

BEING TOUCHED BY WELLNESS: MERLEAU-PONTY, NANCY AND THE INTENSIVE CARE UNIT

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My thoughts often return to Bronzino's painting of *Noli me tangere* (1560) that hangs in the Louvre (fig. 1). When I first saw it, I was reading Jean-Luc Nancy's book ([2003] 2008) of the same name in which he dwells on various interpretations of this gospel theme where Jesus of Nazareth, having risen from the tomb, meets Mary Magdalene and says to her, "do not touch me." Nancy meditates on what this phrase might mean within the context of the secular world of painting. Of all the *Noli me tangere* paintings, this one particularly attracts me. There is so much love and desire communicated between the two bodies—Jesus's and Mary's—in their gazes, in the way they hold their bodies, particularly their hands; it is a dance of attraction and distancing, of action and passivity. Jesus's body spirals both toward and away from Mary Magdalene's, while her arms are open, ready to embrace him, at once kneeling, and turning around him in the vortex of the dance his words initiate. With the vibrant colours magnified by the sheer size of the painting, their dance evokes sorrow and longing, but also tenderness.

Perhaps it is this dance that draws me back to this painting now when I am



Figure 1. Bronzino, Angelo di Cosimo. *Christ appearing as a Gardener to Mary Magdalene (Noli me Tangere)*, 1560/61. Oil on canvas, 289cm x 194cm. Louvre, Paris, France. Photo © Photo Josse/ Bridgeman Images.

thinking through my experience of being in a hospital's Intensive Care Unit (ICU) with my ill sister, whom it seems fitting to call by her middle name, Mary, when I am thinking about what it means to be well, particularly in a constrained situation. In Bronzino's rendering, Jesus clearly withdraws from Mary's touch, his body flexes backwards as he does. Of course, movement in a painting is not movement from place to place. A painting is objectively still. But paintings like Bronzino's show us movement in stillness: the movement of animating and gathering, and the movement of being moved (Merleau-Ponty 2012, 243).

This painting and Nancy's reflections will help inform my meditation on what it means to be well. What I learned in the three and a half weeks I spent with my sister in the ICU is that we are always already in a "stance before death," and the ICU lays that bare (Nancy [2003] 2008, [33] 18). There is nothing else but this stance. There is not just the living and the dying; there is living that is a stance before death. A stance can be understood as a posture, a way of standing. But it can also be a comportment, a way of holding oneself in relation to other beings.¹ You don't have to stand to take a stance. A stance also implies a kind of movement; it can be a movement of stillness and receptivity, but it can also be one of aggression and obstruction. Wellness is, in fact, a certain stance before death. The stance that welcomes wellness recognizes the interconnectivity of all life, of all beings. It is a relating connectivity that does not subsume or oppress. To come to these insights, I draw on Nancy's meditations on touch and Maurice Merleau-Ponty's phenomenological approach to movement.

What is at stake in this stance of wellness is how we touch and are touched by others. What is required is a touch that is relational and not oppressive. Perhaps those European painters were fascinated by the *noli me tangere* scene at the beginning of the modern era because they were also contemplating another kind of contact with alterity. Perhaps within the structure of colonial expropriation and exploitation some artists, like Bronzino, were able to explore alternative ways of relating within the given structures available to them as painters, ones that preserve difference. Perhaps Bronzino's painting moves me because the touching in his painting is a relation of contact without coincidence, like love.

It was contact without coincidence I experienced in the ICU. "Do not touch me." For the first three weeks my sister spent there she was in isolation as she struggled to overcome a respiratory syncytial virus (RSV) infection contracted in the hospital while being treated for non-Hodgkin lymphoma. Entering the room meant donning mask, gown, and gloves. Bronzino's painting reminds me of this time: Jesus withdrawing from touching might mean "don't touch me, for it is I who touch you' . . . 'and this touch is such that it holds you at a distance [écart]" (Nancy [2003] 2008, [60] 35–36). I wanted to touch my sister but was prevented from doing so. I was touched. I was moved by my sister's suffering; she moved me. But it was not a physical touching I needed—though I thought so at the time. What I did not realize then is that she was already touching me.

¹ "Stance" is translated from "*une tenue*" with its root of *tenir*, to hold. "*Se tenir*" is translated as "to hold oneself" ([2003] 2008, [33] 18). But, as the translators note, it could also be translated as "to hold each other" (2008, 111).

