, a future riddled with contingency and subject to the continual articulations of a spectacle. While Dockery's mother "wrestled" with family members in the incalculable arguments over his surgery and his future, she also had to wrestle with the ongoing

interest of the media. Indeed, according to the Web page devoted to the Dockery family:

**The Reunion Will Welcome
Two Special Cousins**

Two Special Cousins plan to attend the Association Reunion in Cherokee Co., NC the second weekend of September 1996. They [include] . . . Dennis Dockery of Chattanooga, TN, who is a brother of Gary Dockery. Gary was the policeman who was shot in the head while on duty and had been in a coma for seven years when he suddenly began to talk this past February. This miracle story was widely reported by news media across America. Dennis will bring us up-to-date on Gary's condition, as well as how the family has attempted to deal with the media blitz.

My point here is not that families should not be the locus of power in the complex economy of medicine and culture that surrounds the comatose patient. Rather, this medical and media episode highlights the rather unstable character of the comatose body, a body for whom no medical distinctions appear adequate and whose diagnosis is rife with ambiguity. In this situation, it is the "values" of the patient's family that are called on to legitimate the governance of the comatose subject, "values" that also find little strength in distinctions. Rather than a sign of contemporary medicine's humanism, its tender yielding in the face of familial wishes, the recourse to the family as a site from which to govern the comatose body underscores the familial disciplines that form the unspoken ground of contemporary health, health that ultimately fails or returns under the aegis of familial "care." If health, as Leriche wrote, is life lived in the silence of the organs, then the coma is a silent life sustained within the noise of familial discourse.

**A Phone is Ringing . . .
Hello?**

- 16 A telephone is ringing, somewhere else. A voice **interrupts** the ring somewhere in the middle, between the iteration of one ring – followed by another, and another.
- 17 The voice rings true. It is indeed who we think it is. A dead mother, separated from her son by war, by the Nazis, those

horrendous assemblages of division and erasure, *lives*, and the formerly infinite distance of death is bridged by an area code, an exchange, a four-digit number. We have got death's number – a simple inquiry into “information” suffices – and in return we receive a word, indeed, an “address.”

- 18 “Hello?” This speech act – one that hums with an analysis provided by Avital Ronell, on another line – comes as a surprise, like all interruptions.¹⁹ It is an eruption of a question. Noisy, this unprecedented speech act sounds difference, the difference of an altogether other future: a future of life is on the line.
- 19 But we have to hang up, because this is the movies, a cinematic deployment of comas and their effects that, perhaps, doesn't *speaks* to us. Our film, in hanging up, interrupts itself, images interruption. What had been promised here, in David Cronenberg's adaptation of Stephen King's *The Dead Zone*, was the visual rendering of a comatose body that would, somehow, tell us its future, a future that does not, unlike the coma, bear the burdens of contingency. Cronenberg's camera images Christopher Walken, a high school English teacher (John Smith) smitten with the writing of horror – “Tomorrow, we'll discuss *The Legend of Sleepy Hollow*. I think you'll like it. It's about a school teacher who gets chased by a headless demon” – as a coma victim who experiences a kind of “second sight” upon his “awakening” from a five-year coma, a period of no time at all for Smith (or the viewer) but five years in cinema time, and thirty-five years to a TV dog. This second sight is less a mastery of the exercise of prophecy than an overtaking, a wave of the future that impacts Walken with all the terror of a force from the outside – the exteriority of thought, the “outside” of the body, the material intensities and transformations of time.
- 20 Overtaken by an image of the future, Walken acts to intervene in the image, to act in it and on it. Hacking the future, Smith attracts familial connections – they are the point of articulation for this “second sight.” The coma victim's psychic powers are invested at nodes in the familial network. “Your Daughter,” he screams to a nurse, “is screaming.” “Your Mother,” Walken tells his astonished doctor, “she's still alive.” Family, in this rendition, becomes the obligatory passage point for any encounter with the future whatsoever. Family, with its repetition of the tired old laws of lack, remains the hangup that will not be interrupted.
- 21 The potency of the family – its unique character as a site that can

channel, in effect, the future – is not materially limited to Johnny the coma victim’s strange powers. It also emerges as a second order effect, a virtual ricochet of an actual vision. Johnny’s deployment of his second sight under the media glare of television cameras provokes a stroke in his mother as she views the screen. The knowledge of a familial secret – “You want to know why your sister killed herself?” Johnny says to an overly inquisitive member of the media – operates on maternal flesh through the virtual relay of the screen, at a distance. Nuclear holocaust – one version of the future rendered in Smith’s second sight – is avoided when a populist, neo fascist political figure takes refuge from an assassin by hoisting the body of an infant to ward off bullets, bullets fired by Smith in his coma augmented “second sight.” The flesh of heterosexual reproduction literally armors the present and forestalls the future, in all of its terrible difference.

- 22 Perhaps this investment of the power of the coma in the familial network is incidental to its representation in Cronenberg’s vision. But bundled with contemporary renderings of the comatose body as they appear in diverse American media outlets and international ecologies of literature, it would appear otherwise.²⁰ Instead comatose bodies and subjects are incessantly articulated through familial dramas, family “units” that are invested with new powers even as capital disperses, distributes and networks the nation state. Ungovernable by states – who can only excel in the melancholy of *waiting* – it is only through the family that a coma patient “speaks.”²¹
- 23 Waiting, of course, is a practice of the interval, a space between actions. The example with which we were interrupted – *The Dead Zone* – nicely contains the various ambiguities of this space “between” life and death by eliding them. Smith awakens, scarless, and sees his healed body as a miraculous sign – all smashed up but “no bandages.” Similarly the trauma that the comatose state poses for narrative – what will happen next? – is rendered invisible, passed over in the traversal of one scene by another. And yet the radical ambiguity of the comatose state – is he alive? is he dead? how should we comport ourselves toward him? – produces other effects, the dissolution of the opposition between “past” and “future.” As the mystery of the coma is figured here precisely through its elision of time– “You gotta understand,” Johnny explains to his former fiancée, “for me it is like we just spoke yesterday” – it is through his uncanny existence outside of time – the dead zone – that the coma continues to do its work in the

narrative.

