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PERMEABLE MEMBRANES AND PROSTHETIC FLUIDS

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Narrating my Father's Death*

Marta-Laura Cenedese

My father died of leukaemia on 1 March 2019. For two years, he moved in and out of hospital, his body alternately shrank and expanded, filled with highly toxic chemicals, various sorts of viscous fluids, and invisible agents, in un/patterned rotations. In this piece, I want to return to one episode constitutive of the temporalities and materialities of his (slow) dying, and critically engage with the processes that took place within and without (inside and outside) his body. These can be tentatively understood as both physiological (the breakdown of normative boundaries between his organs) and technological (the use of breathing and dialysis apparatuses). The entanglement of these two processes dis/members a presupposed inner organic order and attends to the prosthetic materiality required to sustain his dis/ordered body. In this chapter, I would like to suggest – perhaps provocatively – that, regardless of his specific gendered and sexual identities, during this time of illness and near-death, his body derailed and unmade – queered – normative patterns and boundaries of bodily integrity. That is, I try to address the deconstruction of the normativity inscribed upon my father as a White, Western subject, queering the idea of his body by exploring the lability and permeability of fixed perimeters that are both internal and external (see Shildrick 2022: 42–3). Indicating, among other things, ‘the open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning’ (Sedgwick 1994: 7), I use ‘queer’, first of all, as a verb that signals the attempt at ‘going beyond and unsettling (subverting, exceeding) the existing binaries and given norms and normativities’ (Radomska, Mehrabi, and Lykke 2020: 89). In this process, I cannot but challenge the life/death binary as a temporally linear (and static) sequence marked by ‘before’ and ‘after’, ‘presence’ and ‘absence’, and dive deep into the experience of ‘a *presence in absence*’ (Fuchs 2018: 44, emphasis added) that is thick with displacement and discontinuity.¹ I meddle with the chrono-normativity that would impose my father’s death as complete absence, his presence as terminated, by instead reconnecting to my own body’s experiential and sensuous relationship with his body² and thus affirming his ‘spectral presence’ (Lykke 2022). As I return to these events and write this piece about (to and for) my father, I³ ritually attune to his rich and loving, albeit immaterial, presence in the here and now.

Reflections on Methods, Style, and Theoretical Grounding

This chapter is indebted to feminist methodologies and writing practices insofar as they have inspired me to try out, for the first time, modes (and moods) of writing and to use writing as ‘a method of inquiry’ (Richardson 2000).⁴ Thus experimenting with aesthetic modes of inquiry, I use my own

creative writing (poetry) in the hope of creating ‘recognition and resonance [...] for understanding experiences of suffering’ (Kofod 2022: 120). As I write and re-write⁵ the words that I poured out in my journals or on scraps of paper during the times when the events in question were taking place, which are present to me now only as memories, and as I peruse medical records, I come to writing as a ‘way of “knowing” – a method of discovery and analysis’ (Richardson 2000: 923). In the process of writing *as thinking, as analysis, and as method* (Richardson and St. Pierre 2005: 967), I discover not only myself (my past self, my current self) with/out my father but also, most importantly, the social world around me.⁶ That is, the way in which I write – the genre, the style, the wording, the syntax – *attempts* to capture (the original meaning of *essai*) a double gesture of self-/world-making and sense-making by bringing together personal history and critical reflection. In this sense, I hint at Anzaldúa’s *autohistoria-teoría* – ‘a personal essay that theorizes’ (2015: 238n14) – whereby she argues that meaning-making is a collaborative practice and that writing itself is a ‘collaborative, communal activity’ that is ‘informed and supported by the books the author reads, the people s/he interacts with, and the centuries of cultural history that seethe under her skin’ (Anzaldúa 2009: 168). In the same vein, this text creates meaning in collaboration with other texts that help to explain the bodily disintegration that accompanied my father’s death. This is ‘vulnerable writing’ (Behar 1996: 17), a ‘vulnerable academic performance’ (Rogowska-Stangret and Cielemecka 2020), and one that I am ready to share for it displays the slow, collaborative, ongoing hermeneutic process of making sense of illness and death through the intersection of reading, creative writing, and critical inquiry, and the interweaving of personal, collective, and cultural stories.