The ICU presents a strange paradox. It is a place of healing in an environment stripped of what constitutes each patient's living existence, of the meaningful context of their lives. It purports to support life but is a healing space closed to some bodies.² It comes out of a colonial system that employs a disembodied and ideological perspective, a stance that is fixed (Wynter 1991, 253). In this view there is only one right way to understand the world. Sylvia Wynter identifies the exemplary hold or stance toward reality as the "idea that Columbus discovered America" (1991, 253). How, she asks, could this idea have ruled with such tenacity and longevity in both academia as well as "folk perception." How could our "hold" on "the reality in which we participate," our stance before the world, be so governed by concepts derived from norms shaped by one fixed perspective on colonial history? Humans are both biological and creative beings, capable of providing diverse ways of understanding the world. Wynter suggests we create new holds, holds that begin with embodied being (1995, 12).

Embodied being allows for creative and new ways of relating to the world; it provides us with multiple and dynamic perspectives. Unlike established concepts and ideas, bodies are always in motion. Even the most "elementary" movement is still an expression of the body (Merleau-Ponty [2011] 2020, [148] 107). Take breathing for example. Just as it takes place within us without us—we cannot control our breathing—we might still be able to modulate it. Our inner diaphragm is the "norm or privileged position" of our breathing that precedes modulation ([2011] 2020, [143] 103). Similarly, before we respond to "stimuli," we must acknowledge "a sort of inner diaphragm," one that shapes how we move into the world through our "reflexes and perceptions," one that governs "the scope of our life" and our possibilities (Merleau-Ponty 2012, 81). Changing how we respond in certain situations requires thoughtful creativity to perceptual situations. Merleau-Ponty, like Wynter, reminds us that humans are cultural and biological; the two are inextricably intertwined (Merleau-Ponty 2012, 174). Movement joins the "sensible world" and the ways we make sense of it ([2011] 2020, [149] 107).

In Bronzino's painting, the intersection of creativity and sensing in the *noli me tangere* scene is reconfigured. Though the painting gives this scene to us visually, it is not vision that is at work here: it is listening and touch. Mary Magdalene is touched by what Jesus says, and not by what she sees. Even though Jesus is withdrawing from his earthly life, this light that shines on his body and face, and on Mary Magdalene's face, arm, leg, and foot, draws the viewer's gaze to their embodied being that nevertheless cannot be reduced to the visible. Mary's body is turned toward Jesus. Her eye, illuminated, gazes at him, whereas her ear is in shadow. But she does not see him for she assumes he is dead; she sees only a gardener. She knows him only by his voice when he says her name (Nancy [2003] 2008, [53] 30). Similarly, in an ICU, individual embodied beings, illuminated by Western medical science, are seen only as patients. Given the norms of the Western medical caregiving system, it is difficult for hospital caregivers to see the individuals lying in beds. The stance before patients provided by the ICU makes it difficult for caregivers to see the norms that precede their perception. Indeed, they need the norms to function in this system.

² See Marshall et al. (2017) for a discussion of the "global discrepancies in critical care capacity."

What is needed is a creative response, an embodied response that allows for perceiving differently. When one looks at patients in the ICU out of the context of their lives, dressed alike in hospital gowns, they appear only as patients. What changes when caregivers diverge from the given normative stance and become more open to perceiving—a perceiving that allows for being touched—a perceiving that does not belong to the coloniality of which the Western medical system is a part? Although the *noli me tangere* paintings also belong to coloniality, a few of them give us some clues as to how we can perceive outside that system. They show us how to perceive passively, to become open to new meanings. Just as caregivers are part of the system, so too are these paintings; they were painted as colonialism was coming into full swing.³ Indeed, the economic prosperity that supported European artistic endeavors was largely due to the colonial expansion that the paintings in turn indirectly supported. But some of the paintings, like Bronzino's, also veer from this stance in the truths they provide. Nancy observes that in some, hands do “come to touch” ([2003] 2008, [57] 33). He assumes the “ambiguity is intentional” and that some kind of contact has taken place, whether spiritual or earthly. But this contact is not about presence, about one body physically touching another. It is rather, “in the emptying out of presence that the light shines;” while the physical bodies are there, the contact happens elsewhere ([58] 34, [45] 26).⁴