- 24 But even as such an image arrests the ambiguity of the comatose body – a body that, in its return, can see outside of time, obliterating contingency – the alterity that seems to inhere in comatose bodies returns. The very source of Walken’s “second sight” becomes undecidable, as soon as the stupor of the cinematic experience is shrugged off. The paranoid viewer recalls that our schoolteacher had effectively prophesied his own coma with his assignment – “The Legend of Sleepy Hollow.” The possibility that the prophecies deployed by Smith are of a literary and not a comatose origin haunts even this fantastic management of the thoroughly ambiguous coma, a state of corporeality that smears our definitions of life and death. Under this reading – an experience of the film that one cannot *choose* but whose effects are irreversible – the comatose interval becomes less a cause than a trigger, a catalyst for the second sight whose roots are, very possibly, literary.²²
- 25 As viewers of such a film, we are then placed in a remarkable quandary, even a hollow. Certainly one could merely shrug off “Sleepy Hollow” as a cheap foreshadowing, a minor detail that retroactively produces a sense of “aha.” But such an experience – the momentary, *jouissance*-laden gasp of recognition – is itself isomorphic to the profound interruption figured by the coma. That is, such an “aha” itself functions as what writer Catherine Clement has characterized as a “syncope,” a kind of micro-awakening that proceeds from . . . a micro coma, a forgetting provoked by the viewing of a film, the reading of a text.
- 26 Thus even the degradation of the ridiculously literal B movie foreshadowing fostered by “Sleepy Hollow” serves only to provoke yet another question: *Where have I been?* While the viewer is hardly in the situation of corporeal injury referenced by Christopher Walken – all smashed up – she nevertheless enjoys an isomorphic dislocation. Some small element of the past returns, and is recognized as a prophecy of the future, a tell-tale sign not heeded until it is literally too late – the present. Such a dislocation puns on Johnny’s affliction – it is the second “cite,” the iteration of a text or an image through which one encounters one’s place “between” two cites, a hiatus or a breath through which the “aha” emerges.
- 27 Cronenberg and King’s rewriting and repetition of the Sleepy Hollow tale– itself a tale of the terrible effects of the literary –

provokes the limbo of the coma in the viewers of *The Dead Zone* even as it ensures that the comatose body will only speak through the family.²³ The rhetorical algorithm of *The Dead Zone* operates through an acceleration of the very logic that makes film possible. The interruption – that moment between Smith’s entry into a coma and his emergence – injects Walken with precisely the ingredient needed to “see” the future – interruption itself. Not simply a lack or down time, Walken’s hiatus becomes a “sleepy hollow,” a space between life and death, one frame and the next, an interstice that enables the invisibility par excellence – time – to be imaged, transformed into a “zone.”²⁴

- 28 But what is imaged in *The Dead Zone* is not so much the future “itself” as the *characteristic action* of futures, events whose arrivals are syncopated in a rhythm of continual interruption. Interruption – that communication breakdown – is here figured as what the future *does*. Smith does not *know* the future – he doesn’t even know, in the present, what the status of his encounter with the future *is*. Instead, like the “syncope” that destroys his mother’s body, the future interrupts Smith, and he, unlike our first caller, cannot hang up.
- 29 Such a logic of interruption – to encounter the future, let it break you up, put you into a coma, kill you – cannot, like our reading, be chosen. Such a procedure is articulated in Deleuze and Guattari as the “connect-i-cut,” recipes for becoming, which depend on a healthy dose of forgetting and breakdown.²⁵ As with exotic derivatives – those morphologies of capital whose encounter with the future depends crucially on an interval of non-knowledge, a dead zone of value – the comatose body is constituted by its noisy, inarticulate silence: what will happen?²⁶ In this register, *The Dead Zone* maps the governance of the comatose body by making it speak, and in so doing outlines contemporary modes of subjection – literally, the emergence of comatose individuals as they are networked with the family. The family ventriloquizes the subject as a crucial aspect of its own propagation, a distribution that is not simply of a biological order.
- 30 Comatose bodies challenge the referential capacities of discourse. As in the fetus, they provoke a referential panic, a **pro-lifer**-ation of attempts to render a sturdy border between life and its others.²⁷ Sheer growth without consciousness, a becoming-plant, comatose bodies are uncanny for their doubling of life. One sees the signs of life, one is even drawn to speak. “Don’t leave me Johnny. We’re gonna get married.” Yet in the end, one just doesn’t know the

nature of one's audience – where does the machine end, flesh begin?

- 31 But comas threaten more than the boundary between life and death or flesh and machines; they disturb reproduction itself, or at least the family's monopoly on the propagation of human life through heterosexual reproduction. After awakening from his accident – a close encounter with a *milk truck*, the beginning of a machinic nursing that allows him to wait for the future – Johnny is visited by his parents. “You’ve been lost for five years, and now reborn unto me,” his mother declares. With her Biblical citing, Vera recaptures the strange eruption of life out of the machinic environment of the coma into the logic of reproduction – “reborn unto me” – and reattaches the generation of vitality to a mother. “Lost,” without reference to the family, Johnny’s miraculous rebirth from the machinic labor or “trance” of the coma is the second cite or site of birth. In naming it *as a birth*, Johnny’s mother both marks the threat to heterosexual reproduction posed by his revival and manages it through recourse to the maternal body.
- 32 For if life can emerge out of multiple connections to machines, the role of heterosexuality in the propagation of a human future becomes visibly and disturbingly questioned. In place of the alliance of ovum, sperm and futurity, Johnny’s birth marks the new capacities of machines. And unlike the offspring of reproduction, on whom the mark or “navel” of originality persists, the progeny of a machinic economy of replication foster an erasure of reference, a doubling that is at the core of the notion of “immortality” associated with cloning and uploading, a repetition that sutures the very interval foregrounded in *The Dead Zone*. In place of the astonishing arrival of novelty associated with birth, such replicas offer the “already seen” or “second sight” of *deja vu*. “There I am again.”
- 33 Indeed Johnny’s “accident,” all too predictably, occurs precisely through an interruption of heterosexual reproduction. Instead of spending the night coupling with his fiancée, Smith ventures out to drive on roads slick with rain, promising to marry Sarah and noting that “Some things are worth waiting for.” In the accident – itself caused by a trucker’s sleepy, nodding, hiatus – much blood, and much more milk, is spilled.
- 34 During the five year wait – what in banking terms we might call the “float” of Johnny’s promise to marry – Sarah, in the words of

Johnny's mother, "cleaves now unto another man, a husband." To "cleave," of course, means both to split and to attach, a connection that puns on cutting. In this instance, Sarah's connection to the husband produces a child, a 10-month-old son she introduces to Johnny with Freud's famous epithet – "his majesty." Sitting around the table with Johnny, Sarah, and her son Denny, Johnny's father remarks, "You know, it feels good to have a family eating around the table again."