Although the writing style of this chapter is personal, it is, nonetheless, theoretically grounded in, among others, the phenomenological analysis of experiences of mourning and illness (e.g. Fuchs 2018; Køster 2020, 2021, 2023; Lykke 2015, 2022), as well as in bodytheoretical and STS approaches that reflect upon co-becoming (or cyborgification) with life-support technologies (e.g. Haraway 1990; Adrian 2019; Shildrick 2021a, 2021b, 2022). Methodologically, as a literary scholar, I come to meaning-making through my own disciplinary tools and, significantly, through close reading and literary analysis – of the writings of others as well as my own. Personal creative writing can be a powerful means to understand the traces that an event has left on our imaginary, while working creatively with past impressions and notes can materialise previously unacknowledged, or unconscious, entanglements – in this case the interweaving of the body and assistive technologies. I decided to include in this chapter two of my own poems and a journal entry that I analyse as I would someone else’s writing. While these personal texts are previously unpublished, I choose to consider them on equal grounds with all the other citations provided. That is, I see a continuum (both methodological and epistemological) extending from their original inception as personal records to their current, re-elaborated version, to their aggregation with other texts for the making of this chapter. To single out my own creative writing as something different or peculiar would erase the materialisation of writing – whether creative or critical – as a mode of *ongoing* hermeneutical analysis, the beginnings of which precede the chapter proper (and indeed, started as the events were taking place).

Due to this method, which combines creative writing, literary analysis, and critical reflection, this writing appears fragmented, rhizomatic, ekphrastic,⁷ an assemblage of thoughts – a ‘layered text’ (Richardson and St. Pierre 2005: 974). Following Lykke (2022: 111), I summon Deleuze and Guattari’s (1988) image of the rhizome to convey the idea of a lack of linearity and open-endedness of thought in action, and the closeness I see between rhizomatic writing and writing as a mode of inquiry. I describe this writing as ekphrastic because, in my creative writing practice, I often describe the images that are forever engraved behind my eyes. I choose to write in this way as yet another attempt to perform the messiness of memories, the blurring of chronology and geography, and to further foreground the ‘discontinuities, loops and emergence that radically destabilise normative expectations’ (Shildrick 2020: 177; 2022: 186). I purposefully leave gaps to signal the

incompleteness (or rather, the ongoingness) of the sense-making process, its unfinished processuality, but I also hope that readers will rejoice in these gaps and see them as an invitation to ‘bring their own experience into the piece of writing and use concrete images to go off into [their] own experiences’ (Anzaldúa 2009: 173).

External Prostheses

*If I Were to Take You to the ICU*⁸

The room was big.

First, you'd have needed to ring the bell to be admitted to the ward.

Once inside, you'd have made a pit stop in the locker room where you'd have:

Removed your jacket,

Washed your hands,

Covered your shoes,

Dressed in a surgical gown,

Donned a face mask.

Then, you'd have walked down the corridor

To reach the room at the far end from the locked entrance,

Pushing open the heavy swing doors.

Finally, you are stepping inside.

Had you stopped right there and glanced around, you'd have seen in front of you

The windows that shone with the early April light,

And to your left and right two more swing doors leading away into other quarters.

The room was a hiss of cold air;

A kaleidoscopic whirlpool of draughts.

The artificial illumination shone pitilessly,

And you'd have thought you had landed in the middle of a busy city –

Times Square, Leicester Square, Boulevard St. Michel, or perhaps Piazza di Spagna –

Bustling and swarming at rush hour

With the comings and goings (i va e vieni) of labouring faces.

Your bed is just there.

In the ICU you needed to be kept separate from other patients

So you were assigned this in-between space, a passageway, a storeroom

That has now become Your room.

(Is this a threshold, perhaps the antechamber of death?)

How can you sleep amidst this cacophony of lamps, in this blazing soundscape?

The light and noise are incessant:

Machines hum and beep rhythmically,

Nurses and doctors waltz in and out at a brisk pace,

Hollering calls-and-responses to one another,

Every so often stopping to check in on you.

By now we, too, have learnt how to read the machines,

More or less accurately:

The first thing we do is look at the monitor

To check your oxygen saturation levels, heart rate, blood pressure.

Although in reality we do not understand any of it,

It gives us comfort

And a sense of control when there is none.

The ventilator is breathing for you

(Instead of your lungs).

The ECMO⁹ is pumping blood for you

(Instead of your heart).

