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Body Fluids and Fluid Bodies: Trans-Corporeal Connections in Contemporary German Narratives of Illness

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Abstract: Medicine uses body fluids for the construction of medical knowledge in the laboratory and at the same time considers them as potentially infectious or dirty. In this model, bodies are in constant need of hygienic discipline if they are to adhere to the ideal of the closed and clean organism without leakage of fluids. In contrast, psychoanalytical feminist body theory by Julia Kristeva (1982), Elisabeth Grosz (1989) and Margrit Shildrick (1999) has deconstructed the abject body and its fluids in Western culture and medicine. While postmodern feminism has often focused on discourses about bodies and illness to the neglect of their materiality, more recently, material feminism has drawn particular attention to lived material bodies with fluid boundaries and evolving corporeal practices (Alaimo and Hekman 2007). Stacy Alaimo has developed a model of the trans-corporeal body that is connected with the environment through fluid boundaries and exchanges (2010, 2012). Influenced by these trends in feminist body theory, illness narratives, often based on autobiographical experiences of female patients or their caregivers, have increased in recent decades in the West (Lorde 1980; Mairs 1996; Stefan 2007; Schmidt 2009; Hustvedt 2010). Such narratives often describe explicitly the material and affective aspects of intimate bodily experiences. In this article, I analyze two German quest illness narratives: Charlotte Roche's pop novel *Feuchtgebiete* (2008) and Detlev Buck's German-Cambodian film *Same Same But Different* (2010) that is based on the memoir *Wohin Du auch gehst* by German journalist Benjamin Prüfer (2007). In both narratives, the protagonists and their partners struggle in their search for love and identity with illness or injury in relation to body fluids, including hemorrhoids and HIV. I argue that *Feuchtgebiete* and *Same Same But Different* not only critique medical and cultural discourses on body (fluids) and sexuality but also foreground a feminist trans-corporeal concept of the body and of body fluids that is open to fluid identities and material connections with the (global) environment. At the same time, the conventional and sentimental ending of these quest narratives undermines the possibilities of the trans-corporeal body and its fluid exchanges.

Keywords: illness narrative; body fluids; abjection; body theory; material feminism; trans-corporeality; quest narrative

1. Abject Fluids, Trans-Corporeality and Quest Illness Narratives

In the following I will examine the emergence of discourses of body fluid and the closed body at the end of the 19th century and relate them to Julia Kristeva's psychoanalytical notion of abjection. Drawing on ecomaterialist theory by Stacy Alaimo, I then turn to two contemporary illness narratives *Feuchtgebiete* (2008) and *Same Same But Different* (2010) to show not only how they critique the model of abjection inherent in Western medicine and culture but also how they develop a utopian and sentimental concept of the material trans-corporeal body. Body fluids received a great deal of attention

with the emergence of germ theory at the end of the 19th century. Doctors began to speculate on how diseases are transmitted from body to body through minute and invisible agents; and it was assumed that these agents might lurk in the depth of bodies and in particular in body fluids that are expelled through body orifices. The microscopic examination of bodies and their fluids began to flourish in the emerging laboratories and rendered body fluids as sources of medical knowledge but also as dangerous objects, to be analyzed exclusively by the medical gaze. To prevent transmission, one had to shield the body from the threatening dirt and fluids of the environment, leading to a dominant disciplinary discourse on hygiene and sterility by the emerging public health institutions (Foucault 1997; Anderson 2006). The rise of the bourgeois class and the division of labor reinforced and internalized the medical disciplining of a closed and clean body by using it as a ritual of demarcation: while the body of the underclass and of women is leaky, flowing, and unproductive, the male bourgeois body of the *Homo oeconomicus* is divided into closed economic units (Bakhtin 1984). In this model, body regions were arranged into a hierarchy insofar as “the backside and the lower body became taboo; orifices had to be kept closed . . . whatever protruded had to be drawn in or tightly laced up” (Bakhtin 1984, p. 19).

In her famous essay *Powers of Horror*, Julia Kristeva attributes this understanding of the closed modern body and of body fluids to the psychoanalytic concept of abjection, which she situates between the notions of self and other (1982). Under ordinary circumstances, our identity rests on a clear delineation between the self and everything else in the world, that is, others or objects. The condition in which this boundary between the “clean and proper” self and “filthy” other is disturbed constitutes abjection; in other words, “abjection is the result of recognizing that the body is more, in excess of the clean and proper” (Grosz 1989, p. 78). In her reading of Kristeva, Elisabeth Grosz emphasizes that abjection is primarily the “refusal of the defiling, impure, uncontrollable materiality of a subject’s embodied existence” (1989, p. 72). Abjection thus calls into question boundaries and identities and engenders fear of the potential breakdown of the distinction between subject and object. At the same time, Kristeva associates the abject with *jouissance*: “One does not know it, one does not desire it, one joys in it. Violently and painfully. A passion” (Kristeva 1982, p. 9). This statement appears paradoxical, but we are still continually and repetitively drawn to the abject. In short, abjection is ambivalent, a “twisted braid of affect and thought” (Kristeva 1982, p. 10).

