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Literature in the Age of Wellness

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in English Literature

by

Jacob William Baumgartner

Dissertation Committee:
Associate Professor Theodore Martin, Chair
Assistant Professor Christopher Fan
Professor Daniel M. Gross
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2021

DEDICATION

To my Dad

Mark William Baumgartner

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FIELD OF STUDY

20th- and 21st-Century American Literature

ABSTRACT OF THE DISSERTATION

Literature in the Age of Wellness

by

Jacob William Baumgartner

Doctor of Philosophy in English Literature

University of California, Irvine, 2021

Associate Professor Theodore Martin, Chair

This dissertation is dedicated to the idea that the cultural phenomenon of wellness—understood as an ethos of self-directed healthcare—provides a generative framework for thinking through the formal and critical dimensions of a diverse selection of novels published in the years between 2013-2019. How, it asks, do the novels examined in each chapter serve as a social and formal site for analyzing the zeitgeist of wellness? In what ways do these fictional accounts of wellness influence the novel on the level of genre? How does the history, culture, and politics of wellness work discursively to shape these fictional worlds? To what effect? And how might the critical concerns of these novels be enriched or best understood from the perspective of wellness? These formal questions open up an equally compelling set of broader sociopolitical critiques of wellness including the manifold ways it obfuscates the structural violence of the U.S. healthcare system, the decline of the welfare state, and the disappearance of social services. Moreover, the formal presence of wellness in the novels prompts readers to consider how it operates as a moral and ethical framework for judging and stigmatizing those who “fail” to embody signs of wellness or to take control of their health, allowing larger systemic failures to be redirected back onto the individual. At stake in wellness’ incorporation and ubiquity is the

continued shift away from alternative systems of care whereby a reified model of self-directed healthcare maintains rather than subverts the hegemony of western biomedicine. Within these texts, one finds an urgency to articulate new modes of wellbeing rooted in collectivity and interdependence. In answering these questions, my dissertation hopes to make the case for the usefulness of wellness to critical discussions of recent literary production.

INTRODUCTION

Chances are you have recently encountered “wellness” in one form or another. You may have read a blog post or an article in a popular magazine about the best foods to eat to feel better and have more energy. Maybe you participated in a yoga or “mindfulness” session sponsored by the wellness program at your workplace or university. Looking for something to watch on Netflix, you may have stumbled across *The Goop Lab*, a docuseries following Gwyneth Paltrow’s new age wellness empire or come across its critical counterpart *Unwell*. At the very least, you have met someone with a FitBit, an Apple Watch, or an app on their smartphone that tracks some biometric data like steps, calories, sleep, hydration, “mindful” minutes, or mood. In a now oft-cited segment of a 1979 episode of *60 Minutes*, Dan Rather observes “Wellness, there’s a word you don’t hear everyday.”¹ Reflecting on Rather’s opening comment in a piece written for the *New York Times*, Ben Zimmer rightly points out that “More than three decades later, wellness is, in fact, a word that Americans might hear every day, or close to it.”² Indeed, wellness appears to be everywhere.

But what about wellness and literature? This dissertation is dedicated to the idea that the cultural phenomenon of wellness—understood as an ethos of self-directed healthcare—provides a generative framework for thinking through the formal and critical dimensions of a diverse selection of novels published in the years between 2013-2019. How, it asks, do the novels examined in each chapter serve as a social and formal site for analyzing the zeitgeist of wellness? In what ways do these fictional accounts of wellness influence the novel on the level of genre? How does the history, culture, and politics of wellness work discursively to shape these fictional

¹ WellnessAssoc, “Wellness Resource Center with Dan Rather on 60 Minutes,” YouTube Video, 5:00, July 4, 2008, <https://www.youtube.com/watch?v=LAorj2U7PR4>.

² Ben Zimmer, “Wellness,” *The New York Times*, April 16, 2010, sec. Magazine, <https://www.nytimes.com/2010/04/18/magazine/18FOB-onlanguage-t.html>.

worlds? To what effect? And how might the critical concerns of these novels be enriched or best understood from the perspective of wellness? These formal questions open up an equally compelling set of broader sociopolitical critiques of wellness including the manifold ways it obfuscates the structural violence of the U.S. healthcare system, the decline of the welfare state, and the disappearance of social services. Moreover, the formal presence of wellness in the novels prompts readers to consider how it operates as a moral and ethical framework for judging and stigmatizing those who “fail” to embody signs of wellness or to take control of their health, allowing larger systemic failures to be redirected back onto the individual. At stake in wellness’ incorporation and ubiquity is the continued shift away from alternative systems of care whereby a reified model of self-directed healthcare maintains rather than subverts the hegemony of western biomedicine. Within these texts, one finds an urgency to articulate new modes of wellbeing rooted in collectivity and interdependence. In answering these questions, my dissertation hopes to make the case for the usefulness of wellness to critical discussions of recent literature and to serve as a starting point for thinking through their relationship. First, however, it is necessary to explain the historical and theoretical foundations undergirding my literary examination.

