Diabetes, Chronic Illness and the Bodily Roots of Ecstatic Temporality

Abstract:

This article studies the phenomenology of chronic illness in light of phenomenology's insights into ecstatic temporality and freedom. It shows how a chronic illness can, in lived experience, manifest itself as a disturbance of our usual relation to ecstatic temporality and thence as a disturbance of freedom. This suggests that ecstatic temporality is related to another sort of time—"provisional time"—that is in turn rooted in the body. The article draws on Merleau-Ponty's *Phenomenology of Perception* and Heidegger's *Being and Time*, shedding light on the latter's concept of ecstatic temporality. It also discusses implications for self-management of chronic illness, especially in children.

Keywords:

adherence; body; chronic illness; compliance; diabetes; ecstatic temporality; Merleau-Ponty; Heidegger; *Being and Time*; phenomenology

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This article studies the phenomenology of chronic illness in light of phenomenology's insights into ecstatic temporality and freedom.

On the one hand, the aim is to show how a chronic illness can, in lived experience, manifest itself as a disturbance of our usual relation to ecstatic temporality and thence as a disturbance of freedom. Drawing attention to this lived aspect of chronic illness—which may be more vivid for the person living with chronic illness than any measurable, objective biomedical symptom of the disease—contributes to a growing wave of human oriented studies of health. (In this article "disease" refers to biomedical conditions and "illness" refers to the lived experience of such conditions (see Corbin, 2003; Delmar, 2006; Toombs, 1988, 1990, 1992).)

On the other hand, the aim is to shed further light on the phenomenology of temporality. Acute and chronic diseases are distinguished with reference to time: acute diseases have a rapid onset and/or a short course, whereas chronic diseases are long-lasting and/or recurrent. It is little wonder, then, that a chronic disease—a lifetime disease—can in part manifest itself as a temporal disturbance. (Reasons for choosing diabetes as a test case will become apparent below.) And the specific ways in which chronic illness disturbs our usual relation to ecstatic temporality suggest that this relation involves another sort of time—here called provisional time—that is in turn rooted in the body. This point contributes to phenomenology's growing attention to the living, bodily roots of experience and mind (see, e.g., Gallagher & Zahavi, 2008; Leder, 1990; Russon, 2003; Sheets-Johnstone, 1990, 1999; Thompson, 2007; Zahavi, 2005).[1]

The article then, has a twofold audience: phenomenologists; and those who are living with chronic illness or are studying ways of helping others live with it. My presentation is geared to keeping the material accessible to both audiences. In the first section I introduce

the article's methodological strategy and aim in relation to phenomenology and Maurice Merleau-Ponty's *Phenomenology of Perception* (1962, 2002). In the second section I draw on Martin Heidegger's *Being and Time* (1962)[2] to explicate what phenomenologists call ecstatic temporality in relation to freedom, and to introduce a related distinction between what I call improvisational temporality and provisional time. In the third section I present a phenomenological study of the lived experience of temporality in diabetes, with reference to the biology of disease and discussions in the health studies literature. The final section suggests how a phenomenological understanding of chronic illness as temporal disturbance can give new insights into health and living with chronic illness, especially thinking about why youth in particular have problems adhering to regimens for managing diabetes or chronic illnesses.

1) Phenomenological Method and Bodily Disturbances

In combining phenomenology with a study of illness, I am developing a methodological strategy deployed by Merleau-Ponty in the *Phenomenology of Perception*. This strategy and its significance are best understood by briefly referring to the overarching project of phenomenology.

Phenomenology aims to break through conceptual prejudices that have built up in our everyday engagement with things or that have accumulated in our inherited intellectual tradition. Rather than forcing phenomena into already fixed frameworks that have been molded by presumptions, pragmatic desiderata or inherited prejudices that are put in place independent of or in advance of the phenomena, phenomenology aims to fit our conceptual frameworks to the things themselves, as they show themselves—the phenomena.

Merleau-Ponty gets us to notice how disturbances of our everyday world can help with this task. To avoid prejudices, the phenomenologist must actively reflect upon the phenomena, but precisely in doing so she or he may deploy philosophical thinking that might already be unwittingly biased in the wrong direction.[3] Disturbances (e.g., illnesses, experiments and illusions) are spontaneous variations endogenous to the phenomena and arise on a pre-philosophical level. Precisely because of this they can force us to notice a delineation of the phenomenon's structure that is given in advance of our prejudices.[4] They introduce another active voice, beyond the philosopher's, into the philosopher's dialogue with things, in a manner kin to Socrates' *daimon*, the inner voice (which is not yet Socrates' own voice) that warns Socrates that he is verging into error.

An example of this methodological strategy (of drawing conceptual corrections from disturbances) is given in Merleau-Ponty's study of the experience of a soldier, Schneider, whose brain has been damaged by a bullet (1962, pp. 103-147; 2002, pp. 118-177). The example will also give some helpful background and lead to a distinction between improvisational temporality and provisional time that becomes important below. Merleau-Ponty cites data that documents Schneider's ability to carry out actions when they have a clear pragmatic goal or are part of a habitual, pragmatic repertoire (working leather and so on) central to Schneider's livelihood before the war. Schneider, however, has tremendous difficulty carrying out abstract actions such as describing a circle in the air or pointing to a location on his body if it does not already figure as the terminus of some pragmatic activity. Drawing on this and related data, Merleau-Ponty argues that there is a fundamental difference between grasping and pointing. The traditional view conceptualizes all bodily conduct as staged within one

uniform space that contains and locates ourselves and things. It follows that grasping and pointing are merely different sorts of operations within this one space, such that if you are able to locate something in grasping it, you therefore also ought to be able to point to its location. But Schneider's experience challenges this conceptual framework, precisely because he can grasp something while not being able to point to it (see esp. Merleau-Ponty 1962, pp. 122-124; 2002, pp. 140-143). So far this result, on the surface at least, is resonant with the sorts of analyses undertaken by current psychology, cognitive science and streams of philosophy other than phenomenology: experiential dissociations of phenomena can prompt reconceptions of the underlying structure of the phenomena. In this respect Merleau-Ponty's result regarding Schneider fits with current research.[5]

But in the *Phenomenology of Perception*, Merleau-Ponty's analysis is part of a grander challenge to the traditional conceptualization of perception—and it is invested with existential weight. That is, for Merleau-Ponty, Schneider's experience motivates a claim about the way we exist, about our ontology.[6] Merleau-Ponty is not merely arguing that Schneider's experienced dissociation forces us to distinguish different pathways within a traditionally accepted framework for conceptualizing perception. Rather, it forces revision of traditional frameworks. Specifically, Merleau-Ponty argues that perception is not, as traditional models would have it, reducible to the terminal result of processing sensory inputs from a distal world, a world separable from the perceiver. Perception arises from a primordial relation in which the perceiver is already tightly coupled to the world, by way of inhabiting that world as a place of possible action. The perceiver as it were weaves a net of possibilities around her, and the world shows up as interacting with these possibilities (1962, p. 109; 2002, p. 125). Schneider's experience, according to Merleau-Ponty, gives evidence of this, as it manifests a curtailed ability to choose projects and targets that are not already determined by habits and pragmatic trajectories. For example, Schneider can identify his doctor's house when he has set out to reach it, but not if he happens to walk by it on the way to somewhere else (1962, pp. 134-5; 2002, p. 155). He does not relate to it as somewhere to which he can spontaneously *choose* to go—it just doesn't figure on his map of possibilities—and so he cannot quite perceive it as a place in his world. Schneider's disturbance reduces the possibilities that constitute his world. This leads Merleau-Ponty to conceptualize Schneider's wound not merely as an insult to his body: it is a disturbance of his "being, his power of existing," of his being toward the world (*être au monde*), of the way that he sets up projects for himself and articulates a world in which this and not that is to be done—where this and that are *chosen* by Schneider and are thereby *meaningful* to him (see 1962, pp. 134-147; 2002, pp. 155-170, esp. the concluding discussion of meaning). To put it another way, Schneider's way of inhabiting meaningful situations, of choosing how to situate himself with respect to things, is drastically altered by his wound. He now encounters things primarily on the ground of already launched pragmatic routines, rather on the basis of projects chosen by him on the fly. He experiences the net of possibility as already cast behind his back—and he is caught in this net, rather than catching things in his own, personal way.