It is these alternate ways of making contact that are covered over by coloniality. Wynter suggests that we need to be creative in the ways we come to know about coloniality, that is, the “contemporary global order of reality” (2000, 59). There are different ways of knowing: empirically verifiable knowledge, and knowledge governed by categories, but the two are, nonetheless, intertwined. Similarly, both compliance and resistance are shaped by the same norms (1995, 12). Katherine McKittrick reminds us how Jimi Hendrix was able to creatively improvise only because he was constantly practicing guitar (2015, 157). With his music, Hendrix drew “attention to the governing musical codes” that support what Wynter calls the “overrepresentation of Man,” the limiting of what it is to be human to one “ethnaclass” (2003, 260). Creative improvisation can work from within these codes to expose these generative categories for what they are (McKittrick 2015, 157). It is this

³ As part of its own violent history, Bronzino's painting was seized from a church in Florence, Italy by Napoleon's army in 1812 (*Lowre* 2023).

⁴ Dolleen Tisawii'ashii Manning describes this relation between the finite and the infinite in terms of Anishinaabe “*Mnidoo-Worldling*.” The infinite is never where we perceive it to be. Successful spearfishing (fig. 2) requires not aiming at where the fish appears to be, because it is already somewhere else. The finite is one impoverished articulation of an infinite relationality. Assuming that the finite is all that there is means a failed thrust; it means going hungry. The drawing “assembles the overlapping contour of infinity as expansion seen through the reflection of finitude's recoiling contraction into signification” (2017, 155). As she explains further, “this sketch does not represent spearfishing in itself. Instead, it articulates our thoroughgoing permeation with *mnidoo*, as seen through routine acts—that is, without recognizing it in an obvious way. The arrow depicts the direction of the thrust . . . This diagram pronounces how a *mnidoo* structure of correspondence and discord (or division/difference) is enmeshed without paradox when their variant dimensions are taken together as a fluctuating co-responsiveness” (175). *Mnidoo-worlding* is an “encrusted exchange between ‘animacy, ‘inanimacy,’ and immateriality . . . [that] interpenetrates and fluctuates in cascading patterns akin to the murmuration of starlings” (158). This relation between the infinite and the finite resonates with Nancy's observation it is “in the emptying out of presence that the light shines.”



Figure 2. Dolleen Tisawii'ashii Manning, Spearfishing. Courtesy the artist. Manning, 2017, 154.

combination of “structure and ungoverned musical possibilities [that] draws attention to the simultaneity of physiological, neurological, and creative labor implicit to [Hendrix’s] work” (McKittrick 2015, 159). For Wynter, ideas are assumed as unmoving norms when humans forget they are “*artistically creating*” subjects who can also create new truths from within the given structures (1991, 253; emphasis in original). Although we cannot escape these norms, we can still shift them.

Shifting norms is what Eli Clare addresses in disability studies. He describes the normative stance as the ideology of cure. For Clare (2017), cure is grounded in the belief that “damage” is located in individuals, as though each body-mind has its own ecosystem rather than being part of the larger structures or systems, as we know to be the case. Cure is also based in the belief that an ill or disabled person can be returned to a former state which is deemed superior (2017, 15). But cure is not wellness. I certainly had to wonder about the supposed cure for my sister’s non-Hodgkin’s lymphoma. The extraordinary technology behind this cure did not protect her from contracting an infection through the air she breathed. I felt as though we were living Michel Foucault’s description of modern biopower “to *foster* life or *disallow* it to the point of death,” where some lives are made to live and others, seen as worthless, are allowed to die or worse (1980, 138; emphasis in original). As Robyn Maynard, in her letters to Leanne Betasamosake Simpson, writes, “isn’t this a grave of sorts for all of us, when some must die or live in deprivation in death’s proximity so that others may live in an excess of luxury” (2022, 249)? “There is no *wellness* here . . .