Pertinent to the discussion of body fluids, Kristeva specifically theorizes body fluids as abject transgressions of the borders between the clean interior and dirty exterior body that test the self-other split upon which bodily identity and subjectivity rest. Grosz further emphasizes how “as internal, it [feces] is the condition of bodily existence and of its capacities for regeneration; but as expelled and externalized, it signals the unclean, the filthy. Each subject is implicated in waste, for it is not external to the subject; it *is* the subject. It *cannot* be completely externalized” (1989, p. 75). Sociologist Mary Douglas extrapolates the clear boundary constructions of bodies to social structures: they also have clear lines and boundaries upon which their identity is formed and pollution occurs when these boundaries are threatened by dangerous and ambiguous dirt (2002). Yet, hygiene rituals and disciplining can temporarily reestablish security and give us the impression of clear identities within “an inherently untidy experience. It is only by exaggerating the difference between within and without, above and below, male and female, with and against, that a semblance of order is created” (Douglas 2002, p. 4).

In spite of all these social and political efforts, the rejected “Other” and its body fluids could never be radically excluded from the (social) body. For Kristeva, abjection always toggles between symptom and sublimation, “not [at] the same moment on the journey, but [with] the same subject and speech” (1982, p. 11): As a symptom, the abject is a “structure within the body, a non-assimilative alien, a monster, a tumor, a cancer that the listening devices of the unconscious do not hear” (Kristeva 1982, p. 11). In other words, in the symptom the abject permeates the subject. The sublime on the contrary, “is a *something added* that expands us, overstrains us, and causes us to be both *here* as dejects and *there*, as others and sparkling. A divergence, an impossible bounding” (Kristeva 1982, p. 12).

In short, the sublime allows the subject to keep the abject under control. The two examined illness narratives attempt to overcome such an unstable toggling between symptom and sublimation: they suggest a framework of material bodily identity based on fluid connections rather than split identities between clean and proper self and filthy other upon which abjection rests.

While Kristeva herself deconstructs the notion of the “totalizable,” “homogeneous” and abstract body by describing the body as “essentially divisible, foldable and catastrophic” with “fluid confines” (1982, p. 8), her theory focuses on discourses about the body rather than biology and materiality. In contrast, material feminists like Stacy Alaimo engage directly with the lived materiality of the body and of nature and trace the material interchanges across human bodies, animal bodies and the wider material world (Alaimo and Hekman 2007). Alaimo suggests a new materialist and post-humanist conceptualization of human bodies as “trans-corporeal” (2010, p. 11), as interconnected through material interchanges and the agencies of the environments. Trans-corporeality implies in Harold Fromm’s words that “the environment as we now apprehend it runs right through us in endless waves, and if we were to watch ourselves via some ideal microscopic time-lapse video, we would see water, air, food, microbes, toxins entering our bodies as we shed, excrete, and exhale out processed materials back out” (Fromm in Alaimo 2010, p. 11). Yet, in contemporary society we wish to forget that bodily waste must go somewhere so that we can imagine ourselves as separate rational beings distinct from nature’s dirt (Alaimo 2010, p. 8). In a case study on an “abjected illness” (Murphy in Alaimo 2010, p. 128) like multiple chemical sensibility Alaimo draws on scientific articles, visual narratives, memoirs and environmental and materialist theory to show how this condition “presents potent possibilities for rethinking the boundaries of human bodies and the territory of ‘health’” (2010, p. 115). Environmental illness offers an example of trans-corporeality in which the human body can never be distinguished from the surrounding material world with its biological species and xenobiotic substances. Pertinent to the discussion of body fluids, Alaimo also emphasizes the interconnectedness between terrestrial human bodies and practices of the vast sea through fluids by extending her concept of trans-corporeality to the ocean (2012). This article argues that the discussed illness narratives about body fluids present another possibility to rethink the human body and its fluids beyond the individual and the abject.

Bakhtin already describes such a concept of the material body that is unaware of the mechanisms of abjection in the grotesque realism of Rabelais’ Renaissance novels: Here, the body is a deeply positive, triumphant, and festive principle, “a banquet for all the world” rooted in folk culture (1984, p. 19). As “poet of the flesh,” Rabelais represents the body as porous: “the body is “not separated from the rest of the world. It is not a closed, completed unit; it is unfinished, outgrows itself, transgresses its own limits” (Bakhtin 1984, p. 26). As a result, he foregrounds the parts of the material body that are open to the outside world, in particular “the lower stratum of the body, the life of the belly and the reproductive organs” (Bakhtin 1984, p. 21). However, in the 19th century, (female) patients’ bodies have often been portrayed as non-material, frail and passive in fictional writing by (male) writers or physician-writers. Since their bodies are abject and prone to leakage, they are targets of hygienic discipline, concealment and aesthetization. In *The Wasting Heroine*, Anne Richard analyzes the representation of illness in female characters in 18th to 20th century German literature: the sick and dying women is aesthetized as angelic and beautiful and physical symptoms beyond pallor and weakness are not elaborated upon (2004). Women’s relative physical weakness is directly translated into their mental weakness and inferiority and reinforces an image of women as passive and lacking in desire (Richard 2004, pp. 69–70). In contrast to such earlier writing that conceals the material (female) body, in recent years, illness narratives written by patients or their caregivers, often women, explicitly describe their own material experiences of living with a sick body and often critique the medicalization of the female body (Lorde 1980; Mairs 1996; Das Gupta and Hurst 2007; Stefan 2007; Schmidt 2009; Hustvedt 2010). The protagonists in *Feuchtgebiete* and *Same Same But Different* engage with their abjected illnesses in relation to body fluids and orifices and highlight the material relations that emerge from the illness experience. The novel *Feuchtgebiete* by media persona Charlotte Roche focuses on the