A tube is feeding you

(Instead of your mouth).

A catheter is collecting your urine in a sack

(Instead of your bladder).

A drip line is making you sleep

(Instead of your brain).

I wrote the prose poem as I began to work on this chapter; I had spent the preceding months reading a variety of death-related scholarship and had just been rereading my journals from the years of my father's illness. As I sat down to write, it seemed logical, almost natural, to begin with a piece of creative writing and to address my father directly in a poem that expands upon and repurposes the personal observations and memories evoked by my journal.

The scene is the hospital's Intensive Care Unit (ICU), as the title¹⁰ makes clear from the start. Although, within the poem, the acronym is spelled out only at the halfway-point, several details progressively build the stage: the locked doors, the hygiene measures and personal protective equipment

(PPE).¹¹ Chaotic noise and movement reign throughout, while a sense of hesitation is built by the choice of verbal tense – predominantly the third conditional mode inscribed next to the simple past, an oscillation between (or from) the unreal and (to) the real. Indeed, for the first half of the poem, time as ‘progression’ is already suspended in a series of dissonant descriptions, such as the pairing of methodical gestures with arbitrary arrangements. From the outset, we, the readers, understand that we are entering a space of the uncommon, whose function is:

exclusively to stabilize or keep the patient alive by attending to, monitoring and treating the basic functioning of all vital organs. Hence, only the most critical patients end up in the ICU [...] To the patient, being admitted to the ICU is an extraordinary event and, by any standard, an extreme experience that the general population have very little acquaintance with.

(Køster 2023: 1038)¹²

The extreme nature, extraordinariness, and general unfamiliarity of the ICU is complicated here by the need to keep the ‘you’ separate from other critically ill patients. This lends the text a layer of emotive urgency, while also foregrounding the sense of disorientation (both spatial and temporal): the reader follows the narrating I into the isolated, ‘closed-off country’ (Køster 2023: 1038) of the ICU, to find the ‘you’ in an area that is not exactly a room (‘a passageway, a storeroom’) where the cyclical rhythm of day and night is interrupted by constant light and noise. The temporality of the everyday, marked by the succession of day and night, is put on hold by the absence of darkness. The poem itself makes clear in a parenthetical line that we are entering an ‘in-between space’ of constant illumination, where one awaits at the threshold between life and death. This isolated space in the ICU as an ‘antechamber’ – literally, the place that precedes (*ante-*) the private room (*camera*) – is a place of suspension, where one prepares for death. As Line Ryberg Ingerslev (2022: 46) has remarked, ‘The kind of everyday life that unfolds in intensive care units, in the operation rooms, and behind hospital walls is indeed a life of waiting under the premise of having to lose’.

The second half of the poem describes how the ICU patient ‘is stripped of all basic agency’ and ‘becomes a passive worksite for biomedical engineering’, their body ‘an object of medical manipulation’ that is ‘sedated to cope with the *treatment situation*’ (Køster 2023: 1038–1039, emphasis in original). This *situation* may include, as Køster describes, ‘several highly invasive procedures that transgress the intimacy of the body’, such as ‘intubation’, ‘dialysis’, and the ‘constant, intrusive soundscape of buzzes and alarms that stresses and disrupts the patient’s ability to sleep’ (2023: 1038). The poem doubly stresses the mechanisation of the body; it openly reveals how ‘the monitor’ has become synecdoche as well as metonym¹³ for the body and the person: it is the first thing that the visitor looks at, rather than addressing the person themselves; it acts as a stand-in for the person’s embodied presence in space and it delivers clues as to their ‘vitality’. The patient’s vitality, or lack thereof, dominates the last few lines. The arrangement of the poem visualises a break, an opposition between the medical machinery and the malfunctioning body. The reader sees the lines arranged on the left-hand side of the page, which create what I would call a ‘thematic’ anaphora¹⁴ (‘ventilator’, ‘ECMO’, ‘tube’, ‘catheter’, ‘drip line’), but needs to stop after each one, thus breaking the reading flow, in order to move their eyes to the right-hand side of the page. There, on the right-hand side, the ‘instead of’ creates an opposition with the previous sentences (on the left-hand side), while the anaphora produces an obvious connection among the cascading fragments placed on the right-hand side of the page. The visual arrangement of the lines