Defining Wellness: An Abridged History

The capaciousness of wellness makes it difficult to define. Historically, this has not been the case. Its origin traces back to 1654 and the diary entry of Scottish aristocrat Archibald Johnston thanking God for his “daughter’s wealnesse.”³ In its original usage, wellness denoted

³ “wellness, n.”. OED Online. Oxford University Press.
<https://www.oed.com/view/Entry/227459?redirectedFrom=wellness>.

only “The state or condition of being well or in good health, in contrast to being ill” or simply “the absence of sickness.”⁴ It was in America during the mid-twentieth century that wellness began to take on its complex of additional meanings. Here, it is worth lingering on the work of Dr. Halbert Louis Dunn who laid the foundation for the term’s twentieth-century expansion in the late 1950s through his philosophy of “high-level wellness.” The so-called “father of the wellness movement,” Dunn is a crucial figure for understanding how wellness came to be such a loaded term as well as how it became a mainstream phenomenon. Born in New Paris, Ohio in 1896, Dunn held a variety of positions in the healthcare field throughout his life including working at the Mayo Clinic, the Johns Hopkins School of Hygiene and Public Health, and the University of Minnesota Hospital. His expertise in statistical analysis eventually secured him a government position when in 1935 he began working as the chief of the National Office of Vital Statistics in Public Health Service where he remained for the rest of his career.⁵ Despite his wide-ranging experience working in U.S. healthcare institutions, Dunn never actively practiced medicine. Instead, he spent most of his career analyzing demographic health trends and thinking about public health on a macro scale. This distance from medical practice and the panoramic view of healthcare his governmental work required of him may help explain why Dunn was uniquely positioned to challenge the prevailing medical wisdom of his day.

Throughout the 1950s, Dunn prepared scripts for a series of 29 radio lectures that became the basis for his 1961 book *High-Level Wellness*. For him, western biomedicine’s ineffectiveness lied in its preoccupation with treating the sick rather than thinking preventively. A holistic model of healthcare attentive to the physical but also mental and spiritual dimensions of human life was

⁴ Ibid.

⁵ James William Miller, “Wellness: The History and Development of a Concept,” *Spektrum Freizeit*, no. 1 (2005): 89.

needed to facilitate movement toward long-term collective health. Dunn argued that wellness was dynamic, an ever-shifting spectrum with sickness and feeling “all tired out” at one extreme and “hav[ing] energy to burn” and “tingl[ing] with vitality” at the other.⁶ According to Dunn, we all operate between these two extremes and the goal is to achieve or maintain proximity to the state of high-level wellness, defined as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning.”⁷ Worth pointing out is the emphasis Dunn placed on the word “maximizing.” “Maximizing,” he explains, “means maintaining completeness from day to day . . . it is a dynamic word, a *becoming* word.”⁸ Far from just being the opposite of illness, Dunn’s reformulation linked wellness to lifestyle, achievement, and a process of “becoming.” Wellness was no longer an objective biological state but a more subjective state of achieving self-actualization: “Wellness is a *direction in progress* toward an ever-higher potential of functioning . . . involv[ing] *the total individual* as a personality *in all of his uniqueness*.”⁹

Retiring the same year his book was published, Dunn dedicated what remained of his professional energies to advocating for his holistic approach to healthcare. It must be emphasized that nowhere in his work or public lectures did Dunn anticipate a commodified wellness industry. His book was designed to be an intervention—not a “how-to” guide. (Its poor sales numbers and turgid style tend to confirm this.) While Dunn understandably called for more research to be done on the subject, his advocacy was aimed at reforming American healthcare rather than finding new ways to sell it. Moreover, high-level wellness was a social *and* an

⁶ Halbert L. Dunn, *High-Level Wellness*, (Arlington: Beatty, 1961), 2.

⁷ *Ibid.*, 4-5.

⁸ *Ibid.*, 5. Emphasis original.