sexual and bodily experiences and identities of German teenager Helen Memel who is hospitalized on the proctological ward in a hospital to be treated for an infected anal fissure and hemorrhoids. The film *Same Same But Different* describes the material and relational identities between Ben, a German high school graduate, and the Cambodian “bar girl” Sreykeo that is diagnosed with HIV.

In his analysis of new German pop literature of the 1990s Frank Degler notices an excessive circulation of different types of body fluids in the texts which creates an “aesthetics of ugliness and disgust” (2006, p. 269). For Degler, the texts describe an accelerated, excessive and circular consumption with a “perverse” backflow of food, drugs, or blood, for instance in the form of eating and vomiting attacks (2006, p. 283). This fluid circulation does not reveal or compensate for a lack of hedonistic practices with body fluids; it rather reacts to the contemporary excessive culture of consumerism, communication and sexual liberties with moments of rupture and expulsion, pointing at the impossibility of any satisfying consumption (Degler 2006). In contrast, this article analyzes the heightened engagement with body fluids in contemporary autobiographical writing and connects this phenomenon with feminist concerns about bodies and sexualities. Reading the narratives through a materialist lens, I argue that they envision a materialist concept of the body and of body fluids that is reminiscent of feminist concepts of the open, fluid, and interconnected body. Since the protagonists develop this new understanding of the body through the experience of illness, both works can be classified as quest illness narratives. According to Arthur Frank’s definition, in quest narratives the ill person believes she or he will gain something through the experience of illness and suffering, such as character transformation or new insights (1995, p. 127).¹ In these stories the quest storytellers write of their own bodies, including pain and suffering “in sensuous detail” and share their self in relation to others, reflecting a “communicative body” (Frank 1995, p. 127). At the same time, the quest narratives create a redemptive quality: Both works draw on the conventional sentimental narrative with a “happy end” that reinforces heterosexual relationships as the antidote and closure to female suffering and illness. The fact that both female patients only heal by engaging in relationships with “heroic” men highlights gendered power relations and limits the possibilities of fluid and open interconnections of the trans-corporeal body.

2. Body Hygiene and Fluid Exchanges in *Feuchtgebiete*

The scandal-provoking novel *Feuchtgebiete* narrates Helen’s thoughts during her hospital stay for hemorrhoids and an infected anal injury which she inflicted on herself while shaving her anal hair. In graphic and sexually explicit youth slang, Helen talks about her anal surgery, her experimental and provocative sexual experiences, her odd understanding of hygiene, and her plans to bring her divorced parents back together. Roche’s graphic descriptions of sexual fluids and practices has provoked strong feelings of disgust in many readers and limited the reception primarily to open criticism of its pornographic content and to speculations about the extent of autobiographical experiences that the novel is based upon.² Moving beyond this limited reception, I argue that *Feuchtgebiete* develops a productive feminist critique of hygienic and medical disciplining of abject bodies and the utopia of a world of fluidly connected bodies.

Feuchtgebiete exposes how the reductionist medical discourse about universal anatomy and physiology silences the experiential and personal connections to our bodies, orifices, and fluids and constructs parts of the (female) body as abject and in need of hygienic discipline. For instance, while

¹ Frank describes three stages of an illness journey in quest narratives: The first stage is departure, beginning with a call, which here is the symptom. The second stage is “easily identified in any illness story as the various sufferings that illness involves, not only physical but also emotional and social” and leads to the “boon” (Frank 1995, p. 118), the self-conscious transformation by the illness. In the final stage, the return, the teller is “no longer ill but remains marked by illness” (Frank 1995, p. 118), through access to different experiences and knowledge.

² For a more detailed reception of *Feuchtgebiete* in German media refer to: Wahba, Annabel. “Die Schmuttelkampagne.” *ZEIT ONLINE*. 5 December 2008; Maus, Stefan. “Die Zotenkönigin.” *Stern Online*. 25 February 2008; Hubert Spiegel. “Da kommt Mutter Natur!” *Frankfurter Allgemeine Online*. 16 April 2008.