- 35 This network of examples seems to connect family – whether in its simulated form at the dinner table, the authoritative, as it were, Kingdom of the baby, or in the actual flesh of Johnny's mother – to any means of making the coma refer. In the discourse of his mother, Johnny's emergence from the coma marks his hiatus as a long labor, a labor that in the end is a rebirth unto the maternal body. In place of a lively ecology of machines, Johnny is reborn unto a mother, ensuring at least a rhetorical monopoly of the maternal on reproduction.
- 36 In the context of the simulated family gathered around the table, the coma is occluded through recourse to the evidence of Denny, a child testifying to the apparent fantasy of the past, "his majesty" the king whose word, or silence, is law: the coma never happened, Johnny and Sarah's coupling was never interrupted, and the maternal body of Johnny's mother has been exchanged for the reproductive success of Sarah. Here the family form is established precisely to the extent that maternity and paternity – those signs of "family" – are iterable and thus detachable from any particular context. In this milieu, the immortality of the family form itself – its ability to replicate over time, ad infinitum – helps manage the strange contingency and finitude of the coma.
- 37 To make "sense" both of the odd state of the coma and the miracle of its closure, the eruption of life out of machines, families are mobilized. In the face of what Guattari has characterized as new "collective arrangements," social and technical groupings that would bestow and maintain the life of human beings, narratives of the coma recuperate the monopoly of the family on "life" by making the coma speak only on the register of the familial. Indeed, even in his flight from the traces of family – he no longer can bear seeing his former fiancée – Johnny provides us with his second cite from *Sleepy Hollow*: "As he was a bachelor, and in nobody's debt, nobody troubled their head about him anymore." An alleged escape from the familial matrix operates only through the double negations of family and capital – bachelorhood and

indebtedness. The “value” of the family, in this context, emerges from an ability to evaluate the strange event called the coma.

- 38 In contrast to the comatose body, which miraculously emerges out of an environment of machines and care, his majesty heterosexual reproduction is conceptualized as a Euclidean, triangular relation – Mommy Daddy Child – by the Christianity of the father, a psychoanalysis of the Law and by that state privilege dubbed the “tax write off” in the contemporary United States. This clean logic – one which continually reinscribes the “autonomy” of the fetus/child, the father, the mother, as if all weren’t entangled with all – tames the obvious multiplicity of heterosexual reproduction into an order: heredity. Reproduction’s territory, its necessary habitat, becomes narratable in terms of a name. As such, “family” operates as an algorithm, a recipe for converting the syntactic distributions of alterity – the chance and “drift” at play in evolutionary systems – into the semantic, narratable regimes of a people that know who they are: “You are a Doyle!”
- 39 This command at the heart of the family is threatened by the comatose body’s refusal to signify – “I can’t hear you!” as a drill sergeant might put it. It is disturbed as well by the visible rhizome of connections that make the ongoing life of a comatose body possible, a tangle of connections that renders laughable any simple demarcation of the comatose “subject.”²⁸ Mute, without response, comatose bodies seem always about to speak. The strange confessionals that accompany the rhythmic, machinic cadence of the coma are judgments that the coma is a becoming, a trajectory and not a state. About to speak, about to die, the comatose body fosters continual becomings-other.
- 40 The fact that something else, it seems, is always about to happen to the comatose body foregrounds the incessant labor and discipline the familial franchise demands, as this anticipatory state calls forth every interpretation of every sign that can be mustered. This discipline – the means by which families might maintain their monopoly on reproduction, on human life itself – operates not only through the deployment of flesh, but through the propagation and actualization of concepts. In the case of comas, an uncanny entity I will call the “virtual maternal” forestalls the possibility that something other than human, heterosexual reproduction is entailed in the emergence of a coma survivor’s life.

And Mommy's on the Phone . . . Or, "It's a Coma!"²⁹

- 41 Feminist scholars have argued convincingly that the threats posed to the familial monopoly by reproductive technologies have recoiled onto women's bodies. The rhetorical amputation of the fetus from maternal bodies bites into actual flesh, as the uterus of women have increasingly become incarcerated, surveyed, purchased, and disciplined. But the new technologies of life-*maintenance* also interpolate the contemporary family, and this threat entails precisely the obliteration of the body enacted in the discourse of fetal "rights." In this case, however, the maternal body is far from invisible – it becomes a privileged site for making comatose bodies speak, a body that the family recomposes out of its fetal obliteration. This composition operates not through the attachment of a fetal body to actual flesh – in *The Dead Zone*, mothers are either killed, telephonically terminated, or shot at – but through the rhetorical production of maternal effects. Having liquidated the body and agency of motherhood in the contemporary United States, families recompose the maternal body, the possibility of heterosexual reproduction, through virtual tactics. Forced to speak out of her silent labor, the mother appears in *The Dead Zone* as a telephonic entity, one who mothers without consciousness, a machine for reproduction.³⁰
- 42 If a comatose body's trajectory – its becoming – is rendered unto narrative by the maternal body, this rendering is an uneasy, even labored, one. Ventriloquizing Biblical prose, Johnny's mother attempts to connect his return to the divine matrix of reproduction. But the very oddity of Vera's speech – its character as a *cite*, a machinic repetition from elsewhere – unhinges the connection: Neither resurrection nor birth, Johnny's return appears without causation, without origin, a "miracle." Nursed by networks of machines and care, the comatose body puts a new spin on the reproductive concept of "expecting."
- 43 For if Smith – or, as his "John Doe" name suggests, any coma victim whatsoever – emerges into life out of a machine environment, it is a life of the future. Befallen by the future, the comatose body is a virtual body, one continually anticipated but not yet actualized. One speaks to it and waits . . . "waiting patiently for something to happen."³¹ Literally unconscious, alive, comatose bodies become conscious subjects through the continually, hopefully, expected interruption called the future.

Without recourse to consciousness – of a mother and her labor, of a fertility clinic, of a surrogate– life emerges, veritably laboring with the future.