For Merleau-Ponty, Schneider's disturbance thus reveals that our usual unreflective bodily activity is premised upon a "spatiality of situation," a spatiality in which we locate ourselves and things in virtue of kineaesthetically directing ourselves toward "existing or possible" tasks, not a "spatiality of position," in which things would

already be located by way of an abstract (e.g. Cartesian) coordinate system in which grasping and pointing would be commensurable (1962, pp. 100; 2002, pp. 114-5). What is key here is that the spatiality of situation, which is part and parcel of our overall experience of being situated, inherently involves some modicum of *freedom*: to be situated, to experience a situation *as* a situation (rather than to be run by environmental imperatives), is to be in a revisable (rather than rote or fixed) relation to a world of choices that can be variously taken or articulated. It is this background of choices that invests elements of the situation with a meaning or sense, that makes it be a situation rather than a merely pragmatically or biologically determined environment.[7] While Schneider does experience freedoms and meanings on an abstract cognitive level, his spontaneous bodily experience of his surroundings as a meaningful space of choice is disturbed by his wound. And the fact that the latter impacts the cognitive, suggests that the cognitive is buoyed by the bodily.

I will now recast the above by way of introducing a terminological distinction that is developed further below. What is disturbed in Schneider's case is his bodily ability to *improvise* with things in space. He can interact with such things provided that they already have a location in what I call a *provisional* space that already pragmatically maps their role. What I am drawing on here is the sense of an 'already fixed looking forward' that lurks, etymologically, in our word "pro-vision," in its Latin ancestor (*providere*, to foresee), and in our use of the English word: in a contract, a provision is a stipulation that already looks ahead to a specific circumstance in which it will apply; a city expecting attack will stock up on provisions in order to already take into account a foreseeable siege; the so-called good provider is the one who looks ahead to already foreseeable events that already need to be taken into account. Schneider is able and prepared to deal with locations and things provided they already have a provisional role in what his habits already prepare him to do. But his wound manifests itself as a disturbance of his ability to improvise, noting here that "improvise" is derived from the Latin *im-provisus*, meaning that which is *not* foreseen (see Borgo, 2005, p. 14). To the extent that Schneider's activities are deployed only as already foreseeing their end, he cannot be improvident (heedless of what he is doing), because things have locative significance for him only so far as he already pays them heed.

The aim below is to show that a similar yet differently configured disturbance plays out in the lived experience of the person living with a chronic illness, who I shall call "the chronic".[8] Whereas in Schneider's case it is primarily his ability to improvise with *space* that is disturbed, what is disturbed in the chronic is the ability to improvise with *time*. To the extent that the chronic is preoccupied with treating her or his disease, she or he cannot be improvident with respect to time, and cannot be heedless of time in its objective flow as measured by the clock, because she or he must always be clocking the next dose, treatment or turn of the disease. Rather than casting her or his own net of projects in a temporally improvisational way, she or he is caught in what I call a provisional time that already looks forward to the next dose as already foreseen. Merleau-Ponty remarks that we cannot catch our experience of spatial up/down orientation "in the ordinary run of living, because it is then hidden under its own acquisitions," so we have to "examine some exceptional case in which it disintegrates and reforms before our eyes" (1962, p. 244; 2002, p. 284). A similar methodological strategy is pursued here with respect to temporality. In effect, the healthy body already foresees when the next dose is to happen, and so in health one doesn't have

to explicitly clock such events. The diabetic can no longer rely on this providence of the body. The provisional time of the body is thus disturbed, in turn disturbing what I call improvisational temporality, thence disturbing the sense of freedom. The chronic is thus forced into falling away from ecstatic temporality into provisional time, an experience that vividly highlights ecstatic temporality precisely in its slipping away (which is not yet the disappearance or disruption of ecstatic temporality).[9] This complex disturbance suggests that our relation to ecstatic temporality has its roots in a provisional time of the body.

2) Freedom and Ecstatic Temporality as Co-temporal: Improvisational Temporality vs. Provisional Time

To get a sense of how freedom is at stake in this falling from ecstatic temporality into provisional time, and what is meant by the latter distinction, I extract an account of what Heidegger calls ecstatic temporality from *Being and Time*. This leads to a remark about the relation between ecstatic temporality and clock-time in *Being and Time*, which is what first of all prompted my reflections on provisional time. The points I extract from *Being and Time* will not be adequate to its astonishing richness, but they will not betray it either.

Heidegger's ontological project in *Being and Time* quickly turns to the task of giving an ontological characterization of our being, that is, describing us not (for example) as a species of animal or as having certain cognitive characteristics but as being in a certain way, as marked by a peculiar way of being. Heidegger dignifies this peculiarity with a terminological distinction between two ways of being: we exist, whereas other things just are. For example, a rock's being is fixed in its very being, and its way of being in various circumstances utterly coincides with this fixed being. We can thus say of a rock that it is (just) a rock. This sort of claim would, however, be inadequate to our being, as we have a rather different ontology, a different way of being. We cannot say of Fatima that she *is* a philosopher, a student, a teacher, etc. For she is not just that, or she is not just *one* of these options; and even if she is rightly described under one or more of these headings, this is not because she is in her very being, right here and now, a philosopher, student, or teacher, etc. Strictly speaking, Fatima is *to be* a philosopher, *to be* a student, *to be* a teacher—or *to be* something else.[10] This *to-be* indicates that what we are is our projects, and these projects are futurally directed. *To-be* a philosopher is to keep working at it, maybe to never get there, maybe to quit and do something else, maybe to not always be at every minute doing philosophy. We never wholly coincide with nor are we reducible to any of the things said of us, which is to say that we cannot be categorized[11] as such and such a thing (in the way the rock can be so categorized). What remains to be said of us then? How can we be described? It seems we are empty of nearly all characteristic. But this just is our characteristic. Ontologically, what can be said of us is this: that our being is always our *to-be*. This *to-be* is not a blank, however. It is our **own** *to-be*: our *to-be* takes up, engages and is our own project. In Heidegger's terminology, Dasein (Heidegger's term for the being that we are) is (in part) ontologically characterized as being its ownmost possibility (see esp. 1962. pp. 42-4).