examining Helen in the hospital bed, the physician Professor Notz shows little empathy with her embarrassment about her anal wound and starts the anal examination without any explanation of what he is doing, seemingly unable to talk about her anal area. During the rounds of a group of physicians and nurses, Helen hears the physicians talking about her defecation as if she were not present: “‘Wenn sie einen erfolgreichen Stuhlgang hatte, darf sie nach Hause.’ Schon klar. Die reden wohl über mich. Die Stuhlgang-Lady” (Roche 2008, p. 94, ‘She’ll be discharged once she has a successful bowel movement.’ Of course. They’re talking about me. The bowel movement lady, 2009, p. 93). When she urges the physician to explain the pictures she has taken of her own wound, the physician is resistant to do so. Helen suspects that in the encounter with an actual patient he fears that she might challenge his objectification of her anal area: “Hilfe, mein kleines OP-Arschloch kann sprechen, stellt Fragen, hat sich selbst fotografiert . . . Der weiß nicht, wie man mit den Menschen spricht, die an seinem Operationsobjekt Arsch noch dranhängen (Roche 2008, p. 68, Help! My little operating room asshole can speak, ask questions. It’s even taken photos of itself. . . . He just doesn’t know how to communicate with the people attached to the asses he operates on, Roche 2009, pp. 64–65). Helen thus juxtaposes the common feminist practice of self-documentation with the expert medical gaze that focuses on one objectified body part. By ignoring her experience as the person with this body, the physician renders her anal area abject and improper to talk about outside of medical jargon.

Helen describes how the hospital becomes a site of discipline of these open and abject parts of her body and of bodily waste through “Vergewaltigung durch Hygienefanatiker” (Roche 2008, p. 19, rape by hygiene fanatics, 2009, p. 14). The medical personnel do not want to touch Helen without gloves in any situation out of fear of contamination. Moreover, she feels subjected to a rigorous regime of controlling her bodily ingestion and excretion, e.g., eating, washing, and going to the bathroom: “Alle paar Minuten [kommen] Menschen rein, die sich mir noch nicht vorgestellt haben und fragen, ob ich schon Stuhlgang hatte. Nahein, noch nicht!” (Roche 2008, p. 69, People who have never been introduced to me before come in every few minutes and ask whether I’ve had a bowel movement. Noooo, not yet!, 2009, p. 66). Through this disciplinary practice around bowel movements the medical community attempts to separate and compartmentalize bodily waste and dirty bodies from clean ones.

Feuchtgebiete further reveals how such hygienic disciplining is gendered: in contrast to her brother, Helen was educated to wash her genitals very thoroughly from early childhood on. She comments: “Aus Muschiwaschen wird bei uns zu Hause eine riesenernste Wissenschaft gemacht . . . Das ist natürlich totaler Unfug” (Roche 2008, p. 18, Washing your pussy is considered a deadly serious science in our home...Which is nonsense, of course, 2009, p. 12). This hygienic disciplining is the result of the construction of a particularly leaky female body that lacks closure and discipline. According to Margrit Shildrick (1999), “women, unlike the self-contained and self-containing men, leaked” which inscribes women’s corporeality “as a mode of seepage” (p. 34). Helen caricaturizes “gepflegte Frauen” like her mother that attempt to reach the ideal of the closed and clean bourgeois female body: “Gepflegte Frauen haben Haare, Nägel, Lippen, Füße, Gesicht, Haut und Hände gemacht. Gefärbt, verlängert, bemalt, gepeelt, gezupft, rasiert und gecremt. Sie sitzen steif wie ihr Gesamtkunstwerk rum, weil sie wissen, wie viel Arbeit darin steckt, und wollen, dass es so lange wie möglich hält” (Roche 2008, p. 106, Well-kept women get their hair, nails, lips, feet, faces, skin, and hands done. Colored, lengthened, painted, peeled, plucked, shaved, and lotioned. They sit around stiffly—like works of art—because they know how much work has gone into everything and they want it to last as long as possible, 2009, p. 105). In addition to these cosmetic practices, Helen narrates how her mother denies her own bodily waste products in order to distinguish herself from the abject; she pretends that she never goes to the bathroom, but that everything dissolves inside her. Her self-disciplining goes so far that her priority in daily life is to wear clean underwear; otherwise, in case she becomes unconscious in a car accident, people might discover the stain in her underwear after undressing her and consider her dirty and abject (Roche 2008, p. 320).

Rejecting her mother’s internalized concept of the closed and clean body, Helen highlights the materiality and openness of her body. Like Rabelais’ writing about the lower and open body, Roche’s

narrative foregrounds tabooed body parts, orifices and fluids: Helen replaces medical terminology with her own sexually explicit but creative language which allows her to talk about her body and genitals in a way that matches her experience. For instance, she calls her outer labium “Vanillekipferl,” (ladyfingers) her inner labium “Hahnenkämme” (dewlaps) and her clitoris “Perlenrüssel” (Roche 2008, p. 22, snail tail, 2009, p. 21). While having hemorrhoids is usually considered embarrassing and unfeminine, she deliberately talks about her experience and playfully calls them “Blumenkohl” (Roche 2008, p. 8; cauliflower, 2009, p. 3). Emphasizing that her material body changes and is precious, she even asks the surgeon not to throw the remaining tissue of the surgery into the trash together with other bodily waste but to allow her to hold and examine it herself (Roche 2008, p. 15).