- 44 Valerie Hartouni articulates this odd capacity of the comatose body to labor in her 1991 essay, “Containing Women: Reproductive Discourse in the 1980’s.” Hartouni focuses on the ability of the maternal body to disappear under the increased visibility and agency of the fetus. But Hartouni’s analysis also enables an understanding not of the disappearance of the maternal, but of its deterritorialization, its becoming-virtual.
- 45 Hartouni describes the case of a newspaper headline: “Brain-Dead Mother Has Her Baby.” In this instance of a comatose body that has become downright swollen with agency – for clearly in this instance “having” is most definitely a “doing” – Hartouni highlights the paradoxical annihilation of maternal agency as the “mother” becomes less verb than noun. In the context of its citation into a headline, Hartouni notes that “motherhood is equated with pregnancy and thereby reduced to a physiological function, a biologically rooted, passive – indeed in this case, literally mindless – state of being.”³² Indeed Hartouni argues that as such nouns or states of being, pregnant women are merely “mediums or physical vessels for new life, not active participants in its creation or maintenance.”³³
- 46 But what are the capacities of “mediums?” Hartouni’s analysis suggests that media are bereft, impoverished in agency, “passive” and immobile, “biologically rooted.” But perhaps media – like Johnny in *The Dead Zone* – is precisely in the middle, neither active nor passive, present nor absent, live nor dead, here nor there.³⁴ Perhaps media are virtual, on-the-line. As virtuals, such media do not lack agency but instead distribute it – they articulate the connections in any network of actualization. As such, a medium’s promises and threats emerge from their location in limbo, go-betweenes.
- 47 This limbo agency of the virtual resides partially in its capacity for repetition. At times, Deleuze and Guattari describe the very distinction between the virtual and the actual in terms of speed and slowness, as actuality arrives in a kind of “freeze frame” that brings reference to bear on the multiplicity of the virtual. These speeds can be understood as the facility to be repeated in different contexts, an attribute roughly analogous to the quality of “velocity” in monetarist economics. Betweenness has its benefits –

connectivity increases with deterritorialization.

- 48 This transformation of a virtual into an actual requires repetition and it is through iterability (and subsequent distributivity) that virtuals are “selected.” For even Hartouni’s deployment of the example/sample “Brain-Dead Mother Has Her Baby” relies on its extraction and repetition. No less than the delivery of the fetus/baby itself, Hartouni’s mobilization of “Brain-Dead Mother Has Her Baby” relies on its ability to be cut out of its alleged “location,” much as Hartouni notes that with the rhetorical operations of video and visualization technology “the live fetal image of the clinic appears to have been transported into everyone’s living room.”³⁵ Indeed, in this sense actuality – the emergence of reference – is thoroughly entangled with virtuality – the capacity for dispersal. This is stated most clearly by Deleuze and Guattari when they note that “there is no reproduction without genetic drift.”
- 49 Such a power of drift, distribution, or delivery is indeed an attribute of media. They function as speedy replicators as well as articulators, and are contagious enough to sprout, ungovernably, in multiple contexts. More than an accidental predicate, media entail a primordial dislocation at play with the real. “The virtual must be defined as strictly a part of the real object – as though the object had one part of itself in the virtual into which it plunged as though into an objective dimension.”³⁶
- 50 In this instance, as in every other, only by being treated in terms of what Deleuze calls differentiation – a partitioning into articulable, narratable distinctions, “as though” – can the virtual be rendered. It must be actualized *as a virtual*, determined in configurations of space and time that enable it to refer, to become a “problem” for which actualization, becoming, is the solution. It is through the virtual that the monstrosity of metamorphosis can be referenced, treated not as a vague promise – of the tadpole, “maybe it will be a frog” – but as the positivity of becoming. If virtuals form a hollow of an “objective dimension” where the real has its tendrils, they are no less complicit with their own delivery by the future, the capacity to be acted upon. Deleuze describes the differential transformation of virtual into actual through recourse to the figure of labor – at first of the economic kind, but then through the embryo: “The destiny and achievement of the embryo is to live the unlivable, to sustain forced movements of a scope that would break any skeleton or tear ligaments.”³⁷

- 51 This logically impossible event – living the “unlivable” – proceeds not through the usual operations of “agency,” “action,” or “strength.” It instead requires a flexibility, a tremendous facility for difference. This sensitivity to difference operates in contact with the future: “They can only be lived . . .”³⁸ It is in this sense that even the virtual is complicit with the future, and that “mediums” enable and distribute agency more than they suffer its lack.
- 52 Hence Hartouni’s understanding of the “passive” “biological” mother must be supplemented with a mapping of the effects of the very “mediums” she fears are being evacuated of agency. It is exactly the “flexibility” of media – their ability to be, like Johnny, affected by the future – that makes the arrival of novelty, indeed birth, possible. In comparing possible alternative formulations of “Brain-Dead Mother Has Her Baby,” Hartouni notes that it is through the disavowal of the “social activities and meanings on the one hand” of the mother and the amplification of “biological processes on the other” that the comatose mother is constituted as a medium. And yet the event of the technologically and rhetorically entangled “Brain-Dead Mother” is exactly what draws these distinctions into question *as oppositions*, suggesting that reproduction has perhaps sprouted more than two hands.³⁹

That’s One Way of Putting It . . . Or, Aha

- 53 Dependent on an unforeseeable future, the emergence from a coma is also of course difficult to narrate. Upon awakening, Smith’s doctor informs him that he had been a “guest” for some time, a locution which Smith greets with a snort while responding, “That’s one way of putting it.” This strange hospitality to which the guest Smith is indebted is indeed multiple: there are many ways to “put it.” As a guest, Smith occupies an ethical position distinct from the son or even the patient. Dependent for his life not on the interiority of a will but on the exteriority of care and machines, a postmodern, machinic, “kindness of strangers,” Smith’s relation with the doctor is first and foremost an encounter – no “expression” brokers the relation, and even a simulated intersubjectivity can only occur retroactively. Only after a thoroughly contingent – even miraculous – awakening can the care and relation of the doctor and Smith be articulated *as a relation*. Thus orphaned – of “no relation” – Smith is in some sense, as his mother puts it, “lost,” outside of the rhetorical regime

of the family. Yet this “loss” is hardly lacking – in the meantime, as it were, Smith has plugged into, been connected to, a entire machinic rhizome.