⁹ *Ibid.*, 6. Emphasis original.

individual pursuit. Dunn was keen to make this point. High-level wellness was not the privileged activity of a few but a holistic healthcare model needed to combat what he saw as “social breakdown,” or the rapid acceleration of modern life and the atomization of the individual that often accompanied it: “All of us are lonely in our inner world. We reach out for our fellow man in order to have companionship which makes life worth living.”¹⁰ Dunn dedicates chapters to family, community, social, and environmental wellness. On the subject of social wellness, he reminds his readers that “in a world that has shrunk as ours has, [it] simply cannot exist for one group unless it exists for all groups. We must come to grips with social wellness on a world basis. There is no alternative. High-level wellness for society requires that we consider people everywhere, and not just ourselves.”¹¹ He is even more pointed on the urgency of environmental wellness: “how silly this business of ruthless exploitation is! In order to make a quick profit, we act destructively and irresponsibly, and then for years others have to pay the price of the damage done.”¹² “The well-being of society,” he concludes, “depends upon the ‘you’s’ and ‘me’s’ who make it up.”¹³ Dunn’s vision therefore involved a collective response to cultivating wellness in an effort to ensure the long-term health of the social body.

It would take another decade after the publication of Dunn’s book before the impact of his work was felt. In this respect, modern wellness may be said to have emerged from a 1971 clearance sale at the John Hopkins Medical School bookstore. As the story goes, Dr. John W. Travis, then enrolled in the school’s preventive-medicine residency program, purchased *High-Level Wellness* for \$2 and just three years later in November of 1975—the same year as Dunn’s death—opened the Wellness Resource Center in Mill Valley, California. Located in Marin

¹⁰ Ibid., 163.

¹¹ Ibid., 199.

¹² Ibid., 187.

¹³ Ibid., 200.

County just 14 miles north of San Francisco, Travis, inspired by Dunn, used the Center to develop his own theories of wellness including the wellness inventory, a diagnostic used to determine a patient's wellness across 12 different dimensions in order to see where they placed on a continuum bookended with "premature death" and "high-level wellness," respectively.¹⁴ Travis further simplified the definition of wellness as "an ongoing dynamic state of growth."¹⁵ His streamlining of Dunn's work also included the disappearance of the social in favor of more emphasis on personal responsibility for cultivating wellness; Travis turned his version of wellness into a commodity, charging visitors at the Center \$1,500 for an eight-month program that included the wellness inventory and biometric feedback tests as well as "learning relaxation strategies, self-examination, communication training, coaching to encourage creativity, improved nutrition and fitness, [and] visualization techniques."¹⁶ He also created the *Wellness Workbook* which is now in its third edition. Although the Wellness Resource Center was open only four years from 1975-1979, the brief period proved to be pivotal for the future trajectory of wellness. While Dunn's work was and remains somewhat esoteric, Travis' commodified version of Dunn's theories demonstrated their profit potential and broad appeal, creating the momentum needed to propel wellness into the mainstream and into American institutions. Beginning with a feature in the April 1976 issue of *Prevention* magazine¹⁷ and culminating with the aforementioned 1979 segment on *60 Minutes*, Travis' Mill Valley Center garnered local and national attention and allowed wellness to move into the American lexicon.

¹⁴ Miller, 94

¹⁵ WellnessAssoc, "Wellness Resource Center with Dan Rather on 60 Minutes."

¹⁶ Miller, 94.

¹⁷ *Prevention* was founded in 1950 by Jerome Irving Rodale, one of America's earliest advocates for organic farming and sustainable agriculture. The magazine is dedicated to alternative and preventative medicine and remains in active circulation. Ironically, Rodale died in 1971 on the set of *The Dick Cavett Show* shortly after boasting his healthy lifestyle would allow him to live until he was a hundred. See Maria McGrath, "The Bizarre Life (and Death) of 'Mr. Organic,'" *The New Republic*, August 8, 2014, <https://newrepublic.com/article/119007/bizarre-life-and-death-mr-organic>.