Her curiosity about her material body goes beyond the surface; she playfully and provocatively investigates the interchange between internal and external body through body fluids such as mucus, earwax, smegma, blood, sweat, tears, and sperm. As “Körperausscheidungsrecyclerin” (Roche 2008, p. 120, bodily excretion recycler”, 2009, p. 121), she does not know the usual disgust at these body fluids and substances but keeps close track of her bodily secretions. She “recycles” the fluids by putting them into her mouth and swallowing them: “Ich esse und rieche mein Smegma sehr gern (Roche 2008, p. 21) . . . Ich greife mir immer in die Muschi, wenn ich auf dem Klo sitze, kurz vorm Pinkeln mach ich den Test: Mit dem Finger drin rumprorkeln, so viel Schleim wie möglich rausbuddeln, dran schnuppern” (2008, p. 51, . . . I really like to smell and eat my smegma (2009, pp. 15–16) . . . Whenever I go to the bathroom I dip my finger into my pussy before I piss and do the same test: I dig around, scoop out as much slime as possible, and sniff it, 2009, p. 47). In addition, she has turned herself into a living “Muschihygieneselbstexperiment” (Roche 2008, p. 20, I’ve turned myself into a walking laboratory of pussy hygiene, 2009, p. 14): she uses her smegma as perfume and cleans public toilets with her vagina before sitting on them, claiming that she has never had a fungal infection. Rather than following hygiene regulations she acts provocatively to expose these rules.

Helen not only analyzes her body fluids and transgresses hygiene rules, she is also particularly interested in exchanging body fluids with other people as a way to establish social and emotional relations with her environment. Helen collects her own tears when she is in pain and distributes them over some grapes that she offers her favorite nurse Robin to eat, thus establishing an emotional bond with him. At school she swaps tampons with her best friend to celebrate a sort of “Blutsschwesterschaft” (Roche 2008, p. 114, blood sisters, 2009, p. 114). Through the shared blowing up of a hemorrhoid pillow, Helen imagines an exchange of saliva with her dad and fantasizes about incestual sex: “Ich kann mir sehr gut und gern Sex mit meinem Vater vorstellen” (Roche 2008, p. 165, I can definitely imagine having sex with my father, 2009, p. 168). After her sexual encounters, she enjoys collecting, chewing and swallowing the remaining sperm on her body as a souvenir of this connection, which she calls my “Sexandenkenkaubonbon” (Roche 2008, p. 26, memorable-sex bonbon, 2009, pp. 20–21).

Helen’s trans-corporeal sexual practices allows us to see body fluids as mediators between bodies that create material and emotional connections with the environment. Alaimo emphasizes the interconnectedness between terrestrial human bodies and practices and the vast sea through fluids. Drawing on Rachel Carson’s oceanic origin stories *The Sea Around US* she illustrates how our body fluids become connected to the ocean water: “the sea surges through the bodies of all terrestrial animals In our blood, skeleton, and cellular protoplasm” (Alaimo 2012, p. 482). This extends the psychoanalytical critique that body fluids are conceived merely as abject transgressions of clean borders between inside and outside, self and other, which cause a split in our bodily identities. Rather, Helen envisions that bodies are in constant pleasurable “promiscuous” exchange via body fluids with other bodies.

This subversion of bodily barriers allows her to break down boundaries between normal, pathological, and high-risk categories, for instance between homosexual/heterosexual and male/female. To create fluid identities, she talks deliberately about tabooed topics concerning female sexuality, such as heterosexual sodomy, her experience with female prostitutes, and female orgasms

and ejaculations: “Wenn ich so komme, schiesst oft auch eine Flüssigkeit da raus, wie Sperma. Gibt glaube ich keine großen Unterschiede zwischen Männern und Frauen” (Roche 2008, p. 154, When I come that way, a fluid often shoots out, too, like sperm. I don’t think there’s much difference between men and women, 2009, p. 157). Like Helen, sex educator Annie Sprinkle’s *Post Porn Modernity* resists the erasure and invisibility of female orgasm and ejaculation in feminist and general discourse. To transgress barriers of gender and sexual identity Sprinkle reinscribes pornography into art and everyday experiences, and sodomy into heterosexuality: “I just became a lesbian myself . . . It’s a real adventure to change your identity, I think” (Straayer 1993, p. 230). Thus, like Helen:

- Sprinkle not only attempts to break down barriers among people, but also to challenge the arbitrary and assumed boundaries among/between pornography, art and everyday experience, spirituality and sexuality, queer and straight, homosexual and heterosexual, male and female, desirable and undesirable, slut and goddess, prostitute and mother, golden showers and female ejaculation” (Straayer 1993, p. 235).

