

# Arguments for a New Aesthetic of Presence

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Translated by Samuel Fleck

13 May 2020

The dominant narrative of COVID-19 plays into the most conservative iconic order. On the one hand, there is a widely circulated, glossy image of SARS-CoV-2 that makes use of the realist rhetoric of photography: the virus is *this*. It hardly matters that such an image is not a depiction of the pathogen but an illustration designed “to grab the public’s attention.”<sup>1</sup> On the other hand, the virus is “invisible” above all else, and its symptoms largely “mimic” those of the seasonal flu, which they resemble. It is therefore said to be unknowable. The lay observer is once again caught in a double bind between optical efficacy and the phantasmal quality of the image. Apart from its well-known paradoxes, the logic of the sign—still applicable to AIDS, which has in fact been termed an “epidemic of signification”<sup>2</sup>—is completely inadequate for understanding the current pandemic. The “pestiferous bodies,” the carriers of contagion, cannot be detected because they are largely asymptomatic. The virus strikes without marking the sick person, as confirmed by the frantic search for a tracking system that will compensate for the dearth of symptoms, using geolocation data to make up for the lack of stigmata.

Indeed, since anyone could be sick without knowing it, we are all asked to maintain distance from one another. This policy might have been called “physical distancing,” so as to grant relevance to all the forms of attachment,

1. Cara Giaimo, “The Spiky Blob Seen Around the World: How C.D.C. Medical Illustrators Created the Coronavirus Pandemic’s Most Iconic Image,” *New York Times*, 1 Apr. 2020, [www.nytimes.com/2020/04/01/health/coronavirus-illustration-cdc.html](http://www.nytimes.com/2020/04/01/health/coronavirus-illustration-cdc.html)

2. Paula Treichler, “AIDS, Homophobia and Biomedical Discourse: An Epidemic of Signification,” *Cultural Studies* 1, no. 3 (1987): 263–305.

care, and aid that we have mobilized during this time. The fact that it has been called “social distancing” clearly underscores the aesthetic-political implications of this extraordinary type of negative performance. Social distance is the suppression of gestures of contact. It entails not shaking hands with, hugging, or leaning in toward—much less slapping, hitting, or attacking—one another. It abolishes the affordances of the world, thus working like an anesthetic. If, as Adam Phillips writes, “attention seeking . . . is a form of sociability, an appeal to others to help us with our wanting,”<sup>3</sup> then social distancing inhibits our desire to give and receive attention.

We talk about the pandemic using surface codes, but we live it as bodies embedded in our homes, as though in a cultural version of locked-in syndrome. Are we a new kind of freak in a new kind of circus? It will be interesting to see to what extent future reflections about the transformation of public space into media space, the virtualization of private space through the systematic use of online platforms, and new codes of social representation where only the upper half of the body is displayed remain reliant on our culture’s privileging of the iconic and to what extent they acknowledge that vision itself is situated. We are currently living a critical stalemate and paying for it in the flesh.

Suffering due to suspended sociality alone does not account for the profound sense of disorientation that we are experiencing. Are we not asked to stay in what is, by definition, the most welcoming space for us: our homes? Why then does this space appear so inhospitable to us? Coming from decades where being mobile was everything, home confinement suddenly becomes the cutoff point where our experience of near and far, neighbor and

3. Adam Phillips, *Attention Seeking* (London, 2019), p. 7.

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stranger, collapses. After living so freely, after having the very notion of *open space* shape our understanding of what living space is in itself, we all find ourselves confinable. A different understanding is needed to account for the current state of human affairs. The latter calls for a new aesthetic of presence.

We know that our bodies are coextensive with the physical, social, and cultural environments in which goods, medicine, laws, and artifacts play a part; that emotions, thoughts, practices, and tools modify the neurobiological processes of individuals and of our species as a whole. Cognitive science, neuroscience, and philosophy use the term *embodiment* for the interconnectedness of man, nature, and technology: our bodies articulate the world into a continuous reciprocal dynamic of action and reaction. We are all cyborgs. We have supposedly known this for decades, though we resist the idea and continue to observe this embodiment from the outside, as a notion to be put in perspective; we thus have a paradoxically disembodied understanding of it. This critical inertia occurs at a time when COVID-19 has raised the question of embodiment to a higher level: an institutional level. The problem has been clear from the outset: by all getting sick at the same time, we would have made it impossible for doctors and hospitals to care for us. Sick people make the system sick. We have thus acknowledged a link between the vulnerability of the individual and the vulnerability of the government infrastructure responsible for medical care. The moral imperative has been to “flatten the curve.”

The ongoing pandemic shows us governments as institutional actors whose power to lead lies unexpectedly in their capacity for care and protection. I am in favor of rethinking political action as an exercise in care because it would entail an ecological, feminist, and intergenerational agenda and would acknowledge that citizens are an aggregate of women and men, children and older people, with different potentialities, who make up networks of knowledge, affections, desires, and abilities. Nevertheless, while care as an active and mutual practice is a positive and productive engagement, being taken into care suggests an attitude of submissiveness that weakens personal initiative, the freedom to try and fail. If responsibility is the ability to respond, as Karen Barad has put it, then the political perspective of being cared for can weaken us to the point of making us nonresponsible.<sup>4</sup>

We are at a crossroads. We have the opportunity to implement an ecological agenda and finally recognize that a butterfly flapping its wings can indeed cause a hurricane; to increase individual responsibility and inventiveness as a result; to overcome the ill-conceived alternative between social justice and freedom; and to build a fair and inclusive system of power. At

4. See Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (Durham, N.C., 2007).

the same time, we run the risk of turning our vulnerability into passivity; of assimilating individuals into two broad categories—reliable healthy people and socially dangerous sick people, each tagged with its own health code; of substituting the medical specialist for the political leader and the military, driven by a magical faith in science, which we are asked to believe in as we might a patron saint and whose praxis and verification system are unfortunately largely unknown to citizens.<sup>5</sup> This choice, which calls into question the ultimate meaning of democratic citizenship, arises at a time of increased implementation of the prosthetic nature of the human body. Since sealing ourselves in our homes, we have never been so unbounded; with all of us connected 24/7—using privately owned platforms, whether for birthday parties, dissertation defenses, homeschooling, or work meetings—we are redefining the experience of our *self* and of the outside with a blind faith in the openness of the web and its democratic accessibility, both of whose shortfalls we prefer to ignore.

To pursue the best way forward we need to queer the dominant narrative and finally abandon the regime of natural iconicity, with its divide between presence and absence, which has unfortunately withstood decades of academic studies; we need to think about *how* embodied and gendered minds perform freely in spaces where the affective values of near and far have taken on enormous political relevance. We need to be able to be in touch and respond.

5. To complicate the question at hand, consider the notion of “therapeutic citizenship” coined by Vinh-Kim Nguyen; see Vinh-Kim Nguyen, “Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship,” in *Global Assemblages*, ed. Aihwa Ong and Stephen J. Collier (Malden, Mass., 2008), pp. 124–44.