Only more corpses” (Simpson 2022, 249; emphasis in original). I wanted my sister to live but could not help but question the expensive resources that went into trying to keep a middle-class white woman in a Western culture alive when in other parts of the world, as well as in North America, people of color and Indigenous people die from lack of clean drinking water, access to basic health care, low-cost malaria vaccines, etc.⁵

This colonial stance before biopower, that distinguishes between those made to live and those let to die, is also a particular stance before death. Inclusion is offered to some, but inclusion to a world that does not does not uphold wellness for all, where the structures stay firmly in place, is not a solution. But, as Maynard reminds us, we too rarely recognize wellness, let alone choose it. And when she says “we” she means not only those with privilege who work to exclude, but also those “who have little to gain from this status quo” (2022, 244). Still, as Maynard suggests, “there is a knowledge in us that runs deeper” (244–45). It is a knowledge of what it means to be well, and it is not the definition of wellness operative in the ICU. On the one hand there are Indigenous cultures that continue to flourish despite lack of “resources,” and not without suffering inflicted by the deprivation and violence of coloniality. On the other hand, there is the ICU, focused on keeping people from dying, that has enormous resources directed its way. To be clear, I am grateful to all the caregivers who attended my sister in the ICU, and that there is allopathic medicine available for treating symptoms and disease. As Maynard was writing, fires were burning across California sending smoke across the continent. As I write now, forests in Québec and Northern Ontario are burning uncontrollably, sending smoke plumes down through eastern Canada and the U.S. Some days it is hard to breathe. We desperately need firefighters, but firefighters, like ICU healthcare workers, are necessarily not concerned with wellness; they put out fires. Putting out fires does not create worlds.

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The patients in an ICU are, for the most part, unable to move. They cannot engage their embodied being in an oriented and experiential world. Movement is, for the most part, on the side of the caregivers; good caregiving requires being attentive to the slightest gestures, and anticipating the needs of those who receive care. Daily goal forms, care structures etc. are important, but ultimately, they cannot replace or work without the perceptual attention of caregivers who cannot rely on oral communication with the patient. A physician who attended my sister maintained she could not communicate because she could neither speak nor move. But he was wrong. She could move. She communicated with the slightest of facial gestures, or with complete stillness or a steely glare. As with an artwork, meaning was communicated otherwise than by words. We just had to move into the relational dance with her greatly altered body schema, to perceive with and for her; the body schema shifts to accommodate changes according to its own sedimented history of encountering the

⁵ See for example Leyland Cecco (2021) for a discussion of First Nations communities that don’t have access to potable water or adequate medical care in Canada, and Paul J. Kim (2019) for a discussion of how the social determinants of health affect Indigenous peoples in Canada.

world (Merleau-Ponty [2011] 2020, [157] 116). I know I am pushing Merleau-Ponty's understanding of the body schema here, but the essence of my sister persisted. As I wrote at the time, "her body is so tiny, so delicate, so vulnerable . . . but I feel her essence . . . because it still shines through." In this moment, as she is leaving me, that I feel love and joy at their purest, that I understand *noli me tangere*, do not touch me. My sister touches me but not with her hand. In this moment I glimpse what wellness means.

Wellness begins with recognizing the limits that allow for living, limits that come out of our interconnectedness. In the ICU love guides my perception: I hear my "own ear listening." I see my "eye looking, even at that which opens it and that which is eclipsed in this opening" (Nancy [2003] 2008, [19] 10). What I perceive teaches me how to perceive. To see I must run my eyes over the scene; I cock my head to hear more clearly, and my hand explores or caresses surfaces. Merleau-Ponty calls the movement inherent to perception its "light" ([2011] 2020, [125] 85). From the perspective of the caregivers, my sister was unable to move. But she taught me how to perceive her. I perceived her otherwise. In paying attention to how I perceived and the norms that shaped my perception, it was possible to diverge⁶ from them. Perceptual norms such as those that guide caregivers in the ICU, norms that do not take into account the reciprocity and interconnectedness of all existence, are in the background shaping how caregivers perceive, which is why it is so hard to bring these norms to appearance. Bringing these norms to appearance allows for the possibility of perceiving otherwise. If we follow the lines of perceptual reflection they radiate in all directions. They undergird cognition even when it imposes categories and concepts since even categories and concepts are initially derived from lived existence. Multiple perspectives are provided by the particularity of our experiential bodies; we each "bring sensory and cultural fields" with us ([170] 127).

These sensory and cultural fields interconnect with one another both within bodies and without. Maynard begins with the most basic of movements, the respiratory cilia that move the layer of mucus in the lungs. As she describes from the videos she has seen, "where the cilia are magnified and their movements slowed down, they appear almost sentient as they gently pulse backward and forward. Millions of tiny parts working together with what can only be described as graceful movements" (Maynard and Simpson 2022, 250). Cilia inspires her to think of ways of living together collectively without basing the "livingness" of some on the death of others (250). All parts of the body must support the others for there to be wellness. Just as the body is a collective effort towards survival and flourishing, so too must we work together to support the wellness of all humans. But we must do this from the particularity of our own communities.