In addition to challenging stable gender and sexual identities, Helen’s unusual material exchanges are also an attempt to reestablish and compensate the distant connections with her family. At heart Helen is lonely and bored after her parents’ divorce and her secret plan is to reunite her parents by having them visit her at the same time, but they seem to have limited interest in their daughter’s well-being and show up only occasionally. For feminist psychologist Elisabeth Wilson, illness results from changes and disturbances of relations among internal organs or between organs and the environment, both on the material and psychological level. Consequently, for Wilson, treatment is an intervention into the “patient’s pattern of relationality” fostering “robust organic and emotional connection” through empathy (Wilson 2008, p. 389). While Helen’s self-inflicted injuries likely result from changes in the relations between her body and the family environment, her attempt to establish material and emotional trans-corporeal connections through body fluids could be seen as a healing intervention in her psychological and biological patterns of relations, an exchange of shared vulnerabilities between bodies. Accordingly, in the end she decides to leave her family and go home with the nurse Robin, who has listened with patience and empathy to Helen’s narratives of her unusual sexual adventures and family problems. The fact that Robin is a caring nurse subverts gendered practices of nursing care and links care with nursing rather than medical staff. At the same time, the romantic ending focuses on psychology rather than materiality and reinforces a gender bias: it is the heroic male that “saves” the suffering female from her emotional and psychological weakness. While Roche describes transgressive embodied identities, this ending sentimentalizes the narrative and undermines the possibilities and agencies of trans-corporeal bodies. The quest character of the narrative thus romanticizes how the experience of pain and suffering might lead to a redemptive closure.

3. Polluted Bodies and Fluid Connections in *Same Same But Different*

While *Feuchtgebiete* focuses on Helen’s material exchanges with a range of people, *Same Same But Different* emphasizes the social, emotional, and spiritual relations between the two protagonists through their illnesses. Like *Feuchtgebiete* other popular autobiographical writing has been adapted for the screen (Kaysen 1993; Bauby 1997; Kerkeling 2014). Moreover, Detlev Buck turned the memoir *Wohin Du auch gehst* (Prüfer 2007) by German journalist Benjamin Prüfer into the film *Same Same But Different*. Like the memoir, the movie focuses on Prüfer’s perspective as caregiver and lover but it foregrounds the female protagonist’s embodied presence and agency and at times also takes her point of view. In the movie, Ben, a recent high school graduate, goes on a backpacking tour in Cambodia together with a friend. Under the influence of drugs, he meets the young local Sreykeo in a club in Phnom Penh and both quickly fall in love with each other even though he pays her at least initially for sex and food. Despite the complexities of the relationship between a Cambodian “bar girl” with HIV and a “Western boyfriend” they opt for their love. He starts an internship at his brother’s publishing

company and tries to finance and organize HIV medication for Sreykeo in Cambodia, traveling back and forth between Germany and Cambodia. In the following, I analyze how the narrative critiques the way biomedical and cultural discourse and disciplining constructs Sreykeo's body and sexuality as abject and polluted in contrast to the healthy Western body. At the same time the film envisions alternative trans-corporeal and fluid connections across gender, class, race, nation and corporeal state.

The medical discourse around Sreykeo's HIV diagnosis produces an objectified body with abject fluids, which needs disciplining. For instance, after she gets the positive result of the HIV test, the Western physician in Cambodia focuses on the mechanics of HIV diagnostics and does not listen to Sreykeo's perspective, leaving her question about the possibility of having children unanswered. At the same time, he congratulates Ben on being HIV negative after having sex with Sreykeo, emphasizing the infectious and dirty nature of her racialized body fluids. Similarly, the medical practitioner in Thailand who performs immunological testing reduces her to an objectified and typical HIV case based on viral load, immunological subtypes, and treatment criteria. He communicates the diagnosis and prognosis without further consideration of her social environment and the difficulties she is facing in receiving HIV medication in Cambodia. The conversation between the physician and Ben takes place in a sterile hospital hallway with Sreykeo only approaching in the background and thus reinforces the patriarchal medical discourse over her excluded body:

- The physician explains, "Sreykeo's viral load is over a 100,000. . . . She is a type B1 which means she is in a rather advanced stage of her infection. You really have to start medication straight away. Otherwise, even the flu can be dangerous for her."
- Ben replies, "But she lives in Cambodia."
- "Yes, I know," the physician goes on [phone ringing]. "Sorry, I have to go" (Buck 2010).

After receiving the drugs, Sreykeo is subjected to a strict regimen of pill taking and hygiene measurements. For instance, she must use an individual toothbrush to prevent transmission, which is not customary among her family members. Like Helen, Sreykeo is resistant to the individualizing and disciplining of her body; she initially refuses to take three different types of pills at different hours of the day and doubts the efficacy of these drugs: "These pills don't work since I don't know what is inside" (Buck 2010). To explain her resistance to drugs, she asks Ben to eat a spider at the local market which he is unable to swallow out of fear about what is inside. Similarly, Sreykeo does not believe the pills will work unless she (rather than the doctors) has knowledge of how they work. Sreykeo thus prioritizes her own experiential knowledge of the functioning of her body over medical knowledge, but is denied any expertise by the doctors.