When Heidegger says that we exist, he is indicating the way in which we do not coincide with ourselves, in which we are always beyond ourselves in our ownmost possibility. This is also indicated in Heidegger's famous characterization of Dasein as being-towards-death. With respect to one's being as being its ownmost possibility, death has a peculiar role.[12] Death

(*Tod*), as one's own 'no-longer-being', is to be distinguished from the biological occurrence of demise (*Ableben*, privation of life) in which there no longer is a living organism (1962, pp. 247). As mortal, one's being is inherently the possibility of 'no-longer-being.' One's being thus inherently is the possibility of the impossibility of (any further) possibility. So the issue of possibility looms large within my being, and not in any way that can be tamed or already provided for: ontologically, my possibility, my *to-be*, is for me radically open ended, in just the way that my death, as an eventuality of my very being, is for me inherently open-ended. Death will eventuate (for its eventuality is inherent in my mortal being)…but when? While one can try to plan for or avoid death as a biological or sociological occurrence, one's death as ontological event is inherently unplannable and unmanageable, precisely because it is not something that one does, for in death one is no longer—death is not something one achieves. I might (mistakenly) think that I can actually finally achieve being a teacher, and try to provide for this by doing all the things one is expected to do in order to achieve this goal. But I can make no such provision for death: it is unforeseeable yet always foreseen. The very 'phenomenon' of death, precisely as inherently non-experiencable, forcibly testifies to this, in a way that teaching does not. Death is my inevitable future, yet its futurity escapes me and cannot be planned for or pinned down: it is a future for which there is no pro-vision. No matter how much one might plan for it, or seek advance assistance from religion, literature, thanatology, writing a will, and so on, *one's death is always essentially improvised*. This, perhaps, is why we are so intrigued by last words: one can plan to go out saying the things one is already supposed to say, in the guise of a last rite or recitation; but really, there is no way of extending ritual or recitation into an event where there could no longer be any rote.

For Heidegger, one's being-towards-death marks the radical open-endedness of one's being.[13] It marks the fact that, ontologically, one's being (as one's ownmost possibility) is always, at bottom, *improvised*. To the extent that I take myself to already be a teacher, and do the already provided and expected thing, I do not notice this or engage my being in this way. But to the extent that I notice and engage my being as always yet *to-be* a teacher, I am improvising being. In the latter, improvisational case I am closer to being what Heidegger calls *authentic* (*Eigentlich*, vs. being inauthentic in the former case): I am true to being my ownmost possibility, since I am not yet closing and not yet claiming to foresee (*providere*) and thus foreclose my possibility. Death marks one as being, underneath it all, essentially improvisational, precisely because death is the one event that *must be improvised*, an event that one is never yet able to foreclose and foresee (unlike the closing date of a house-sale). As being-towards-death, Dasein is improvisational being.

These two cases involve different relations to futurity that Heidegger demarcates with a terminological distinction between *anticipation* and *expectation* (1962, p. 262). In authentically being-towards-death and in authentically being my ownmost possibilities, I anticipate (*vorlaufen*, which has the sense of running ahead of myself) the future (*Zukunft*) as a 'yet to come' (*Zu-kunft*). In the terminology I have been developing this means: in anticipation I am always ready to improvise. In contrast, in being inauthentically, I expect (*erwarten*, which has the sense of awaiting) a future already fixed: I set myself up as providing for future eventualities that I await as ready to come down the pipeline from an already fixed roster of possibilities.

Now the chronic who always has to clock the next dose in order to stave off biological demise is, to that extent, plunged into falling from an anticipatory relation to the future as 'yet to come' and from the radical possibility marked by being-towards-death. To be chronic is instead, to some extent, to be pressed with expectantly awaiting what is already provided as possible or indeed inevitable. To get a sense for what is at stake in this shift in terms of the experience of temporality and freedom and to see what is temporally at stake in Heidegger's distinction between anticipation and expectation, I briefly draw some helpful insights from Platonic dialogues, first *Laches* (1992).

In the beginning of *Laches*, Socrates' interlocutors are watching a certain Stesilaus give a demonstration of fighting in armor (what hoplites do). This occasions the question: What sort of training is best for the youth? The story about Stesilaus, it emerges, is that he contrived a hybrid weapon—a combination scythe and spear—to deal with armor fighting in marine situations. But he became a laughing-stock when his contraption unexpectedly got caught in the rigging and dragged him into the water (18D). Stesilaus deals with the openness of the future only by reducing it to something foreseeable and expectable—which just doesn't work. In the context of the dialogue we are given to understand that this is not the right approach. You would not want Stesilaus to teach the youth armor fighting because fighting, learning and teaching all entail a courage that does not provide for the expected, but anticipates being ready to handle what is not yet known. To be courageous is to foresee unforeseeability as such. Socrates exhibits this sort of courage in taking his characteristic stance that he knows that he does not know—and here we should remember that he is portrayed (at the end of the *Symposium*) as being remarkably courageous in battle. To be authentic is to be more like Socrates than Stesilaus, for Socrates knows, anticipates, that he is yet *to-be* what he is.

This gives us a way into indicating the remarkable structure of temporality endogenous to anticipation and authentic ways of being Dasein.[14] Our tradition has us conceptualize time as a fourth dimension over and above the three dimensions of space. In this conception, time is like a linearly organized container of punctiform moments, or a river in which we are flowing to the future, or the future is flowing past us. In this model, past, present, and future are already there, lined up in linear order, even if we have to wait for the future to actually happen. We could say that time is already scripted and the happening of time is just the execution of a script fixed along already expectable lines.

This is the sort of linear time that is at play in the speaking of most of Socrates' interlocutors. For example, Euthyphro ("straight thinker") already knows what he is going to say when Socrates' asks him what piety is, because he does not think about what piety is—instead he cleaves to a line of already ordained thinking. In Heidegger's terms, Euthyphro does not *understand* his situation, because he does not take things up as projected onto his ownmost possibility.[15] He does not engage Socrates' question, because he does not engage his own being as being in question in its very being. In our terms, he does not improvise: he goes with already provided formulae and flees when it looks like no formula is foreseeable.

Let us instead, each of us, take up a Socratic position. In this position I know that I do not know, yet I resolutely[16] anticipate what cannot yet be foreseen, namely, the answer to the question, which answer I do not yet have.[17] What does this mean? It means that I do not yet know what to say, yet I need to say something on the basis of where I am going (the answer) and where I am coming from (the question) whilst realizing that, in

the process of resolutely anticipatory learning, my every saying is potentially transformative of the very sense of where I am going and where I am coming from.[18] In this situation, or in any situation of authentically thinking something through, or, for example, authentically deciding to heed the call of conscience (which is Heidegger's example[19]) I am working to become, *to-be*, the one who can authentically say what I was trying to say, authentically think what I was trying to think, or authentically heed what was being conscientiously called for. And I am doing so not on the basis of something already provided, but through my own yet-unrealized and never completely actualized possibility. In such situations, my *to-be* as my ownmost *to-be* is thematic: it is front and centre as the very matter and marrow of my being. Who am I to be? What am I to think? What am I to do?

In the situation of authentic thinking, I need to make myself be the one who can authentically endorse the conclusion. But I also experience myself as not yet being that one. This means that what preoccupies me now is my future as unforeseeably not-yet (not as merely expected). This also means that my past is yet-to-be. For example, I want to have been the one who will already be able to endorse the conclusion (or be conscientious), but as working to the conclusion authentically (rather than leaping to a provided conclusion or conscience), I will not yet have been the one who does this—until later. And this means that my present—what is at issue for me now as one authentically thinking, what presently presses upon me—is my past, that to which I've already committed myself. This is because authentic thinking entails twisting free of prejudices (pre-judgements) to venture new conclusions (just as being conscientious means wrestling with my (prior) conscience). This is why Socrates begins thinking by saying: I know that I do not know myself—the future me is now my issue, who I was is yet to be determined, and my present is a burden behind me, for I must now twist free of it in order to not know myself. (This is also why phenomenology begins with a radical suspension of prejudices.)