Wellness then must be rethought in terms of our interconnectedness. The linear passage of time from birth to death is suspended in the ICU. But this suspension opens new possibilities for what can be: possibilities that were previously unimaginable but were nonetheless always already there. We can see this waiting for new possibilities in Robin D.G. Kelley's (2022) "An Afterwor(l)d" to Maynard and Simpson's correspondence where she turns to the story of the "Ghost Dance" to discuss the hope for wellness in the Lakota version of a prophecy, as a stance before death. According to the prophecy:

⁶ Diverge is from "divergence" translated from "*écart*" in the text.

A Northern Paiute spiritual leader named Wovoka . . . predicted the imminent rising of Native ancestors to cleanse the land of whites and restore balance, Wellness, and Indigenous sovereignty. He and his followers performed what became known as the Ghost Dance to help prepare for the coming world. We know what happened next: President Benjamin Harrison dispatched the Seventh Cavalry to Wounded Knee, South Dakota, in 1890 where they killed Lakota spiritual leader Sitting Bull and massacred some three hundred unarmed members of his nation including women and children. (Kelley 2022, 265)

There are different ways of reading this event. For U.S. colonizers, this story marked and still marks the on-going U.S. expansion across the continent after first contact, whereas for Indigenous peoples the Ghost Dance is about the future (266). Maynard recognizes that the Nation State was built to exclude both Black and Indigenous bodies. But such exclusions do not lead to wellness since all existence is interconnected. Simpson addresses this interconnectedness in her description of water: “the cycle of water is global, and it connects us to all of life on planet Earth. She reminds us that Indigenous peoples understand the interconnectedness of bodies, land, and water. Nishnaabeg know the creeks, rivers, streams, and lakes in [their] territory as the lifeblood of the earth,” which is why various Indigenous communities have responsibility for caring for the water on their land (258–59). Indigenous communities rely on one another to take care of their respective responsibilities. Water cycles through all breathing bodies connecting us with one another as we breathe each other’s breath: “What happens outside my body, also happens inside my body” (260). But wellness also extends beyond Simpson’s body to other bodies: “I want to build societies where we take care of the land and the waters and live in a way that promotes more life . . . Where we literally change the air, and it saves the planet” (Maynard and Simpson 2022, 199). Water, *nibi*, in Ojibwe language, connects it all.

Stories like Kelley’s are given in words to be read or heard, but artists give the parables to be seen. Just as the “history or legend of Jesus of Nazareth” is given to us in parables, paintings reveal the possibilities for finding new, even divergent meanings (Nancy [2003] 2008, [7] 3).⁷ They rely on making sense beginning with perception, which is different than beginning with the cognitive linguistic region of existence as stories do.⁸ According to Nancy, the *noli me tangere* scene provided in the Gospel of John is about seeing itself as the “participation of sight in the visible and, in turn, the participation of the visible in the invisible” ([2003] 2008, [15] 7). Looking at a painting requires making sense of what is

⁷ “*Parable* descends from the Greek *parabolē*, ‘a comparison, analogy,’ from *paraballein*, ‘to compare,’ from the prefix *para-*, ‘beside,’ plus *ballein*, ‘to throw.’ The sense of comparing, or throwing an idea beside another, is at the heart of the word. When you hear a parable, you’re meant to use the comparison to learn how to act—the fox’s ‘sour grapes’ are compared to your own downgrading of the thing you cannot have” (<https://www.vocabulary.com/dictionary/parable#:~:text=A%20parable%20is%20a%20short,recorded%20in%20the%20four%20gospels>).