Granted, not all this initial attention was positive. At the time it was spotlighted on *60 Minutes*, the Wellness Resource Center was still a novelty and one whose proximity to the new age and Bay Area countercultures merited skepticism for some. This skepticism is often given expression through Rather's questioning. For example, at one point he asks two of the segment's featured patients, Theresa, and Julio, if prior to attending the Center anyone said to them "There's a crazy thing to do." Later, during a meeting with a large group of the Center's attendees, Rather plays devil's advocate by further summarizing for them the criticism he heard before arriving: "[The critics say] well, what would you expect in Marin County, California? It's another one of those kooky California cults."¹⁸ When this is met by the group's laughter, Rather elaborates, recalling for the group how a doctor from Southern California warned him that "what [he's] dealing with [at the Center] is a middleclass cult." The group quickly dismisses the cult label—and ignores the class association—by pointing to the autonomy inherent in the practice of wellness with one attendee arguing that in wellness "you are the leader, you're your own guru, and you're the perfect person that is trying to make your life better and more full."¹⁹ As we will see in the novels, it is this notion of the self as "guru" capable of creating a better, fuller life through wellness that adds to rather than alleviates the collective misery characters endure.

While some in the American public looked with skepticism at Travis' Center, an equally influential but unassuming wellness campaign was beginning at a small university in the Midwest. Bill Hettler was a staff physician at the University of Wisconsin-Stevens Point (UWSP) who became enamored with Travis' work at the Mill Valley center. Two of Hettler's colleagues at UWSP, counseling services director Dennis Elsenrath and director of student life Fred Leafgren, shared his enthusiasm for wellness and together they created the first campus

¹⁸ WellnessAssoc, "Wellness Resource Center with Dan Rather on 60 Minutes."

¹⁹ Ibid.

wellness program. Known as the Institute for Lifestyle Improvement and operating under the UWSP Foundation, they worked together to hold wellness symposiums in 1975 and 1976. Hettler and his colleagues then formed The National Wellness Institute (NWI) in 1977 and held the first official National Wellness Conference (NWC) that same year.²⁰ Although they remain headquartered in Stevens Point, the NWI separated from the university in 1988 to become a registered nonprofit. It continues to be one of the largest and most influential organizations in the country for discussing and advancing wellness and will hold its 46th annual conference in 2021.

Hettler's influence is crucial to the public and institutional advancement for wellness in two major ways. The first is that despite its humble Midwest origins, the university setting nonetheless lent wellness a much-needed veneer of academic credibility. Hettler was a doctor and both Elsenrath and Leafgren held PhDs. Although this was true of Travis also, Hettler and his colleagues had the distinct advantage of conducting their work on wellness within the respected halls of the university. It is exactly this institutional authority that would be needed to help complete wellness' transition from esoteric subculture into the mainstream. The second major contribution is Hettler's work on wellness itself. At Stevens Point, he created the Lifestyle Assessment Questionnaire used by the university to determine the wellness of its student body. Built on the foundation of Travis' wellness inventory, the questionnaire was designed to interrogate students' lifestyles and to promote wellness across different areas of student life.²¹ In this way, Hettler provided the model for the types of wellness inventories now found in universities across the United States. This also led him to create The Six Dimensions of Wellness model in 1976 which formed the foundation for the NWI's philosophy of wellness. Breaking

²⁰ "About NWI | National Wellness Institute," National Wellness Institute, <https://nationalwellness.org/about-nwi/>; "Birthplace of Wellness - School of Health Sciences and Wellness | UWSP," University of Wisconsin Stevens Point, <https://www.uwsp.edu:443/health/Pages/about/BirthplaceWellness.aspx>.

²¹ Miller, 96.

from the continuums favored by Dunn and Travis, Hettler formalized the otherwise sprawling and holistic discourse of wellness into an easily digestible schematic. The hexagon-shaped model is broken down into the following categories of wellness: Emotional, Occupational, Physical, Social, Intellectual, and Spiritual. By pursuing wellness in each of these categories “a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living.”²² Once again, the term wellness was being redefined and expanded. The NWI offers a series of definitions including wellness as “an active process through which people become aware of, and make choices toward, a more successful existence” and in doing so achieve “a holistic sense of wellness and fulfillment”; they also define wellness as “a conscious, self-directed and evolving process of achieving full potential . . . multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment . . . positive and affirming.”²³ Once again wellness is defined as a process of becoming through the realization of one’s true potential. The claim that holistic living leads to a “successful existence” is a striking example of wellness’ transformation from a synonym of good health to naming a way of being associated with fulfilment, purpose, and self-actualization.

By start of the 1980s, wellness was positioned for its entry into mainstream culture, institutions, and businesses. The rise of celebrity fitness culture throughout the 1980s and 1990s helped to popularize health as a lifestyle and keep it at the forefront of American life. Books on wellness like Donald B. Ardell’s *14 Days to a Wellness Lifestyle* in 1982 began to enter the market; success selling books led him to begin touring as a paid speaker for his expertise in wellness.²⁴ On the academic front, the *Berkeley Wellness Letter* was founded in 1984 to serve as

²² “Six Dimensions of Wellness,” National Wellness Institute, <https://nationalwellness.org/resources/six-dimensions-of-wellness/>.