The situation of authentic being thus radically upsets our usual claims about temporality. We would usually conjugate time by saying: the past was, the present is, and the future is to be. And since only the present is, there is only one moment of time that is, and it is punctiform. In the situation of authentic being—of improvising being—we would have to conjugate temporality by saying: the past is yet to be, the present has been, and the future is now.[20] So it is not just the present that is, for the future is now; and the past hovers in this 'is'; and the present pushes its pressuring 'is' into the past. All three moments, past, present, future, have a kind of 'isness' (although this is no longer the sort of 'is' of something wholly present and given). And these moments are no longer punctiform, they stretch and overlap in a complex. This complex is what Heidegger calls ecstatic temporality, drawing on the etymological sense of "*ek-stasis*" (1962, p. 329), of moments standing outside of themselves. Heidegger further urges that we do not quite conjugate this temporality, rather it conjugates itself, or as he puts it, temporality temporalizes (1962, p. 304), which is to say (very roughly) that the being of temporality is not something wholly present and given, but is itself temporally creative/processual. If we did not acknowledge the way in which temporality is ongoingly and still yet creatively complexifying itself, we would once again be 'locating' time as an already given, expected, provided, foreseeable, linear dimension.

Temporality, we might say, is itself improvisation, it is the mode of being characteristic of improvisational being. Here we could note that the Socratic stance is kin to the stance of the musician who practices

radical improvising, the sort of improvising that does not even hold on to already established tonal, harmonic, modal, etc., frameworks for improvising, but instead comports itself as a question seeking its answer in the (unforeseeably foreseen) notes that will be played in answer to the resolving question. In this sort of improvising, one's experience very palpably highlights ecstatic temporality (see Borgo, 2005).

We now have three temporal terms before us: provisional time, improvisational temporality, and ecstatic temporality. Provisional time and improvisational temporality here designate two variants of factical temporal experience, the former commensurable with the linear clock-time, the latter involving ecstatic temporality. Ecstatic temporality designates the fundamental ontological 'structure' of our being as improvisational being. It is in light of ecstatic temporality that provisional time and improvisational temporality are experienceable as such.

It should already be clear that improvisational being is the being of freedom: being that is what it is on the basis of its ownmost possibility (rather than on the basis of some outside, given condition) is freed from everything but itself; and it frees itself from itself by virtue of its being ecstatic temporality. Classic frameworks try to position freedom within a linear, provisional temporality, from which arise all the classic problems: How can a genuine freedom be compatible with a time that is already provided? How, on the other hand, could there be a rupture within linear time that allows improvident freedom to sneak in? (See, e.g., Immanuel Kant's second antinomy.) Heidegger, and phenomenology generally, reframe this question by urging that our usual conception of temporality is ontologically misguided. The experience of freedom fits perfectly with the being of ecstatic temporality, because ecstatic temporality is a radical yet-to-be (a *Zu-kunft* or *a-venir*[21]) in which who we are is inherently not yet determined.

To free oneself to improvise is to experience oneself in light of ecstatic temporality. And to experience oneself in light of ecstatic temporality is to inherently experience oneself as freely improvisatory, as 'needing'[22] to make oneself up in the moment (whilst yet being true to one's ownmost possibility—which task, according to Heidegger, we usually fall away from, fleeing into what's already been provided). *The experience of freedom and of ecstatic temporality are co-temporal* (of the same temporality).

The above gives an exposition of a Heideggerian view of ecstatic temporality, its divergence from ordinary conceptions of linear time, and its inherent coupling with freedom as being our ownmost possibility. It hardly needs to be added that ecstatic temporality is not measured by the clock. Indeed, Heidegger strictly distinguishes between time (*Zeit*) as measured by the clock (what I call clock-time) and temporality (*Temporalität*, which is ecstatic). (This is why my contrast above is between improvisational *temporality* and provisional *time*.) In *Being and Time* he asks why it is that we turn to clock-time: where does clock-time come from? His answer is basically this: what is primordial to Dasein's being is ecstatic temporality in which the future is radically 'yet-to-come'. It is on the basis of this that we understand things and that things matter to us. But once we decide on the way things matter, we begin to expect things to matter in a certain way within the flux of natural terrestrial change, and we need to provide for things as already mattering in this fixed way. Most basically, we need to provide the sorts of provisions that matter to us (and some of these will already be decided by our biological make-up). So we need to stock up on provisions, and that requires calculating

the patterns of the seasons in a regular way so that we can make the future expectable for hunting and agriculture. And this requires monitoring the seasons, constructing calendars, expectantly tracking the movement of the sun with clocks, and so on.

3) The Body as the First Provision of Time

Our next task is to see how, for the chronic, an illness such as diabetes disturbs provisional time and thence improvisational temporality, thus highlighting the importance of ecstatic temporality and freedom in life. Chronic illness does this precisely because it forces the chronic to expectantly track what must already be provided. In turn, this will let us see how the body usually provides these provisions and thus provisions us with an opening for improvisational temporality. To see this we will shift to a description of the lived experience of diabetes.

Before beginning, it must be emphasized that the point below is not that the chronic falls out of ecstatic temporality altogether—nothing could accomplish this—but to study the way that the chronic feels a forced falling into provisional time. And this is not to mark chronic time as a pathological deviation from a fixed norm, since as Heidegger notes (and we have seen with the example, say, of Euthyphro), in the usual run of life we all fall away from ecstatic temporality to the point of not even noticing that everything we do is in light of it. Indeed, the chronic's feeling of ecstatic temporality slipping away may give her a more vivid experience of it than the person going about things in the usual way, who might think that clock-time is what really counts for life. Methodologically speaking, chronic illness is thus kin to *Angst* (anxiety), which for Heidegger is a mood in which we directly encounter issues of our being that are otherwise usually noticed only by the philosopher (see 1962, pp. 184-8). Ultimately *Angst* discloses temporal structures of our being, but chronic illness does so more sharply and directly, in ways that suggest that our relation to ecstatic temporality has bodily roots, at least in the sense of being buoyed by the body.[23]

Henri Bergson (1998, p. 9) famously wrote that we must wait for the sugar to dissolve. For the diabetic, this fact takes on ironic and world disrupting weight: in diabetes one becomes hostage to the time of sugar dissolving, of insulin releasing. In the documentary *Ladies and Gentlemen, Mr. Leonard Cohen* (Brittain & Owen, 1965), Cohen remarks (whilst sitting down to a post-midnight snack in the Main Deli in Montreal) that being in the night is a sign of adulthood. As an infant and child, life cycles of eating, sleeping and excreting impose themselves, and are typically reimposed, regulated and enforced by adults. These cycles are provisions of the family environment as provisioning us with food. Becoming adult is coincident with taking over these cycles, building a life in which the choosing of one's social relations and identities is presumed upon choosing to eat, drink, sleep and excrete as one wishes. To live in company with others is to literally break bread with them (etymologically, "company" derives from the Latin for sharing bread), and the improvising of one's eating enables rituals of dinner that are crucial sites of freedom and sociality. This is explicit, for example, in feast days that mark a break with and triumph over the cycles that usually bind us in service to crops, seasons and everyday work—an improvident heedlessness of the usual cycles and demands. But this sense of freedom is implicit in any kind of choosing that overrides bodily or intersubjective dictates: the child's refusal to eat the prescribed meal or the childish food is as much a ritual enactment of freedom as is the feast; choosing how one eats and sleeps is in part inaugural of our social initiation into the

freedom of adulthood.[24] The ecstatic temporality so central to classical phenomenology and the experience of freely choosing echoes in contestations of the provisional time cycles prescribed by biology and family.