⁸ In his reading of Merleau-Ponty, Samuel B. Mallin (1996) distinguishes four regions of existence: perceptual, motile, affective, and cognitive-linguistic. Of course, they all intertwine with one another, but in different situations one might come more to the fore. In our age it is generally the cognitive-linguistic that reigns (275).

there; it is a relational practice. As well, artworks can also bring to appearance that which is not so obviously visible to sight. *Noli me tangere* is also about hearing and touch. An artwork that attracts or repels us solicits our attention. Passion has the power to bring into appearance. The question for us is how to shift our passions, what solicits our attention, what we want to bring to appearance, and how we make sense of it. The parables reveal our freedom to create our own meanings (Nancy 2008, 86). Paintings capture this freedom, and they do so by arresting our gaze. As “initiator of every kind of sense: sensible, sensory, or sensual,” sensing is both passive and passionate. To see, hear or touch the sense of the parable one must have eyes to see, ears to hear or a body to touch. To be clear, Nancy is not talking literally about functioning bodily organs that can see, hear, or touch, but rather about the chiasm of understanding that is both active and passive. We are responsible for our own perceiving. When he writes that one must know where to look, where to listen, where to touch, he means one must be open to being touched by the infinite. He is clear that “this is not a religious mystery, it is rather the condition of receptivity itself, of sensibility and of sense in general” ([2003] 2008, [13] 6). One must be open to receiving this sense that is one’s passion.

To the extent that we are in touch with what we perceive, “we are not in touch with it” because in perceiving something, the background which supports its appearance recedes.⁹ To the extent we allow what is in the background to recede—we give it no thought—“we are in touch” with what we perceive (Merleau-Ponty [2011] 2020, [51] 15). This openness to perception takes time to cultivate; it requires settling into the specificities of each new patient and their ways of being, communicating, and suffering.¹⁰ Usually, only friends and family who sit with a patient have the time to do this work. Nonetheless, amongst the many caregivers who attended my sister, I did experience a few who took the time to become attuned to her subtle way of being. Achieving effective communication is a challenge in caregiving settings (Shafipour et al. 2014, 235). One study found that implementing a daily goals form in ICUs indicated a shift from “provider-centric” care to a clearer plan for communicating with patients, families, and other caregivers. But it is still a plan provided in advance. They also found that “the structure of the form varies widely among hospitals” and that ongoing modifications to the form were important to meet specific cultures and their needs (Pronovost et al. 2003, 74). A successful form, they found, was one that was flexible and adaptable. The problem with working with a rigid form, structure or idea is that, as Merleau-Ponty reminds us, it is imposed on a situation; it does not work with the network of relations such as can be found in the ICU that includes patients, family members, caregivers, and illness. Even with forms adapted to the cultural specificities of medical units, the form necessarily assumes a kind of situational standard, that ICU patients are unable to communicate—that the problem lies with the patient who is often unable to speak due to intubation (being placed on mechanical ventilation), or being unconscious, sleeping or hallucinating; they are often weak and may have lost

⁹ See Alia Al-Saji (2009) for a discussion of how what shapes racializing vision falls into the background.

¹⁰ Samantha Sii Siaw Zhen, Corrienne McCulloch and David Swann (2015) found that patients’ “key needs” include addressing discomfort related to the ventilator, bed or breathing, emotional needs, trust building with healthcare staff, and the need for more information.

muscle function. My sister certainly experienced all these states in her time in the ICU. Nonetheless, even as she weakened, when conscious, she could communicate, though I had to pay very careful attention: raised eyebrows meant no. I became attuned to those subtle fluctuations of her facial expressions and the slightest movements she made.

My attending to her was also a waiting, a waiting for her resurrection, for her return to life. “Resurrection” is a “raising or uprising” (Nancy [2003] 2008, [33] 18). In French, the word *ressusciter* translates as either to resurrect or to resuscitate. In the ICU my sister is alive but already on her way to death, sustained artificially through life support. She is prevented from dying, which is not the same as living. In the ICU they sometimes work miracles. They bring those who are dead back to life. They resuscitate them. But this is not the same as resurrection. As Nancy points out, “to say ‘I am dead’ one would have to be ‘resurrected,’” both impossible statements ([35] 19). In the biblical sense, having faith in resurrection “is not to believe that a corpse” can be brought back to life; it is rather to hold oneself in a certain stance “before death” ([33] 17–18). In the ICU, where my sister is “neither dead nor living,” I hold myself in a “stance” before death; “there is quite simply only a *present*” ([33–36] 18–19; emphasis in original). I cannot plan for a future. Without planning, all distractions slip away. The present expands and becomes everything: past and future. Existence itself is stripped down to what really counts, and what is left is a fullness that expands. But my present does not coincide with my sister’s. She lives another temporal existence I cannot access. It is instead an arising of her within me. She does not so much resurrect me as resurrect “for me.” She is resurrected within my “dead self” ([33] 19). The “emptiness” of the tomb . . . reveals that this emptiness is really the emptying out of presence.” What I thought was presence, the temporal intertwining of past, present and future, is instead the fullness of the present in its emptiness. The brilliance of the resurrection is the *écarter*, the divergence or pushing away of the “outstretched hand.” It is “the same gap [*écart*] that one dares not touch, since it is the gap that touches us to the quick” ([30] 16). But this does not mean there should be no hope, or no joy; it’s not the resurrection of a life that came before that is sought. It is the passion of existence itself. Death does not coincide with itself any more than does life ([36] 19). Instead, it reveals how we never coincided with life to begin with. What presences in death is the continual disappearance of the loved one ([31] 16). It is the searing *gap* of the touch, then, the drawing apart, not the coincidence that moves us. While the corpse remains, the dead one has already departed, is gone, yet they are resurrected, have a new life within us, those who loved them. It is love that brings me to myself, for ultimately, the gap that is love cannot be collapsed.