provokes a disturbance in the linearity of reading, a breakage in the tempo; furthermore, the parentheses bracketing the verses aligned on the right side of the page seem to also indicate a change in tonality and colour: unlike the previous words, these need to be arranged in a minor key, soundless, or at best whispered. Yet, across these differences a strong continuum is established so that, despite the mismatched spatial, temporal, and aural reflections, we cannot separate one side from the other, one line from the other. The ventilator *becomes* the lungs, the ECMO *is* the heart, the tube *turns into* the mouth, the catheter *is inseparable from* the bladder, the drip line *is* the brain. The visceral body is indivisible from the machines; indeed, without them, the body – and hence the person, my father – would certainly die.

Another short poem that I penned during this same period reinforces the attention directed towards my father's body as being altered by these prostheses. Written in a hermetic style, the poem speaks of the blood that flows continuously in and out of the body and through the ECMO machine (I recall thinking that it looked like a cassette player), which here is no longer perceived as 'other' – 'instead of' my father's internal organs, as in the previous poem – but is indissolubly connected to the body as simply 'augment[ing] an existing materiality' (Shildrick 2021a: 78; 2022: 108).

Il registratore

Sei il sangue che scorre

Scuro e viscoso

In cerchi concentrici

Come un'audiocassetta

Ti avvolgi e ti svolgi

Srotolandoti inspiri ed espiri

Ti espandi

Tra anfratti curvilinei

E rigide trasparenze

The Recorder

You are the blood flowing

Dark and viscous

In concentric circles

Like a cassette tape

You rewind and unwind

Unrolling inhaling and exhaling

Expanding

Between curvilinear ravines

And unyielding transparencies

Internal Prostheses

The material fusion with machines, the external prostheses, goes hand in hand with the internal modification of the body due to the concatenation of a biological process set in motion by an infection that, because of my father's state of immunodeficiency, deteriorated into sepsis (a dangerous infection that may lead to organ failure, shock, and death). What is an infection and how does it occur? As French novelist Lola Lafon clearly describes it in *La Petite communiste qui ne souriait jamais*, an infection:

is the invasion of a living organism by pathogenic microorganisms that continue to multiply. An infection is either local or generalised or even exogenous. That is to say, it is due to germs that come from the environment. When the germs originate from the patient himself, an infection is considered to be endogenous. An infection develops above all when there is a

weakness in the body's innate immune system. At this point, a competition begins between the immunodefensive capacities of an individual and the pathogenic power of the germs. An immune system varies over time and especially following many criteria such as fatigue, lack of sleep, stress, dietary deficiencies, etc. The dangerousness of a germ is, in turn, a function of the inoculum, that is, the number of germs that infect an organism. Therefore, an infection will develop all the more as an individual's immune system is weak and the inoculum is intense. (Lafon 2015: 176. Translation from original French is my own.)

In the case of my father, the infection was endogenous. His medical records remind me of the name of the bacterium, *Pseudomonas aeruginosa*, which, doctors told us, was already present in his body and erupted as soon as he reached chemotherapy-induced bone marrow aplasia.¹⁵ (Chemotherapy that, almost ironically, was meant to kill – and did kill – as many blast cells as possible in his bone marrow, but that seemingly failed to dispose of other, suddenly dangerous, guests.) Untreated, an infection may degenerate into septic shock. Still at home, my father developed a fever, his already unspeakable weakness deteriorated with every passing minute, he became incoherent, and was rushed to the hospital. The ICU doctors tried to explain to us what was happening inside his body during the days immediately after his hospitalisation, while he was lying in a coma. This is how I annotated it in my diary:

Following the septic shock, the organs' membranes have become permeable, so the 'fluids' naturally present in our bodies, instead of keeping within their strict confines, are now able to flow freely into uncharted territories (that means, into other organs!). The lungs are filling with water while the Growth Factor – the white blood cells (or leukocytes) he has been injecting himself with – penetrates into the lungs' spongy mass. In an X-ray picture it looks like pneumonia, but it isn't. This is why, eventually, they had to intubate him, because the risk of further infections had by now become less dangerous than the concrete lack of oxygen. Ditto for the dialysis. His brain is also a porous blob, nobody knows whether it will be damaged. In my imagination he has turned into an underwater creature, every organ ebbing and flowing with the waves, every familiar contour fuzzy and blurred. Will he resurface?