This process of taking over biologically fixed cycles is ruptured by diabetes. To be diabetic is to sometimes experience oneself as living a life not one's own, since one's life is not opened by one's choices, but clocked by what must be biologically provided. A young boy, Oliver, writes in a letter to his former diabetes counselor about his "dietbetes" (his misspelling captures the point that for him the illness is lived through enforcement of dietary provisos):

> But this disease has brought frustration, stress, anger and lots of problems for me. It is like having a parol officer on your tail. You know what I mean checking in at a certain time just to put a shot on, check your blood sugar, and trying not to cheat on your diet by eating delicious looking foods. (Quoted in Kadohiro, 2000, p. 81.)

Annmarie Mol's (2000) insightful, Foucault inspired study of diabetes and diagnostic devices resonates with Oliver's point. The adverse health consequences of diabetes—blindness, painful neuropathies, loss of limbs, kidney and heart disease, early demise—result from elevated blood glucose levels. Avoiding these consequences entails regulating glucose levels. Formerly, diabetics could only have their glucose levels tested at the lab. Since tests were based on levels in urine, or it took a long time to get results, tests would indicate what levels had been some time ago, which makes it difficult to effectively regulate levels. In this situation the best strategy for managing glucose levels is to live by provisional time, to have a nearly fixed food, sleep, exercise, work and medication regimen, since one cannot respond to real-time variations. The invention of glucometer technology that measures glucose levels in the blood, that is portable, quick and easily used (but affordable only to those with insurance coverage or wealth) alters this, for it lets diabetics, independent of labs and doctors, obtain near real-time feedback on their glucose levels and respond accordingly. This allows more accommodation of changes in food or schedule. As Mol observes, though, the price is that diabetics have to become their own doctors: while the new technology allows tighter regulation of blood sugar, it entails turning one's own body into an object and engaging in a practice of "self-regulation" (14). In effect, to be diabetic is to put oneself in a medical panopticon where one is both patient and doctor, prisoner and guard—Oliver must ride his own tail as his own parole officer. So "there are liberties gained. But not freedom" (17).

An underlying issue here is that diabetes is "asymptomatic," "it is not necessarily an illness that can be experienced symptomatically through the body" (Montez & Karner, 2005, p. 1087). First, and most basically, one doesn't directly experience the ongoing and very slowly deleterious consequences of high blood glucose, until these erupt, for example, in painful symptoms of limb neuropathies.

Second, while symptoms such as hunger and after-meal sluggishness may roughly (but not reliably) indicate glucose levels being (respectively) too low or too high, these symptoms typically indicate a low or high relative to one's long-term norms, rather than the diabetic's objective targets. This is because felt symptoms drift with individual bodily regimes. For example, a non-diabetic's overall average glucose is less than 6 mmol/L, with the recommended target for diabetics being less than 7 (less than 6 for those seeking strict control); and for non-diabetics, the pre-meal average glucose is between 4 to 6, with a recommended target of between 4 to 7 for diabetics (the lower the better). But the body begins feeling hungry when levels drop

relative to one's usual pre-meal average. A diabetic who is unaware of her disease or not managing it well can easily get used to a regime in which pre-meal averages are objectively high, say 10. So she starts getting hungry when levels dip below 10. Far from indicating a glucose level that is too low, this hunger symptom indicates a glucose level that is objectively too high. The symptom can prompt further eating that pushes averages a little higher, and since one gets used to this and feels hunger relative to it, levels might ratchet even higher. Successfully pursuing objective targets in fact entails pursuit of new regimes that alter the symptoms. In short, the problem is that the hunger symptoms, etc., that one does feel are not quite symptomatic of the disease as one objectively wants to treat it.

Third, while attention to bodily symptoms might tell you that you are, at a given moment, drastically hyper- or hypo-glycemic with respect to your usual targets (and/or in relation to certain absolute objective limits[25]), in moderate cases of deviation from one's usual targets the symptoms of these two conditions are notoriously similar. From feelings alone it is near impossible to distinguish between the two, to tell whether one's blood sugar is moderately high or low—which situations require notably different responses. One could in principle tell when one is severely hypoglycemic, which is potentially fatal, because the symptoms are unambiguous. But in fact these symptoms are kin to drunkenness, so in this state one cannot effectively distinguish much of anything at all and one is liable to be avoided, arrested or assaulted as drunk or high. Another exception is prolonged and excessive hyperglycemia which leads to increased urination and thence thirst as the body tries to shed sugar in urine, but in this case one still isn't directly feeling glucose levels, one is feeling the body's response to them.

In general one cannot feel one's glucose levels as reliably as one can feel, say, one's body temperature or an upset stomach. Diagnostic devices compensate for these problems with the symptomology: they allow one to interpret moderate symptoms when one does feel them (is it too high or too low?), and to realize that one is drifting from one's target regimen when one is feeling no symptoms of doing so. But as Mol notes, to mediate the experience of one's body with technology is to boil oneself down to a medical condition summarized by a few numbers. As several authors point out (Montez & Karner, 2005; Osborn & Smith, 2006; Tilden, Charman, Sharples, & Frosbury, 2005; Toombs, 1988), this leads to a dissociation between oneself and one's body, to a dualistic objectification of the body that is also characteristic of other chronic illnesses insofar as they reduce one to medical conditions to be managed.

What should be emphasized here is that the objectification of the diabetic body involves the diabetic's relation to the chronometer, not just the glucometer, and that the experience of objectification is not just played out as a dissociation between oneself and one's body, but as a dissociation in which a clocked, biomedical time separates off and obtrudes into improvisational temporality, highlighting a falling away from ecstatic temporality—in contrast to the normal situation in which biomedical time is an invisibly presumed background of improvisation that involves us in ecstatic temporality. As already anticipated, in the way that Schneider cannot inhabit an improvisational space, but falls back into a provisional one, the diabetic's living of an improvisational temporality is upset by the need to explicitly clock provisional time. This falling from improvisational temporality into a disturbed provisional time will be part of the lived experience of nearly any disease, whether acute or chronic, because biological imperatives will force one to pay attention to

the time of the next pill, appointment, treatment or so on; one may even have to pay attention (e.g., when a limb is broken) to when the next step is to be taken and at what rate.[26] This is in contrast to just having the body freely flow in its own way as a vanishing background of one's free choosing. And in a chronic disease, the imperatives of disturbed provisional time will come to dominate in the form of the rhythms of the treatment regimen in which that-which-must-already-be-provided comes to the fore. Even if this domination has a periodic character (clustered around periodic treatments) it is inescapable, precisely because lodged in the chronic character of the disease. I call this kind of chronically disturbed provisional time "chronic time." What is interesting about diabetes—and why I am using it is as a test case—is that to the extent that it can be asympomatic, the diabetic can experience the disease predominantly in terms of chronic time *alone*, as an illness in which time as it were becomes sick, chronic. Indeed, diabetics speak of it as a "data disease," and time-stamps are crucial to the data: to manage the disease is to boil oneself down to a bunch of dated numbers, and to that extent fall away from experiencing oneself in light of ecstatic temporality.