- 54 Smith’s relation to the machines and care that animate him – perhaps like our relation to cinema – operates on multiple registers, none of which are fundamentally acts of expression. The turning of his body, the connection of a feeding tube, the administration of a drug – these are recipes or procedures concerned not with “representation” or even “communication” but with discipline and desire – the desire to discipline and cultivate Smith’s body back into “life.” Even after awakening, of course, the discipline continues: therapy and therapists, operations and drugs, foster the possibility of Smith’s return to “normality.”
- 55 Yet this discipline is not confined to technology or even medicine in the usual sense. The shouts of his physical therapist – “Give me one more lap!” – remind us that the ordering of Smith’s (and Dockery’s) body is also a rhetorical enterprise. Cronenberg’s film – perhaps for good reason, as we shall see – offers the possibility of a line of flight from the maternal register of this rhetoric, as the film *engenders*, and does not merely *express*, the syncope of the coma. Even while it attaches the disturbing vitality of Smith’s “flashes” to the maternal body through the expressive force of its narrative, a narrative in which the comatose body speaks, the film undoes any attempt to arrest the ambiguity of the coma. Figured by a cut, a fracture “between” scenes that is the very MacGuffin of the film, the coma remains uninterpretable, a blank that is not a lack. More than “offstage,” or “behind the scenes,” the coma is imaged as an interruption, the very synaptic fissure which makes cinema, subjectivity, possible – the “gap” or interstice between two cites or sights.⁴⁰ The film features, of course, the disciplining of Smith – by the media, as well as his “lost” familial order – but this discipline instills yet another affect in the viewer: becoming-comatose. For if the “interstice” of both the cinematic frame and the coma – in *The Dead Zone*, these entities are identical, fractals of each other – images nothing but time, it thwarts interpretation even as it carries out its effects – an encounter with, but not an expression of, the future. Aha.
- 56 At the level of “consciousness,” this encounter literally does not occur – it registers a blank. And yet on the register of the film’s movement, the very condition of possibility for a narrative that would attach the life of the coma to the maternal body, this blank is production itself, the proliferation of images, the visualization of

multiplicity called cinema. And perhaps the most singular figuration of this interruption is the -click- with which I began, the hang up on a lost mother on the phone, long distance. This hang up *cleaves* – sticks together and divides – the maternal body and the coma, as the coma *contacts the mother without her knowledge*.

- 57 This notion of “contact” extends to the viewer of *the Dead Zone*. Steven Shaviro, writing of a notion of cinema as “contagion,” notes that this shift in the premises of film theory lead away from a fixation on “identification.” “When I am caught up in watching a film I do not really ‘identify’ in a psychoanalytic sense . . . it is more the case that I am brought into intimate contact with the images on the screen by a process of *mimesis* or *contagion*.”⁴¹ Shaviro, after Benjamin, characterizes this contact as a “tactile convergence,” an encounter between viewer and image that implodes any vision which would render the visual in terms of a distance between a “subject” and an “image.” Instead the viewer enjoys and suffers a strange intimacy with the screen. She is composed as a multiplicity, neither inside nor outside the image, a medium or mobius body that conducts intensities and flows. Conducting a coma, *The Dead Zone* brings the viewer into contact with the blinding, impossible vision of interruption. It interrupts vision and even consciousness as it induces the syncope of experiencing oneself *being interrupted*, becoming-comatose. Shaviro, via Bataille, describes an “anti-vision” of film that uncannily mimes the very content and experience of *The Dead Zone*. “We see that which exceeds the possibility of seeing, that which it is intolerable to see. And it occurs in a time of repetition, without a living present, a time that linear narrative cannot fill.”⁴²

Familial Futures

- 58 Networked with other films and novels of the period, such as Michael Crichton’s adaptation of the Robin Cook novel, *Coma*, *The Dead Zone*’s investment of the coma victim with the family becomes articulable within the matrix of tensions surrounding the “neomort” or “living cadaver.” More than a metaphysical distinction, the emergence of brain death was associated with the increased “procurement” of organs for transplantation. This tension – the uncertainty of determining death in the age of life support, and the need for such certainty in an organ donation market– traversed Crichton’s “Coma” in the form of organ harvesting – the ascription of brain death to otherwise healthy

patients for the purpose of organ acquisition. *The Dead Zone*, rather than manifesting an anxiety of the body's new possibilities as commodity, narrates the relentlessly futural character of corporeality, a futurity most easily accessed through the donation of the "living body" that houses the "dead" brain to others, a future continually referenced in materials that recruit organ donors.⁴³

- 59 This future – another body that might live through elements of the deceased – has a particularly familial flavor, as the family is both a locus of the decision to donate organs and, sometimes, their recipient. When Monte Burns, the brutal but affectless capitalist on "The Simpsons," learned he had a son, he failed in his attempt to simulate the love of a parental bond but remarked, with great sentimentality, "It's good to know . . . that there's another kidney out there for me."
- 60 Perhaps the location of this sample – a flickering animated image transduced to video – evinces the character of this new form of life maintenance. Living tissues no longer reside within the confines of an allegedly autonomous body, but are instead contingently networked with differential futures, futures of animation. New segments of life are being produced through the organization of donation and the dosing of immune systems. This production of life – "The Gift of Life" – emerges only through the transforming of selves – futurity emerges for the transplant recipient only through the disciplining of the very contours of the self, a self sculpted both of drugs and discourse, a rhetorical and pharmaceutical hybrid.⁴⁴
- 61 But this futural character of contemporary corporeality – its ability to act in a future, without consciousness – poses severe challenges to any system that would procure and allocate human organs. If such dispensations are to emerge from a citizen, such subjects must enjoy the proleptic ability to act in the future, after one's death. In other words, organs must become concepts – treatable and articulable in terms of their ability to become rather than maintain.⁴⁵ They are treated in terms of their capacity for difference.
- 62 This extension of agency past the life of the subject paradoxically depends upon the agency of the family. For if the body is to be a transaction site in the absence of a subject, it is the family that brokers and executes this transaction. The very death of the subject that enables the gift of organ donation thwarts any testimony of the gift's propriety. Thus the family – and not merely

writing, a contract, a donor card – is called forth to ventriloquize the brain dead subject: “To be an Organ & Tissue donor, even if you’ve signed something, you must tell your family now, so they can carry out your wishes later.”⁴⁶ This testimony to the future perfect desires of the comatose – “this is what she would have wanted” – is not, of course, without its share of ambiguity, an incapacity which continually haunts and perhaps thwarts organ donation. In the context of the termination of life support – the proverbial “pulling of the plug” – this ambiguity has led to the invention of a new speech act in the United States, Australia and Western Europe – the living will.