Coupled with the previous texts, this brief entry shows that there are several processes at play here that gesture towards the collapse of both internal and external frontiers – the permeable organs, the medical prostheses – and foreground the body as a hybrid ecosystem, within which the human and the non-human (germs, machines, microbes, etc.) cohabit. Rather than disabled, I apprehend this ICU-ridden body in a posthumanist sense: the body of my father was turning into the paradigm of relationality, fluidity, malleability, and multiplicity. I perceive this ecosystem as a process – one that precedes my father's illness yet is enlarged by its unfolding towards unfixed formations – as a constellation of interconnected elements, both organic and inorganic, prosthetic and fleshed.

The memoir of US writer Suleika Jaouad, *Between Two Kingdoms* (2021), helps me re-think the queerness of my father's ill body when she brings to life the relational materiality of blood transfusions – which my father also underwent on a regular basis throughout his illness:

[...] my body had become entirely reliant on transfusions. The blood of strangers coursed through my veins, bag after bag, day after day. Sometimes I tried to imagine who these donors were – a schoolteacher, a famous actor, a tarot card reader? I couldn't quite conjure them, but they were keeping me alive.

(Jaouad 2021: 75)

Jaouad's phrase can be read through the lens of Derrida's concept of the 'other within' as denoting a positive form of hospitality, a 'welcoming of the other within' as a way to protect life (Derrida 1994: 177. See also Derrida 1999, 2000, 2005). Furthermore, Jaouad's description humours us to forget the body as a unicum and instead urges us to perceive it as heterogeneous, composed of a variety of intra- and extra-corporeal components, to recognise it as 'an embodied and entangled hybridity' (Shildrick 2021a: 88). More importantly, what queers Jaouad's body as much as my father's is not simply that their bodies are 'entangled with an array of external and internal prosthetic devices', but mostly that 'the technological aids on which [they] rely become irreducible, albeit often temporary, components of the assemblage that is identified as a person' (Shildrick 2021a: 78; 2022: 108). Through transfusions, Jaouad's body loses its singularity and seemingly merges with those of other people – perhaps a schoolteacher, an actor, a tarot card reader – and, together with them, becomes something other. In sum, these prostheses, whether mechanical or organic, internal or external to the skin of the body, can act as creative devices to reimagine the monolithic, individual human self as an 'assembled' self (see Shildrick 2022: 131–8).

Here, I am tentatively summoning the idea of the assemblage (Deleuze and Guattari 1988), which I understand from (and thanks to) Shildrick (2009, 2015, 2020, 2021b, 2022) as a:

postbinary approach [that] insists that human life is always inherently entangled not only with other beings but with a plethora of more or less animate technologies and processes. [...] Assemblage theory establishes the productive capacity of connectivity and its incessant transformation ...

(2021b: 394)

For Shildrick again, it is the 'connection between disparate components that produces meaning' (2015: 21), a thought that allows me to venture beyond the body-object of my text (i.e., my father's body) and to re-turn my attention to the form of this chapter as an assemblage of texts. It seems to me that conjuring the image of the assemblage as a meta-figuration also affirms the political potential of this form of writing, which is different from normative academic practice insofar as it adopts an approach that 'advocates pushing to the limits of what is possible, embracing uncertainty and radical change, and sustaining becoming, however that plays out' (Shildrick 2021b: 394). As I returned to my journal entries and personal creative writings in order to compose this chapter, I became aware of how, without knowing it, my written observations and poetic images had already queered my father's death. By establishing a fluid connection between his body, the life-support machines, and endogenous living organisms, those texts showed that I was already appraising his body as hybrid. Of course, this realisation would not have emerged had I not worn the literary scholar's hat to analyse my personal writing with the aim of critically exploring my father's death through the lens of queer studies, body theory, and feminist STS studies.

Dream

To close this chapter, I want to share a snippet of a recent dream. Let me preface it by saying that I, too, understand dreams alongside Lykke's surrealist-indigenous-inspired ontology of dreams, that is, as performative and 'dynamic enactments of affective relations between embodied agencies' (Lykke 2022: 115).