What is also notable is how the physiology of diabetes's disturbance of provisional time and thence improvisational temporality reveals the body as a condition of our relation to ecstatic temporality. Specifically, it reveals that the body is expectantly caught up in provisional time, in such a way that the healthy body provides time for improvisation. To wit: The diabetic body cannot properly regulate the process in which glucose is used via insulin, and so the diabetic needs to take over this temporal provision of the body, to make it and its symptoms explicit. As Schneider needs to plot the movement of his body, the diabetic needs to plot digestion, with the tools of the clock, the glucometer, carb-counting, medication and/or insulin. The body that normally frees one to live in social company as one likes operates as a sort of temporal calculator and regulator, in ways that we do not normally notice. The body deals with the linear sequencing of nutritive processes such that these become invisible to us as such—we just experience hunger, we do not dwell on the underlying details. This enables our paying little heed to the linear, provisional time of digestion, so that we can improvidently live an improvisational temporality in which we focus on choosing projects, in the way that (absent the sort of disturbance experienced by Schneider) the linear sequencing of limb movements and their targeting is invisible to us—we just reckon with the possible (cf. Merleau-Ponty, 1962, p. 109; 2002, p. 125). For the diabetic, though, this linear sequencing can no longer be an invisible background, she or he needs to become the brains of the body's digestive process, or else very literally dissolve. (The diabetic body that is not "managed" will eventually spiral into a vicious cycle wherein it digests itself to keep on going.[27]) The diabetic as it were has to say: an "I" different than the freely lived bodily "I"—a calculative, Cartesian "I"—will henceforth take over the timely provisioning of the body.

In needing to become the provisional timer of the body, the diabetic precisely encounters a provisional time with an intensity of its own—what I called chronic time.[28] Normally we can drift off in the excitement of company, first love, or philosophical thought, we can partially forget about when to eat or sleep. We can invest lived temporality with an improvised intensity of our own making: we can discover new meanings in the living pace of the love affair or the jazz improvisation, or we can parcel out clock-time as we see fit. This is because the body institutes a provisional time that frees us for improvisation. But this is disturbed into

chronic time in diabetes, and the diabetic who is provisionally calculating, plotting and managing the time of digestion is frustrated on the above registers. It takes a certain minimum of time to digest food and chase it down with insulin. To eat more, or more frequently, than prescribed is therefore to pressure the insulin producing or using capability of the body. So: no feast, spontaneous snacks, and so on. To eat less, or less frequently, than prescribed is to leave the danger of having too little glucose. So: skipping meals, sleeping in, and so on, become problems to various degrees. Too little or too much food, or time between meals, would begin tilting the body into vicious cycles. And because of the physiology of the body and digestion, non-regular sleep and meal patterns amplify this viciousness. Even though, as Mol observes, the glucometer in principle allows the diabetic to handle variations in food and schedule (by making better calculations), the reality of bodily processes constrains this variability, because there is an intensity of the body's time of digestion, an irreducible time-it-takes for bodily provisioning to happen. Usually this time is unnoticed, but for the diabetic this disturbed, chronic time is an intruder who forces life into a kind of lock-down that interferes with improvising temporality. In short, to a large degree, with respect to important moments of the daily cycle of life (eating, socializing, exercising, working, sleeping), the diabetic cannot do things unless they are already provided by the diabetic's timing and/or medicating of the body. The diabetic is thus hostage to a chronic, provisional time rooted in the body. Whereas in Heidegger's account of the origin of clock-time, Dasein's need for long-term provisioning projects turns Dasein to clocking the heavens, and whereas the healthy body, as we will soon see, provides a sort of buffer that holds off the need for seeking nutritive provisions for the body, the diabetic body immediately marks this need for provisioning. The diabetic body immediately turns the diabetic to clocking chronic time, for the body now figures as something that first of all needs to be clocked, not just lived. The parole officer on Oliver's tail (ultimately his own body) turns him into a "clocker" (American slang for a prisoner doing time).

To get a better sense of the issues here, it helps to understand how the body normally buoys improvisational temporality. The diabetic has to clock the body, to regulate the ways in which its processes link up in a linear time sequence. This reveals that the normal body is a provisional time machine. First, some physiological facts. We become hungry before we actually need food, for it is no good to feel hunger just when we are ready to keel over. The body factors in this need in advance, it factors in the time it takes to seek and digest food. Hunger reveals the operationally pro-visional (forward looking) character of bodily processes. Second, there is a second brain in our body, namely in our gut: the enteric nervous system. This can operate on its own independent of our brain and the central nervous system, although it normally operates in concert with them. It is a marvelously intelligent system for figuring out how to grind and mix food in our intestinal system over its long temporal and spatial distance, a system that clocks into our cycles of eating, sleeping and excreting. You only have to have your stomach thrown off by a conference in a different time zone to find out that your gut has a provisional sense of time, 'expectations' that it carries along with it. Third, the muscles store energy from digested glucose to release in the future, and the liver is a grander storehouse that can later generate glucose and release it into the blood, to feed the muscles in times of need. (Hence the diabetic has to be aware, when eating another animal's liver, that the liver has glucose in it, unlike other parts of animals, which have no carbohydrates at all.) Some

medications for Type 2 diabetes (e.g., the class of biguanides, which includes the currently 'popular' drug metformin) work to disrupt this function of the liver, because the liver can produce too much glucose. Over and above signalling the timing of our next meal, the body carries within itself future meals.

These and like aspects of the body lead me to conceptualize the body as the *first provision*. Above we have discussed provisioning as stocking up for things in advance, and this is what Dasein does when it stores up its crops. The body, as timing our seeking of provisions (timing hunger pangs and so on) and as itself stocking up and providing for foreseeable shortfalls, is what first provides us the means for providing for ourselves by stocking up crops and so on. This is because we do the latter with bodies that, by smoothing out the cycling of glucose levels and so on, make possible the labor of stocking and providing foodstuffs, which labor depends on cycles of agriculture and of eating only periodically, etc. The body precisely allows us to cycle in time as we wish (and as agricultural labor demands), rather than as the body would demand if it could not buffer its cycles. In this sense the body as first provision, and the body's consequent provisional time, in fact enable a modicum of improvisational temporality. The body as first provision, as looking-forward and buffering, does not have to clock into outside manna falling into its lap, it can provide for itself. As a well provisioned cruise ship can freely surf the seas and take on supplies *where* it sees fit, the body as first provision can surf time, resupplying itself *when* it sees fit, relatively heedless of what would otherwise be deep bodily imperatives. The body is not like a shark that must eternally cruise the seas for food and oxygen lest it stop going and die; the body has shipped its immediate dependence on eating up outside provisions as they happen to be given, for a way of provisioning itself internally and thus instituting its *own* provisional time. Where the sunflower, to get its provision, must clock the heavens, must phototaxically pro-vision and turn with the sun (as the French and Italian names *tournesole* or *girasole* suggest), our body, by being its own provision, can begin to decouple itself from external time cycles and provide its *own* provisional time. This decoupling is obviously crucial to the experience of an improvisational temporality that reckons with one's own possibility, rather than actualities that intrude. It is this sort of decoupled provisioning that is disrupted in the diabetic body, thus tumbling the diabetic into a chronic time that disturbs improvident freedom and forces a falling away from ecstatic temporality. The diabetic must thus sometimes part company with her or his fellows, not break bread with them, and thus not be freely party to the sort of improvisational temporality central to classical phenomenology. Instead of being and time, the issue is being *on* time.