- 63 Thus while it is clear that the technologies of life support and the legal armature of brain death mark a decisive diagram of subjectivity – even in brain death, a subject persists, variously entangled with both the law and machines – comas also mark new configurations of power that emerge out of the “family.” Even as the technologies of life support and organ transplantation – the twin vectors that compose the coma as such a site of anxiety – make possible new modes of human hybridization, it is the discourse of the family that ensures the continual attachment of a point of view or “center” to the distributed rhizome of growth that embeds comatose bodies. Indeed the value of the family almost seems to emerge out of its ability to govern the proliferating disturbances that such technologies pose for “life.”⁴⁷
- 64 This position of families as the “governing” body for coma patients is outlined in a recent court decision in Pennsylvania, where the right to terminate life support from a patient in a permanent vegetative state (coma) is granted to families, even in the absence of a living will or “advance health care declaration.” Note that this remarkable power of interruption is withheld from women themselves, as an advance health care declaration becomes null in the event that a woman is suspected of pregnancy: “A declaration by a pregnant woman will not become effective unless a physician has determined that the life-sustaining treatments either (a) will not permit the live birth of the unborn child, (b) will be physically harmful to the pregnant woman, or (c) would cause pain to the pregnant woman.”⁴⁸ Here the agency of women’s bodies is both referenced and obliterated. Literally cleft from her own “living will,” the proleptic desire of woman becomes null and void, or at least without effects, not “effective.” Under this rubric, the agency of (possibly) pre-menopausal women becomes haunted by the specter of pregnancy.

- 65 At the same time, this cleavage of the living will from Pennsylvanian women reinscribes the limbo agency of the maternal body itself. Capable of birth, capable of pain, the maternal body is not simply erased in the desire to foster the fetus. Instead it is cleaved, detached from the past desire of a woman and attached to the future capacities of the maternal body, capacities which by definition are virtual – attached to the future as much as a mother and life support – and not actual. Thus it is the virtual maternal which is detached from the body of a desiring woman, a virtuality which enables the literal propagation of a family even as this propagation is detached from the specificity of any individual female subject. Somebody in Pennsylvania read “Brain-Dead Mother Has Her Baby.”
- 66 The emergence of a body which lives up to Heidegger’s dictum concerning the “essence” of technology – the coma is Nothing, technological– would seem to remind us even more forcefully of Spinoza’s refrain: We don’t know what a body can do.⁴⁹ Endowed with new capacities of distribution, contemporary bodies cultivate futures through routes other than reproduction. Connected with life by machines as well as so called “biological” multiplicities, human and otherwise, the networked body of the coma relates not to a future of knowledge, but of contingency. A virtual corporeality, the comatose body is, in the phrasing of philosopher Elizabeth Grosz, “befallen by the future.”⁵⁰ Its genealogy is, then, uncertain, available for difference, aleatory to the assemblage of family that would send a name, and the flesh to bear it, into the future. The comatose body encounters a future that cannot be *divined* – no reliable algorithm exists to signify its future, to predict with precision the actualization of its virtuality. “He tried to protest, to tell her that he didn’t want to do great works, heal, or speak in tongues, to divine the future. . . He tried to tell her, but his tongue wouldn’t obey his brain.”⁵¹
- 67 In the silence of the coma, betwixt tongue and brain, a dead zone, the American family speaks. Despite the much noted “decline” of the family and the threats that various post industrial configurations allegedly pose to it, it is the family that ultimately governs the comportment and treatment of the comatose body. If the comatose body troubles our understandings of the medical and legal spaces of life and death, it is through the discourse of the family that this odd, resistant body becomes governable, even divined.

“Here’s Johnny!” Or, Textual Delivery

- 68 At the Westfall Health Care Center in Brighton, N.Y., a 29 year old woman, comatose for ten years in the wake of a car accident, developed a swelling of the belly, indicating a pregnancy. One media account narrated the 1996 event in terms of a textual materialization or delivery: “It is as if a particularly diabolical textbook problem for budding ethicists has been transposed to grim reality in upstate New York.”⁵² What was remarkable about this horrifying rape was its immediate management by the discourse of familial reproduction, as the woman’s family determined that she would want to bear the child. “The New York woman had been a devout Roman Catholic. Says Ellen Moskowitz, a lawyer and ethicist at the Hastings Center, “It seems reasonable to conclude this is the kind of decision she would have wanted.”⁵³ By continuously invoking the “values” of the famed yet anonymous woman in terms of the discourse of “pro-life,” the family was able to render a paradoxical decision “against abortion.” Carrying the child to term – with the help of life support – was continually warranted through recourse to the woman’s “pro life” values, without which such a birth out of life maintenance would have been, in Hartouni’s phrasing, “virtually unintelligible.”
- 69 And yet perhaps it is only virtually that this birth is made possible. The delivery is entangled with the enunciation of the woman’s family – it is literally enabled by a statement, along with some other machines. The statement or command – “do not abort!” – is utterable, in this instance, only to the extent that it can articulate the alleged desires of the woman. These desires are *neither here nor there*, embedded in the discourses and practices of the past and yet strangely effective on the present and the future. The family functions as a relay – or ventriloquism – of desire.
- 70 As desires, these discourses and practices do not refer; they are promises of a capacity to be affected and perhaps transformed. “I want” is less a reference to a lack than a sensitivity to an other. So, too, is this sensitivity itself characterized by its citationality, a capacity for the repetition and drift of geography and time. It is in this sense that the discourse of the woman in question is virtual. Indeed it is the actualization of the woman’s desires *as virtual* that enables this birth, as her desires are treated as detachable from any particular actualization, “what she would have wanted.”

- 71 And how are these virtuals actualized? The instantiation of the woman's desires takes place through both the enunciation and narratives of family. The woman's ghost is summoned to speak, a living ghost. This ghost is provocative of, but does not represent, the past. An uncanny stranger hailed as much by the citable character of the familial narrative as it is by the life support mechanisms that enable its development, the baby sprouts out of familial discourse, a discursive budding or hybrid that allows for the reproduction of family "value" into the future, a fleshly delivery that emerges partially from an utterance.
- 72 Crucial to the decision to enable this birth, the first live birth from a continually comatose body, was the ascription of agency to the mother even as it was erased. Doctors noted that "the natural forces of labor could possibly be in tact in the woman, but without voluntary cooperation in pushing, the delivery would require forceps or a vacuum."⁵⁴ As with our earlier phone call, the connection to the mother is established, but without her knowledge. Familial production operates here not as the reproduction of individuals but as the proliferation of the familial itself, the actualization of virtual entities or values bound not to consciousness but to the production of other live bodies, live bodies that emerge out of the rhetorical, virtual space of "decision." These remarkable pragmatics of speech emerge out of a virtual, familial response to that old, supposedly enigmatic psychoanalytic puzzler: What does woman want?
- 73 Ungovernable by the taxonomies or articulations of medicine, the comatose body renders not merely another human, but an occasion for the exercise of familial power. The nonstop public performance we call family, rather than wounded by the strife of the uncanny space between life and death, is constituted by it. The family speaks, it decides, and children are born. With this child – a 2-pound, 11-ounce boy born March 18, 1996, let us call him "Johnny" – a new speech act is born, a discursive birth that performatively constitutes the flesh of the future: "We Are Family."