In my dream, I was with my mother, walking through a narrow hospital corridor that led to my father's room. As I proceeded next to my mother, I remember a sense of puzzlement – isn't he dead? Isn't he dying? – and asking her: 'Is he going to be all right?' My mum, more spritely

than I have seen her for the past few years, confirmed in a trilling voice that he was going to be fine. As I entered the room, I noticed that it was much smaller and more crowded than the last one I had seen him in: there were four beds, occupied by people of different ages – I remember a young girl and a middle-aged man dressed in normal outdoor clothes. My father was in the bed furthest from the entrance, covered up to his chest by a white sheet. My mother quickly approached him, and I followed suit. He raised his upper body and asked me how I was doing, what was happening, and I started telling him about the most recent news in my life. He listened carefully and said he was very happy about this opportunity that had recently opened up. I felt an immediate relief at his approval and sensed my shoulders relaxing down into my body, lighter than they had been. This is when I woke up.

I interpret this dream as an affirmation of the spectral presence of my father and of the fact that, although his death is an event temporally situated in the past, it is also atemporal for it continues into the present in an ongoing process of becoming together in ‘continuing bonds’ (Køster 2020). Writing this piece, I have continued to walk the path of grief, not as a cognitive, n-stepped process, but as a sustained reconfiguration of my own existential texture.

Notes

- * I am grateful to the volume’s editors for their feedback, to Liz Sourbut for language editing, and to Claude Kempen for their generous comments. Thanks also to Anastasia (A) Khodyreva for the intellectual support throughout this chapter’s thinking and writing processes, and to Rosa Barotsi for her always invaluable help. Open Access of this chapter is kindly supported by UK Research and Innovation (UKRI) under the UK government’s Horizon Europe funding Guarantee (Grant Reference EP/Y014057/1).
- 1 According to Fuchs (2018: 44), ‘Bereaved individuals experience a fundamental ambiguity between presence and absence, between the present and the past, indeed between two worlds they live in – an ambiguity which may also manifest itself in being painfully torn between acknowledgment and denial of the loss’.
 - 2 This type of intercorporeal body memory has been defined by Køster (2021: 58) as a ‘*sensorium* of the other’, by which he means ‘a complex phenomenological structure of the lived body that incorporates and retains a felt sense of the other as a unified whole through a range of sensory modalities’.
 - 3 Following Lykke (2022), I conceive of this ‘I’ as a ‘mourning “I”’ for it resists death as complete absence and, instead, throughout and *through* writing, it holds ‘the potential to contemplate death differently’ (2022: 7) by being open to embodied co-becomings with the dead. Furthermore, in the process of writing, the mourning ‘I’ moves in multiple, non-unitary and rhizomatic directions, governed by intuitions and emerging intensities more than by so-called rational thought’ (2022: 109).
 - 4 See also Sandilands 2008; Cvetkovich 2012; Ahmed 2017; Adrian 2019; Lykke 2015, 2022.
 - 5 ‘Writing is a question of becoming, always incomplete, always in the midst of being formed, and goes beyond the matter of any livable or lived experience’ (Deleuze 1993/1997: 1, quoted in St. Pierre 2018: 604).
 - 6 As Line Ryberg Ingerslev argues, ‘grief not only ties us to the past, it brings us to the future, as we commit again to making sense of the world’ (2022: 41).
 - 7 Ekphrasis is the description of a visual image, e.g. a work of art, as a literary device.
 - 8 Intensive Care Unit.
 - 9 Extra Corporeal Membrane Oxygenation.
 - 10 The poems’ titles were added for the purposes of this chapter.
 - 11 As I write this chapter in late 2022 and 2023, these hygiene measures have become normalised. However, before the Covid-19 pandemic broke out, masks, gloves, and PPE medical equipment in general were not (outside of the ICU and other hospital wards) common practice or publicly available reflexes.
 - 12 I am grateful to Allan Køster for sharing his article with me while it was still under review.
 - 13 A synecdoche is a figure of speech in which the part represents the whole, or vice versa. A metonym is a word used to substitute for something else, with which it is closely associated. Both figures of speech here stress the entanglement of the body with the assistive technology, i.e., the monitor as a part of the body that it represents and even substitutes.

- 14 An anaphora is a rhetorical device whereby the same word or phrase are repeated at the beginning of several successive clauses.
- 15 Aplasia refers here to the disappearance from the bone marrow of the cells responsible for blood production, i.e. red blood cells, white blood cells, and platelets.

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