The love that belongs to wellness begins with love of the self. Maynard (2022) shows us how, for her, love of self comes out of questioning colonial logic. As we know, she is inspired to support her own life by seeing videos of respiratory cilia that “under normal conditions” allow us to “breathe clearly.” These “tiny, tentacle-like structures, one thousand times smaller than a human hair . . . cover our respiratory tract” (242). The “complexity and fragility” of the cilia remind her that she is embodied, and she too must take care of herself which means for her not smoking: “Because of course I am a product not only of my chosen political community. I am also, to some extent, a product of my society, and I live in a society that has committed itself to evading wellness at any cost” (243). As

Maynard points out, we accept that wellness does not govern our world. Those “whose needs are already met” refuse wellness to those who still need it (Maynard 244). Learning from the insights provided by her own embodied being that seeks wellness, provides her with a place to begin. It is a matter of wellness for everyone that so many communities do not have proper access to safe drinking water. It is about the interconnections among land, water, and bodies, but also among communities. Wellness is about interconnectedness. With wellness, resurrection is not just a stance before death; it is living.

Perhaps recognizing this interconnectedness provides a potential ground for wellness in the ICU. Maynard begins with the gap of perceptual meaning making—the passion that directs perception, the overlappings and mixings that mean there is no coincidence with what is perceived. A night nurse expressed anger to me as I sat with my sister: “You know she will die—hoping won’t make her live.” But one does not need hope or whatever it is that propels one to keep on doing what one is doing to support life. Simpson writes in her letter to Maynard,

we both know hope is a luxury; my ancestors have taught me that. My people got up and worked really hard all day with or without hope. My ancestors didn’t need hope to build resistance, to build Nishnaabeg life and imaginings beyond regulation . . . The absence of hope is a beautiful catalyst. (2022, 257)

As she points out, there are other emotions, such as “stubbornness, rage, resentment, . . . and despair” as well as “joy, love, . . . truth, . . . respect and reciprocity” that motivate (257). Pessimism and optimism are only two of the rich emotions we are able to experience. There is also guilt. Sitting with my sister in the ICU I had many little tasks that contributed to my insertion in that world, fetching another blanket from the warming closet, moistening my sister’s mouth, consulting with the physiotherapist, the respiratory therapist, the physicians, and nurses. I nonetheless felt incapable—inadequate to the task—because the task of living was not mine to accomplish. The being of the patient is not toward the world; it can nonetheless be complete, even or perhaps precisely because this towardness inherent to living is shut down. I wrote at the time:

I sit here at my sister’s bedside in the ICU. She is hooked up to a ventilator, to a tube that enters her stomach, a catheter, and other tubes that go into venal lines on her chest and arms. She can barely move, and she can’t speak. And yet, I have never been so aware of the subtlety of a moving body, a body that moves.