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Notes

- 1** There has been a thicket of help with this essay, and I can only refer the reader to a list of names: Amy Greenberg, Jeffrey Nealon, Roddey Reid, Leisha Jones and Brian Rotman. Thanks.
- 2** Irvine Welsh, *Maribou Stork Nightmares*, New York, Norton, 1996, p. 10.
- 3** This point of departure – the emergence of an informatic ecology common to both biological and computational entities via the talismanic powers of DNA – is treated extensively in Richard Doyle, *On Beyond Living: Rhetorical Transformations of the Life Sciences*, Stanford, CA, Stanford University Press, 1997. Also see Susan Oyama, *The Ontogeny of Information*, Durham, NC, Duke University Press, 2000; François Jacob, *The Logic of Life*, Princeton, NJ, Princeton University Press, 1993; Stanley Shostack, *The Death of Life*.
- 4** For a remarkable account of this new biological concept of the self, see Dorion Sagan, “Metametazoa: Biology and Multiplicity,” *Incorporations*, Jonathan Crary and Sanford Kwinter, eds., New York, Zone Books, 1992, p. 379: “The zoological ‘I’ is open to radical revision.”
- 5** Gary Dockery, the former Walden police officer who regained the power of speech last year after 7 1/2 years in a comalike state, died Tuesday at a Signal Mountain nursing home” (<http://www.chattimes.com/news/today/Wednesday/April161997/CTStorya4dckdie.html>).
- 6** This is in fact something that I will do in future papers.
- 7** <http://iris.npr.org/plweb-cgi/fastweb?getdoc+npr+npr+15699+0+wAAA+2%2F5%2F96%26And%26coma>.
- 8** <http://www.cbn.org/news/archives.asp>.
- 9** <http://www.columbia-hca.com/>.
- 10** <http://www.columbia-hca.com/>.
- 11** <http://iris.npr.org/plweb-cgi/fastweb?getdoc+npr+npr+15699+0+wAAA+2%2F5%2F96%26And%26coma>.
- 13** Steven Shapin and Simon Schaffer describe the emergence of

“virtual witnessing” as the production of iteration at a distance in their account of Boyle in *Leviathan and the Air Pump: Hobbes, Boyle and the Experimental Life*, Princeton, NJ, Princeton University Press, 1985. Here the persuasive evidence of Boyle’s air pump was replicated through writing, in the absence of Boyle or the pump but in the “presence” of the reader. In Dockery’s instance, we see a virtual witnessing that operates through the absence not of the other, but of the self.

13 “A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain-Death,” *Journal of the American Medical Association*, 205, 1968, pp. 337-340.

14 While there is a continuous thread of ambiguity that runs through the genealogy of the coma, the question of medicine’s relation to such ambiguous states is marked by profound discontinuities. For example, Cheyne writes of the apoplectic disorders almost entirely from the perspective of the doctor-patient relation, and seldom names any other parties – such as a family – who might have an interest in this sudden eruption of disorder.

15 <http://www.pitt.edu/~cep/41-3.html>.

16 Michelle Williams, “Former Policeman Continues to Speak,” *Daily Iowan*, Associated Press, April 7, 1996, <http://www.uiowa.edu/~dlyiowan/>.

17 For a detailed analysis of how families can “arouse” such bodies, see Edward B. LeWinn, *Coma Arousal: The Family as a Team*, Garden City, NY, Doubleday, 1985.

18 See the Dockery family’s Web page at <http://www.tib.com/dfai/>.

19 Avital Ronell, *The Telephone Book*, Lincoln, University of Nebraska Press, 1989.

20 See Welsh, *Maribou Stork Nightmares*. Here our narrator – in a coma – is incessantly interrupted by his “genetic disaster” of a family, a family that insists on retelling familial tales to the prone Roy Strang.

21 Even the Zetas – allegedly alien entities that purport to answer questions on the Web – note the integral relation between

comatose patients and the masochistic project of waiting:
“Comatose patients are very distressing to doctors as there is essentially nothing to be done except wait. With an infection the doctor can try various antibiotic or heat treatments, enrich the patient’s diet, and perhaps even work on their psychological state to boost the immune response. But except for maintenance of the human body, there is nothing to be done for a comatose patient” (<http://www.zetataalk3.com/science/s43.htm>).

22 Here, of course, I am referring not to “high” literature but to the capacity for being affected (a getting high) associated with the very possibility of reading or of viewing with intensity. This capacity emerges not out of an act of sheer agency on the part of the reader or viewer – that would be like laughing, trembling, on purpose – but to a paradoxical agency of *possession* by assemblage. The oft-cited “suspension of disbelief” refers to an action *on* the reader and not just *of* the reader. One is rendered sensitive to signs, a receptivity to the future that entails an “undoing” or suspension of the subject in the present. Such a suspension – which need not deploy ropes or chains to provoke that most masochistic of practices, waiting – entails a kind of limbo agency detailed most precisely by Deleuze in his analysis of Sacher Masoch novels. See *Coldness and Cruelty*, pp. 70-72. Also see Gilles Deleuze and Félix Deleuze, *A Thousand Plateaus*, Brian Masumi, tr., Minneapolis, University of Minnesota Press, (1980), 1987, p. 400: “Learning to undo things, and to undo oneself, is proper to the war machine: the ‘not-doing’ of the warrior, the undoing of the subject.”

23 “The brook was searched, but the body of the schoolmaster was not to be discovered. Hans Van Ripper as executor of his estate, examined the bundle which contained all his worldly effects. They consisted of two shirts and a half; two stocks for the neck; a pair or two of worsted stockings; an old pair of corduroy small-clothes; a rusty razor; a book of psalm tunes full of dog’s-ears; and a broken pitch-pipe. As to the books and furniture of the schoolhouse, they belonged to the community, excepting Cotton Mather’s *History of Witchcraft*, a *New England Almanac*, and book of dreams and fortune-telling, in which last was a sheet of foolscap much scribbled and blotted in several fruitless attempts to make a copy of verses in honor of the heiress of Van Tassel. These magic books and the poetic scrawl were forthwith consigned to the flames by Hans Van Ripper, who from that time forward determined to send his children no more to school, observing that he never knew any good come of this same reading and writing.