As previously noted, the reason why diabetes has been focal above is that in some cases its main lived symptom just might be a disturbance of temporality itself; and its physiology points us directly to time as an issue. But this disturbance will also be experienced in different ways with different chronic diseases that would need to be described in their own terms. For example, while diabetes can settle down into a regular routine, cystic fibrosis typically has a changing pattern with changing treatments, so it is less likely that handling it can become routine or habit. With cystic fibrosis, even when one integrates a particular routine into a habit, one is aware—and consciously so—of a potentially different kind of future awaiting.[29] It must also be noted that in the case of chronic illnesses that are swift in their unfolding, further dimensions of temporal disruption arise, for the future itself comes into question, its openness and its opening of

life, are closed down (see Toombs, 1990, 1992, 1993). This suggests that each chronic illness, and each experience of chronic illness, would have its own chronic time—although there would be shared features.

For example, what is likely common to all chronic disease, is the way that death, not as the limit of one's possibility (*Tod*), but as biological demise (*Ableben*), becomes thematic as a matter of time (rather than temporality), something to be clocked, something to which and against which all other clocks are clocked and measured. This forced falling into provisional time points us to all manner of ways in which the providence of the body buoys the usual experience of ecstatic temporality as co-temporal with freedom. So we would want to study further the way the body buoys improvisational temporality, and the way that freedom is disturbed by disturbances of the body. And of course, returning to this section's opening remark about chronic illness as kin to *Angst*, we would have to remember that the thematization of demise (*Ableben*) at the same time reveals being-towards-death as a theme, in the very falling away from this theme.

4) Chronic Illness and Freedom

Contemporary medicine tends to conceptualize and treat diseases as mere disruptions to objective mechanisms of the biological body—as 'plumbing problems'—rather than illnesses lived by someone. In doing so, as Kay Toombs (1990) points out, medicine also tends to spatialize diseases rather than attending to the temporal character of illness. Doctors and patients, as many authors—and patients—have observed, often talk past one another, and this is because they are often talking about ontologically different things. In particular, it seems to me that in the case of chronic illness contemporary medicine misses or does not address the temporal disturbance, which, depending on the disease, may be as much or even more of an issue in the life of the chronic than the organic symptoms themselves. Now chronic illnesses, precisely because they are lifetime illnesses, are often such that the patient's actions and monitoring—self-management and "compliance" with or "adherence" to regimen—are far more important than any intervention by a doctor. I want to conclude by suggesting that in living with chronic illness and dealing with issues of self-management and adherence the chronic is not merely facing a medical condition but *a fight against the disturbance of improvisational temporality and the falling away of ecstatic temporality—and thence the falling away of the co-temporal experience of freedom*.

We have already broached this issue with Oliver's connection between "dietbetes" and the "parol officer on your tail" and Mol's point that the diabetic's self-regulation does not grant freedom. Other authors sensitive to the phenomenology of chronic illness have drawn a link to freedom (see Delmar, 2006; Delmar et al., 2006; Montez & Karner, 2005; Öhman, Söderberg, & Lundman, 2003; Tilden et al., 2005). In the background of the point I want to make is a problem widely noted by medical practitioners, namely that adherence/compliance is much more of a problem in children and adolescents: "approximately 50% of adolescents with long-term conditions do not comply with care recommendations" (cf. Kyngäs, 2000a; Kyngäs, 2000b; Kyngäs, Kroll, & Duffy, 2000, p. 380; Rydström, Hartman, & Segesten, 2005). To vivify this, based on several anecdotes: Young type 1 diabetics, suffering diabetes from childhood or birth, may *lie* about their compliance, faking or skipping test results or insulin doses, even whilst knowing this is potentially fatal, even after having ended up in hospital because of previous evasions. We could put this down to the immaturity, laziness, rebellion, and so on, of childhood but I think we have to, in light of

the above, give this a phenomenological and indeed *existential* reading. For what is being rebelled against here might very well be chronic time, the kind of time that allows one no freedom and no escape, no heedless improvidence, and that rules and regulates one 24/7/365. We all know that in certain situations humans would rather give up their lives than their freedom. So too a child suffering chronic illness might ultimately let her or his own body come to harm rather than succumb to bodily imperatives alien to freedom—for it is the body itself that here is the enemy of freedom. "I have found the enemy, and it is me (insofar as I am my body)," the chronic might say—and the child chronic might add "and I have not even had time to be me." Dasein is its ownmost possibility, but the chronic is besieged with just being chronic, with foreseeing what is expected. Imagine for a moment *never* being able to make the transition that usually (at least in part) inaugurates becoming adult, namely, staying out late, eating what you want when you want, goofing off, sleeping in, participating in social rituals involving food, intoxicants, and so on, or just not paying attention to one's body—seemingly trivial acts that nonetheless, in their heedlessness, are bodily symbols of becoming independent from outside imperatives. Imagine having one's own body forever impose obeisance to fixed provisos. In a way this is to never quite experience, on a bodily register, a certain freedom from the cycles of childhood, and to have, on other registers, freedoms of adulthood be curtailed. Dasein is its *to-be*, but the body, parents and doctors of the child diabetic worriedly emphasize that she first of all just *is* diabetic. The child feels in her very being: When is this *to-be* to-be?

A dream of a Type 1 diabetic child is telling here: he wakes up and simply tells his mother that he dreamt of being alone on an island with her.[30] Now, tragically, this is physiologically impossible: he needs the drugstore, the needle, the clock, the glucometer to live. In reality, there is no provision for him being alone on an island, there is no provision for him just *to-be* on his own. His dream is a dream of being free from the rule of his body and of chronic time.

Let me conclude by condensing an image from Greek myth. The god Chronos, who emerges from chaos, is for the Greeks the personification of time. It is from Chronos that we get our word "chronology" and also the term "chronic disease"—a disease of time. A later tradition conflates Chronos with the Titan Cronus, who famously ate his own children so as to not be overthrown by them in the future, as prophecy would have it. This conflation, though, has at its core a speculative insight, a perfect image of the traditional concept of linear time. For in eating his young, Chronos ensures and provides for his future only by eating that very future: in eating his future he makes it be expectable, but only by reducing the future to the present and putting all moments of time on one level field already laid out. Chronos lives in the time already foreseen and pro-visioned by prophecy. Usually we do not live in this chronic time. We live, to some degree, improvisationally, and in light of an ecstatic temporality where the future stands out in the present—but as 'yet to come'. Not so the one thrust into chronic time, whose body as it were plunges her or him into the belly of Chronos, where the future is already eaten up by the next dosage, the next test, the next thing to eat—or by a biological demise already foreseen.

Chronos eats his young, and chronic disease eats the chronic's future. Understanding this, I suggest, is important to understanding what chronics face in managing their disease, and thence to helping keep chronic diseases such as diabetes from eating our young.

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[1] On the aims, strategies, and contributions of this article with respect to health issues, first compare Toombs, 1990, pp. 227-228, for the point that Western medicine has, since the "rise of pathological anatomy," conceptualized disease as a thing spatially located in the body, whereas phenomenology returns us to the patient's lived experience of illness by also paying attention to the illness's temporality. (Also see Toombs (1992) and the remarks on time and illness in Corbin (2003).)

Toombs works within Husserl's phenomenological framework to give nuanced and important descriptions of illness and disease as temporally rather than spatially constituted objects. I contribute a discussion of temporality as linked with freedom, and of the relation between bodily processes and ecstatic temporality.