Similar to the reductionist attitude of the medical practitioners, the global upper-middle class excludes her polluting body and sexuality from their "clean" spaces. In the showdown of the movie, when Sreykeo unexpectedly arrives at the luxury hotel in Malaysia where Ben is having a business meeting for a review of the hotel, she embarrasses the white business group during dinner by declaring her identity: "He doesn't want to marry me. I'm a bar girl. I have HIV and he just organized good medicine for me" (Buck 2010). In response, the hotel wants to expel her leaky and threatening body in the white and clean space of the hotel: "This lady can't stay in the hotel . . . It is our strict policy that you can't take this lady up to your room" (Buck 2010). According to Judith Butler, the person with HIV/AIDS is a prime example of a contemporary construction of "the polluting person" (Butler 1990, p. 168). Douglas further explains, "the polluted person is always in the wrong. He has developed some wrong condition or simply crossed over some line which should not have been crossed and this displacement unleashes danger for someone" (2002, p. 113). In this context, Douglas argues that the body's margins, in particular sexual orifices and fluids, are particular vulnerable points for such transgressions (2002). Interestingly, the film blurs the image of the local HIV positive "bar girl" as the polluting person by referencing the history of HIV in Cambodia: during the UN peace mission

at the end of the Cambodian civil war³ it was international UN personnel that helped introduce HIV in the country (Ledgerwood 1994; Buck 2010). Similar to the exclusion from the hotel, in another sequence, the couple is kicked out of a local hospital by a German health care professional: She not only resists Ben's insistence to get access to the current state-of-the-art HIV drug combination AZT,⁴ but also doubts polemically that Sreykeo is his "girlfriend." As a result of such exclusions, Sreykeo has limited access to health care and HIV drugs and experiences bias in the delivery of care. In the end, by pretending to lead an NGO in Cambodia with a HIV positive co-worker, Ben receives the drugs without difficulties from another German NGO. In other words, efficient treatment is restricted to "good girls."

Ben's medical student friend and his brother also marginalize Sreykeo's body as abject and polluted and consider her an unfitting and hopeless match for a white middle-class heterosexual man. Since she is a "Cambodian ex-prostitute" that is financially dependent on him, that might not be able to have children because of her sickness and that will only live for maximum 25 years before dying of AIDS the friend suggests that he separates from her in order to live a life with a brighter future (Buck 2010). Ben's brother similarly cautions him to engage in a committed relationship with Sreykeo by claiming that women like Sreykeo can't afford love and engage merely in transactional sexual relations with many other men. At the same time, he is drawn to the abject and suggests Ben to write up his love story and make money out of it, under the heading of "young backpacker meets fallen girl." Here, the film foregrounds pervasive gendered double-standards: While Sreykeo's sexuality as a "bar girl" is abjectified and disciplined, Ben's brother's adulterous affair with an office mate and his roommate's changing girlfriends are normalized as playful bohemian sexual practices (Buck 2010). In an ethnographic study of "bar girl" subculture in Cambodia, Heidi Hoefinger argues that these women tend to be stigmatized with labels of "broken women" or "prostitutes" because of their material desires. She demonstrates that they often engage in relationships more complex than simple "sex-for-cash" exchanges with "Western boyfriends," but rather an "interplay between simultaneous pragmatic concerns and emotional desires, between intimate and gift-based sexual economies, and between 'cultural logics of love' and political economy" (Hoefinger 2011, p. 246).

The film similarly deconstructs these preconceived gendered sexual identities: it emphasizes the fluid trans-corporeal view of bodies and identities that develops between Sreykeo and Ben. Sreykeo, who calls herself a "business woman," is shown to resist victimization and asserts multiple identities in the space of the bar, ranging from cultural interpreter, language learner, entrepreneur, entertainer, future wife, and intimate lover. To foreground agency Hoefinger introduces the term "professional girlfriends" for women that "actively secure multiple transactional partnerships through a performance of intimacy in order to gain material benefits and support one's livelihood" (2011, p. 247). In her encounter with Ben, she not only claims money from him for sex, food and family support but also asks him to get married and build a house with her family, thereby balancing her desire for Ben with strict moral sexual codes, the specter of sexual violence for "bar girls" and the burden of filial financial obligations.

At first, Ben is reluctant to commit to such a relationship due to her HIV status and the potential risk of infection, his desire for a casual relationship in his early 20s, his own financial difficulties and their geographical distance. By sending her money to make her stop working as "professional girlfriend," he also makes her a dependent victim of prostitution and at least partly reinforces the abjectification of her sexual practice. Yet, his own social perception as potential HIV carrier and "sugar

³ In 1979, Vietnam invaded Cambodia, drove out the Khmer Rouge, and set up a new socialist government. The next 12 years, a civil war between the Vietnamese-backed socialist government and a coalition based in Thailand that included remnants of the Khmer Rouge, the Cambodia royalist faction and a pro-Western force took place. A peace agreement was signed in October 1991 and allowed the UN to deploy throughout the country (Ledgerwood 1994, p. 3).