Whatever money the schoolmaster possessed, and he had received his quarter's pay but a day or two before, he must have had about his person at the time of his disappearance." See *The Legend of Sleepy Hollow*, <http://www.cwrl.utexas.edu/~daniel/amlit/sleepy/sleepy.html>.

24 Gilles Deleuze discusses this imaging of time's discontinuity or complexity in *The Time Image*, Hugh Tomlinson and Robert Galeta, trs., London, Athlone Press, 1989, p. 215.

25 Gilles Deleuze and Félix Guattari, *Anti-Oedipus*, Robert Hurley, Mark Seem, and Helen R. Lane, trs., Minneapolis, University of Minnesota Press, 1983, p. 37.

26 Clearly this silence is not an absence; it is the "interstice" out of which contemporary capital is woven. Rather than a lack of knowledge, this unbearable contingency is often itself *desired*. Brad Wiener, a reviewer for *Wired* (June, 1997, p. 160), suggests that readers look to the architecture of Rem Koolhaas to "inspire" them in their own professions so that their work is "something you want unknowable so that you may continue to make discoveries."

27 Karen Newman, *Fetal Positions*, Stanford, CA, Stanford University Press, 1996, p. 110: "The expanding formalism of scientific visualization with its accompanying hermeneutic demands produces, in short, what might be termed a referential panic."

28 In *Recalled to Life: The Story of a Coma*, New Haven, Yale University Press, 1990, p. 8, Esther Goshen-Gottstein tells of the visual transformation of her husband into a patient amid the ecology or "forest" of the coma:

Dressed in a white gown with a surgical mask and dust covers for my shoes, I entered the recovery room but could hardly see Moshe among the forest of tubes and machines. There was not only the respirator to help him breathe and the balloon pump that helped his heart to beat and improved the flow of blood to the vital organs, but also innumerable tubes coming out of his body and diverse fluids dripping into his veins. Above his head, various monitors reflected his vital signs, displaying an array of ever-changing numbers. It was an awesome sight and not one that enabled me to relate in a personal way to the patient on the bed,

who was my husband.

29 My thanks to Jeffrey Nealon for this phrasing.

30 For an excellent analysis of political and rhetorical context of the comtatose mother in the 1980s, see Valerie Hartouni, “Containing Women: Reproductive Discourse in the 1980s,” *Technoculture*, Constance Penley and Andrew Ross, eds., Minneapolis, University of Minnesota Press, 1991, pp. 27-56. For more on Hartouni, see below.

31 Stephen King, *The Dead Zone*, New York, New American Library, 1979, p. 62.

32 Hartouni, “Containing Women,” p. 30.

33 *Ibid.*, p. 33.

34 Indeed the *Oxford English Dictionary’s* etymological treatment of “medium” is organized around this “middle quality,” the quality of being between.

35 Hartouni, “Containing Woman,” p. 37.

36 Gilles Deleuze, *Difference and Repetition*, Paul Patton, tr., New York, Columbia University Press, 1994, pp. 208-209.

37 *Ibid.*, p. 215.

38 *Ibid.*

39 Hartouni (“Containing Women,” p. 33) notes that a only a reading that translated motherhood as “merely” biological would render the headline coherent. How could the *practice* of motherhood be carried out by anything brain dead? At the same time, Hartouni suggests that with a working understanding of motherhood that emphasized the “social activities and meanings” of that practice, then “the headline itself would be virtually unintelligible.” For more on virtual intelligibility, see below.

40 This “privilege” of the cut – its crucial role in the very operation of cinema – is in fact marked by the character of Smith’s second sight: His “visions” are marked *as cinematic*, as if the distance between Walken and the cinema itself imploded. See the discussion of “tactile convergence” below.

41 Steven Shaviro, *The Cinematic Body*, Minneapolis, University of Minnesota Press, 1993, p. 52.

42 *Ibid.*, p. 54.

43 The National Kidney Foundation, for example, notes that “More than 50 people can be helped by one organ and tissue donor. One donor can:

— Donate kidneys to free two people from dialysis treatments needed to sustain life;

— Save the lives of patients awaiting heart, liver or lung transplants;

— Give sight to two people through the donation of corneas;

— Donate bone to help repair injured joints or to help save an arm or leg threatened by cancer or trauma;

— Save the lives of burn victims and help them heal more quickly through the donation of skin;

— Provide healthy heart valves for someone whose life is threatened by malfunctioning or diseased valves.

Every day, 8 to 10 people die waiting for organ & tissue transplantation” (<http://www.nkf.org>).

44 The rhetorical situation of the donation and request of human organs— most states have laws that require such requests from next of kin— extends also to the very treatment of transplant recipients. Patient compliance with immunosuppressant therapy is an area of intense inquiry and anticipatory surveillance by pharmaceutical organizations like Novartis (formerly Sandoz). As part of an initiative in their Transplant Learning Center, “the firm is testing methods their pharmacists can use to predict which patients are most at risk for noncompliance.” In this instance, the TLC appears to take literally what would seem to be a rhetorical question that they themselves pose: “Transplant Learning Center is based on the concept of “Who knows the patients better than themselves?”” My answer: TLC, “Stadtlander’s Pharmacy” reprint, *Drug Topics*, April 20, 1998.

45 Gilles Deleuze and Félix Guattari, *What is Philosophy?* Hugh Tomlinson and Graham Burchell, trs., New York, Columbia

University, 1994, p. 161: “the concept . . . refers not to a series of numbers but to strings of ideas that are reconnected over a lacuna (rather than linked together by continuation).”

46 <http://www.infi.net/~donation/radio.htm>. Here the family becomes the site for the “execution” of the rhetorical algorithm of donation.

47 See <http://www.netaxs.com/people/evansdb/refusmed.html>.

48 <http://www.netaxs.com/people/evansdb/padhc.html>.

49 Gilles Deleuze, *Spinoza: Practical Philosophy*, Robert Hurley, tr., San Francisco, City Lights Books, 1988, p. 18.

50 Elizabeth Grosz, “Thinking the New: Of Futures Yet Unthought,” *Symploke*, 5, 2, forthcoming.

51 King, *The Dead Zone*, p. 163.

52 <http://cgi.pathfinder.com/time/magazine/archive/1996/dom/960205/society.html>.

53 <http://cgi.pathfinder.com/time/magazine/archive/1996/dom/960205/society.html>.

54 Colleen Smith, “An Unbreakable Faith,” *Our Sunday Visitor*, March 24, 1996, pp. 10-11.