Also see Wild, 2003, p. 171, who observes that "People with illnesses and injuries hold taken-for-granted knowledge that can be used to develop and test nursing interventions. Uncovering this knowledge from people's unconscious awareness is necessary because people cannot ordinarily discuss what is taken for granted, and researchers may not know what questions to ask because the knowledge to form questions is missing. Phenomenological methods can promote access to this embodied knowledge of people living with chronic illness and injury." But part of what is 'unconscious' and what prevents us from asking the right questions are inherited conceptual frameworks—such as the linear conception of time—that we take for granted in the natural attitude. In other words, access to embodied knowledge is not enough, for we also need to interrogate traditional conceptual frameworks. But of course embodied knowledge can help on this head. The aim here is to have phenomenological analysis and embodied knowledge enlighten one another.

[2] References will be given using the page numbers of the German edition, which are provided in the margin of this edition.

[3] The methodological point that our usual thinking activity might be biased is at the heart of Bergson (1991). It is hard to read the *Phenomenology of Perception* without thinking that this point and Bergson's style of philosophizing influence its strategy.

[4] This point is complicated by the fact that experiments and illusions are usually produced by us in light of at least hypothetically endorsed theoretical frameworks. So these require further conceptual analysis to ensure that what we learn from the disturbance is no mere artefact of the theory. Merleau-Ponty is expert in this procedure. But we also need to free ourselves of our usual frameworks in trying to read illnesses in their own terms.

[5] See, e.g., Kelly (2002), which surveys some criticisms of Merleau-Ponty's analysis whilst supporting Merleau-Ponty by arguing that his position fits with evidence from current neurological results (which latter Merleau-Ponty, I think, would subject to further analysis).

[6] It must be emphasized that Merleau-Ponty turns to Schneider's case to gain insight into the existential structures underlying the range of human existence. Merleau-Ponty urges that "Illness…is a complete form of existence" (1962, p. 107; 2002, p. 123). His study does not aim to describe Schneider's experience as a curiosity or deviation from a norm that is to

be valorized, but rather to see how Schneider's variation on existence, seriously described in its own terms, stretches 'the' norm of existence, whilst giving insight into its underlying invariant structure.

[7] This point echoes Heidegger's distinction between "state-of-mind" (*Befindlichkeit*) and mood (*Stimmung*), versus understanding (*Verstand*). As being in a mood, we are in the sway of a world that appears wholly this way or that, for example, as gloomy. As understanding, we grasp the world in terms of our own possibilities, we are our "own potentiality-for-Being" (see 1962, pp. 134-145). Schneider does not wholly understand his world, he is in its sway. Cf. the language of reckoning with the possible (Merleau-Ponty, 1962, p. 109; 2002, p. 125), but note that there are good reasons to think that *Being and Time* only comes to influence the *Phenomenology of Perception* in the writing of the temporality chapter; see Geraets (1971).

[8] I use the term "the chronic" first of all to contract the cumbersome locution "person living with chronic illness," but also, in this word-choice, to anticipate and emphasize the point (developed below) that the experience of a certain kind of time (*chronos*) is central for the person living with chronic illness. The term might suggest a kind of essentialization that reduces the chronic to her or his chronic illness. But the term is being used in a descriptive, versus essentializing or valuative way. The intention is precisely to indicate that the person in question is thrust into a different relation with time, which relation, however, does not yet essentially define them. The mariner cast upon the waves (vs. the land-dweller) has to deal with the sea, but different mariners do so in different ways; so too the chronic (vs. those who are free of chronic illness) must, for the most part, deal with a different sort of time (*chronos*)—yet different chronics can deal with this time in different ways.

[9] Here I adapt Heidegger's usage of "falling" and so on; see Heidegger, 1962, pp. 175-180. Crucially, this falling is always a "falling away from"—it retains a relation to that from which it is falling away. The thought here is that chronic disturbances could never completely dislodge us from ecstatic temporality.

[10] This way of articulating Heidegger's point in *Being and Time* is inspired by Nicholson (1996, 1999).

[11] That is, ontologically accused of being all and only X, cf. Heidegger, 1962, pp. 44-5.

[12] Strictly adhering to the ontological dimension of Heidegger's project would require, in this and the following passages, speaking of Dasein (of a kind of ontology) rather than speaking of "I," "one," or "my." But this way of speaking would make Heidegger's point more difficult than necessary for our purposes, and obscure the important implications for thinking about the phenomena.

[13] See Heidegger, 1962, p. 240: "By its very essence, death is in every case mine, in so far as it 'is' at all. And indeed death signifies a peculiar possibility-of-Being in which the very Being of one's own Dasein is an issue." These claims about death clearly echo Heidegger's initial ontological formula for Dasein as being its ownmost possibility and as being in each case mine (1962, pp. 42-44).

[14] The account of ecstatic temporality given below draws on Russon (2008) and Kukla (2002) which give lucid discussions of the temporal issues at stake in (respectively) anticipatory resoluteness and conscience. Dahlstrom (1995) gives a very helpful survey of the literature on this topic in Heidegger, in the course of defending Heidegger's position.

[15] See note 7.

[16] To use Heidegger's technical terminology, in which resoluteness is kin to Socratic courage.
[17] This strategy of discussing anticipatory resoluteness in terms of answering questions is drawn from Russon (2008). The Socratic example and the points about improvisation are my improvisations on this theme.
[18] In Plato's *Phaedrus*, a beginning question as to where Phaedrus is going and coming from turns into the point that learning and reading cannot depend on already provided scripts.
[19] See Kukla (2002) for an analysis of the temporality of conscience.
[20] Cf. Heidegger, 1962, p. 326: "This phenomenon has the unity of a future which makes present in the process of having been; we designate it as "temporality."" On the issue of the syntax and conjugation of time in relation to Husserl's version of ecstatic temporality, see Manchester (2005).
[21] See Malabou (2005) for an extended discussion of this theme via Derrida, Heidegger and Hegel.
[22] This need is of course paradoxical in the context of freedom.
[23] Conceptualizing the relation between ecstatic temporality and provisional time in relation to the body, or discussing the role of the body in Heidegger's discussion, would take a separate article, at least.
[24] See Russon (2003) for the point about "companion" and further connections between eating, the social, and establishing the sense of human projects, and Ciavatta (2003) for the point that in the family setting food becomes a site of socially mediated meanings. Also see Levi-Strauss's classic observations about the relation between food and the social.
[25] As noted above, there are objective ranges for levels that are too high. There are also objective standards for the too low, but these are not ranged. Below 3.9 is low, and below 3.3 is getting into a danger zone.
[26] Thanks to the anonymous reviewer for pointing this out.
[27] If left entirely untreated, the diabetic body enters interlockingly vicious cycles. Not enough glucose gets into the muscle and brain, but the body needs energy, so the diabetic craves and slurps up glucose, and pumps out excess insulin to take it up, to no avail; the excess glucose together with insulin instead convert into fat, which increases insulin resistance, making the body even worse at using what insulin it has got; more glucose is craved, blood glucose levels go up, and, chillingly, this is toxic for insulin producing cells; increased insulin resistance thus spirals into decreased insulin production, making the whole situation worse; glucose becomes a toxin, and parts of the body start working on their own to get rid of it, passing it off in urine, sweat, tears. But the body still needs energy to move. So it starts digesting itself (ketoacidosis), muscle feeding on muscle. What was a living whole with an overall temporal cycle that worked through alimentary interaction with the world, is now an internal war, an Empodeclian free-for-all in which the body becomes its own aliment.
[28] The points about intensity here and below are directed to the Deleuzian appropriation of Bergson's contrast between intensive *durée* and extensive time, see Bergson (2001), Deleuze (1988), Deleuze and Guattari (1987).
[29] My thanks to Jehangir Saleh for his insightful and thoughtful description of this phenomenon.
[30] My thanks to Tessa Reed for discussing this dream with me.

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