At the center of the reaching out for love is the *écart*, translated in Nancy’s ([2003] 2008) text as “distance,” but elsewhere variously as divergence, spreading, gap, or chiasm. In drawing near, we sense the distance that is at the heart of love, that is the truth of love, or love as truth ([60] 37). It is in that gap that love is sensed. My sister did not need to be able to physically move; our relationship is a movement that bears meaning in the gap between us. I am told my sister must strengthen her muscles to allow her to breathe

again. After more than three weeks on a ventilator, breathing muscles weaken (El-Khatib and Bou-Khalil 2008). I rarely attend to my own breathing. My sister's body was learning how to breathe again with now damaged and weakened lungs—a creative endeavor—an improvised dance with technology as aid. I became aware of my own breathing in a new way. We start my sister with short intervals off the machine, fifteen minutes at a time. For Merleau-Ponty, the embodied subject expresses itself through movement; but in moving, it simultaneously transforms consciousness ([2011] 2020, [159] 117). Even breathing, the first independent achievement of the newborn, the primary movement of the body, transforms consciousness. Movement already contains consciousness, and consciousness can only direct a body that already knows how to move into a situation and to take it up ([159–160] 117–118). Moving and being conscious are both the same, and not the same. If there is some slippage amongst the Marys—Mary-Magdalene, Jesus's mother, my sister, and even my mother and grandmothers who also bore that name—that is as it should be because the gap held open by the hyphen is not stable. There are interpenetrations, and mixings, overlappings, and encroachments that ultimately destroy the binary, without collapsing all difference (Nancy 2008, 64–65). But it is precisely because patients in the ICU are so often intubated or unconscious, and unable to talk, that the touching that can never be realized comes to the fore. Nancy concludes that “love and truth touch by pushing away” ([2003] 2008, [60] 37).

Leanne Simpson writes how living as she is with the driving need to analyze how ongoing coloniality destroys wellness—by instigating climate catastrophe, differential access to health care, economic insecurity, and land dispossession—she nonetheless resists her urgent need to lecture her daughter. During their nightly runs her daughter teaches her not “to crush her joy . . . Each night Minowewebeneshiinh pulls me out of myself and insists I remember that running through inky bruises seeking light from the moon and beside someone you love is one of the best parts of this life” (Maynard and Simpson 2022, 53). My sister was never merely bare life attached to a life support machine. Even as I was aware of the perversity of her situation—of her body having lived beyond its own capacity to live, there was still the capacity for extraordinary joy. In our time together in the ICU my sister taught me to find joy where I least expected. She taught me that joy cannot be planned, but it can astonish. I learned that sometimes we are so focused on the tasks, on what needs to be done, on the future, that is, on the cure, that we forget to just be, the immense joy that can be found in that moment of living even when it is, objectively speaking, a prelude to dying.

When life is stripped of all tasks, the things that need doing, the things that can get in the way, that is, the “I can” with its emphasis on ability and accomplishment, all that remains—all that can be communicated—is love. Doing tasks of any kind, praxis that is, is a kind of agency that comes with a sense of control however tenuous. But praxis does not open us up to alterity with all its attendant vulnerabilities in the way that love does. Love, like faith, cannot be accomplished. This is perhaps what Bronzino's *Noli me tangere* is telling us with this dance. Though hands are usually associated with tasks, these hands do not take hold. They do not take a stance before death because they belong to the resurrected: “These are hands ready to be joined but already disjoined and distant, like the shadow and

the light, hands that exchange greetings mixed with desires . . . We are certain that he will not take hold of her, that he will not even take her hands in his” (Nancy [2003] 2008, [56–57] 32). This is the parable of Jesus’s life, gathered in this one scene of the prohibition to touch. There is nothing for Mary Magdalene to do in that moment but experience Jesus’s love for her, and hers for him. In that moment, she cannot “do” anything but experience that love. Nothing else matters but the joy it brings with it. This joy belongs to wellness.

Sitting with my sister over time was like a dance where shifts in her being transmuted into subtle shifts in my own. It was not all suffering. Wondrously, I could also feel the joy of love, stripped bare of words, tasks, responsibilities, and sibling rivalries; it was just that—love. These feelings are noncausal. They come from body-minds; there’s no disentangling. I am there to support my sister in her bid to be well, but she supports me—she raises me up in myself—she resurrects in me. My sister was never near to me in the sense I thought. Love has this passivity at its heart—it cannot be accomplished—it is a gift that does not coincide with the one loved. The “expression *the raising of the body* [la levée du corps],” which in French means “funeral” or literally the transporting of the body, also means, for Nancy, that the living body is the center of our existence, even as it can never be present to us, even as it intermingles with other bodies, even as, or rather, because it holds a stance before death ([2003] 2008, 2, [36] 19).¹¹ The raising of her body in my body exposes our interconnectedness and noncoincidence; it points toward what it means to be well.

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¹¹ Italics are in the original text. The translation is provided in the original text without italics.

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