⁴ According to the movie, only the less effective and resistant-prone Stavudine treatment is available in Cambodia (Buck 2010). AZT stands for azidothymidine, which is usually given in combination with other antiretroviral therapies as part of the standardized Highly Active Antiretroviral Therapy (HAART).

brother” of a “prostitute” connects their vulnerabilities and subjectivities (Buck 2010). When Ben stands nervously in front of the clinic where he is supposed to take the HIV test, his former classmate Chris runs into him and boasts about his MBA and his lucrative career plans. After Ben replies to the question what he is doing with: “Ich mach’ jetzt einen HIV Test” (I’m getting an HIV test now, Buck 2010), the classmate becomes uncomfortable and feels sorry for Ben. In “Technologies of Blood: Asylum, Medicine and Biopolitics,” Cathy Hannabach exposes HIV tests as more than diagnostic tools. They are a biopolitical technology of confession that renders bodies and identities—particularly those of women, migrants, queers, and people of color—delegitimate, suspicious, threatening (Hannabach 2013). The HIV test thus connects the couple through shared vulnerabilities of suspicion and uncertainty. Similarly, when Ben falls sick with a high fever while visiting her family in rural Cambodia they find themselves on equal footing in their experience of illness. Here, it is Sreykeo who takes care of Ben and attempts to heal him with her knowledge and beliefs, in particular through establishing a spiritual connection with the big ghost Ta On. In her reading of Chicana narratives of illness, Suzanne Bost similarly suggests that illness changes material relations in the body *and* social relationships and identities at the same time: “Just as illness changes the external and internal workings of a body, it also changes one’s place in society, the nature of one’s relationships and the routes of one’s movement” (2008, p. 343). For Bost, these unexpected illness identities give rise to new connections between different social and ethnic identities and therefore provide a “metaphor for politics based on particular wounds and connections rather than universalizing identities” (Bost 2008, p. 353). As indicated by Bost, Ben’s and Sreykeo’s illness experiences and their fluid exchanges give rise to new and unexpected trans-corporeal connections that transgress seemingly opposed bodily identities and spaces: HIV positive “bar girl” and healthy “sex tourist,” Cambodian slum and German middle-class milieu. In other words, Ben and Sreykeo are different, but also the same on the basis of their ill bodies and vulnerabilities as the English-Thai saying of the title indicates. Even if Sreykeo asks Ben for financial support, Ben learns that she does not want to be the dependent and guilty “Other,” but a respected and equally contributing partner. In interactions with friends, he expresses explicitly the risky and pleasurable nature of their fluid trans-corporeal identities; while he fears to be HIV positive because of a ruptured condom, he also highlights the pleasure and “normality” of their relationship. When a friend suspects that Syrekeo does all the work during sex because she is a former “bar girl” and he is completely passive, he explains that it is just pleasurable:

- “Und wie ist das [Sex] mit ihr? Sie macht alles und du machst nichts?”
Ben replies, “Nein, es ist einfach gut mit ihr.”
- [And, how is it [sex] with her? She does everything and you do nothing?
No, it’s just good with her.] (Buck 2010)

Through the developing relationship of the protagonists, *Same Same But Different* envisions a new concept of bodily identity based on a fluid material and emotional connectivity that leads to pain as well as pleasure. Yet, like in *Feuchtgebiete*, the quest character of the narrative leads to a sentimental closure: While Ben acknowledges publicly in the luxury hotel that “this lady is my fiancé” (Buck 2010) and resists the exclusion of her body, the narrative also dramatizes Ben’s heroic actions to “save” Sreykeo. By closing with a wedding ceremony *Same Same But Different* becomes a globalized version of the popular American romantic comedy *Pretty Woman* that ends with a romantic relationship between a sex worker and a wealthy man (Marshall 1990). This sentimental heteronormativity restricts the multiple and fluid possibilities and identities of the envisioned trans-corporeal body.

4. Conclusions

Both *Feuchtgebiete* and *Same Same But Different* are quest narratives of illness that depict challenges their protagonists face due to injury and illness in relation to body fluids, and the development they undergo through fluid relationships and exchanges. These popular narratives about the experiences of the protagonists with hemorrhoids, HIV, sex and intimate hygiene open such tabooed

and morally-laden topics up to public discussion in Germany where discourses of bodily hygiene, the “clean German” and the “filthy Other” are historically linked to the racist biopolitics and hygiene movements of Nationalist Socialism. Both works critique and resist contemporary medical and cultural discourses that construe particular bodies or body parts as abject, polluted and dangerous in need of control through medical discipline, hygiene and social exclusion. Yet, *Feuchtgebiete* and *Same Same But Different* do not suggest that one refrains from hygiene or biomedical treatment; they rather induce discomfort and reflection about how medical narratives produce closed and abject bodies and identities and lead to marginalization and social injustice. Further, both narratives open up possibilities for trans-corporeal and fluid bodies and identities that blur traditional boundaries between clean self and abjectified other. Specifically, both works depict an affirmative understanding of (female) sexuality and agency by subverting stable identities of “lesbian,” “bar girl,” and even “sex tourist.” While *Feuchtgebiete* uses graphic language around body fluids and hygiene to envision a material trans-corporeality, the film *Same Same But Different* restrains from explicit sexual imagery and provocation but foregrounds the subtle trans-corporeal connections between the protagonists’ different identities. Such fluid connections and identities are ambiguous; they are not only a place of pleasure, connection and growth, but also of risk and suffering. The narratives suggest that recognizing such vulnerabilities and fluid connections with the different or ill other can be a powerful model for the practice of health care. However, while the described interconnections and exchanges of fluids are transgressing barriers of body, gender, sexuality, nation and race, in both works, they are dominated by a “heroic” heteronormative closure. This sentimental nature of the quest narratives romanticizes the struggle involved in the experience of illness and inflects the utopian vision of open and fluid bodies and identities.

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