²³ Ibid.

²⁴ Miller 95.

a legitimate evidence-based outlet for research in preventative health. Striking a balance between the self-actualizing claims of the NWI and Travis, the *Wellness Letter* offered a slightly more measured definition as “optimal physical, mental and emotional well-being, a preventive way of living that reduces—sometimes even eliminates—the need for remedies. It emphasizes personal responsibility for making the lifestyle choices and self-care decisions that will improve the quality of your life.”²⁵ In perhaps the most significant cultural moment for the future of wellness, *The Oprah Winfrey Show* debuted in September of 1986. Over the next three decades, Winfrey’s media empire would become one of the largest platforms in the world for wellness and create its next media superstars like Dr. Oz. Campus and corporate wellness programs continued to proliferate over the next two decades as well with American businesses in particular finding them to be an optimal way to both attract employees and lower health costs. By the start of the new century, nearly 50 years removed from the publication of Dunn’s work, wellness was no longer an esoteric philosophy or new age practice, but a fully commodified industry incorporated into American institutions. According to the Global Wellness Institute (GWI), the wellness economy—“industries that enable consumers to incorporate wellness activities and lifestyles into their daily lives”—was worth 4.5 trillion dollars in 2017.²⁶

The constant redefining and expanding of wellness over the course of its midcentury development are a testament to its malleability. Anna Kirkland reasons that “the appeal of the term comes from its ability to float above thorny and contested details and to mean different things to different stakeholders so that it becomes viewed as an uncontroverted good.”²⁷ Part of

²⁵ A. Kirkland, “What Is Wellness Now?,” *Journal of Health Politics, Policy and Law* 39, no. 5 (2014): 957–70, <https://doi.org/10.1215/03616878-2813647>. 960.

²⁶ “What Is The Wellness Economy?,” Global Wellness Institute, <https://globalwellnessinstitute.org/what-is-wellness/what-is-the-wellness-economy/>.

²⁷ Kirkland, 960.

what explains the ubiquity of wellness is its capacity to always denote “an uncontroverted good” while also being flexible enough to speak to the specifics of how a particular product or service fits within the holistic rubric of one of its many definitions. Instead of determining what is considered wellness, it is often more difficult to determine what is *not*. The innocuousness of the term makes it difficult to argue with. After all, what is wrong with trying to eat healthier, exercise more, or practice gratitude as part of a mindfulness routine? Because the term wellness is so widely used, it can be difficult to pinpoint exactly what one means when discussing and critiquing it as it can vary so widely across different institutional and sociocultural contexts.

For the purposes of my argument in the chapters that follow, I will be using the term wellness to denote an ethos of self-directed healthcare. Although the NWI’s definition is the only one to explicitly make use of the phrase “self-directed,” all modern usages of wellness share this fundamental trait. To speak of wellness is to name a personal responsibility for managing and optimizing one’s health and by definition it excludes other forms of social and interdependent care. Wellness is something one gives the self—an investment in the future, a ward against premature illness or death, and a step toward achieving full potential across all domains of life. The chapters here are each dedicated to interrogating different literary manifestations of this ethos across various texts produced within the last decade in an effort to discover the consequences of this performance of self-directed healthcare.

Critiquing Health as Ideology

In their conclusion to the collection *Against Health*, editors Anna Kirkland and Jonathan Metzl remind readers that the goal is “to dethrone health from its position of false neutrality and to insist that it be sunk down in all the complexities of political and social life in the

contemporary United States.”²⁸ Behind this motivation is the recognition that health “is a term replete with value judgements, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being. Health,” they add, “is a desired state, but it is also a prescribed state and an ideological position.”²⁹ Both Kirkland and Metzl as well as the contributing authors to *Against Health* helpfully reinforce the fact that health has always been a loaded and contested term in the United States even if its mainstream usage is one of supposed neutrality and an assumed social good.

Among the critical perspectives they appeal to is the work of Adele E. Clarke who along with her colleagues describe what they call the second major social transformation of medicine in the United States wherein “since 1985, dramatic and especially technoscientific changes in the constitution, organization, and practices of contemporary biomedicine” has led to what they call “biomedicalization.”³⁰ As the authors go on to explain, “health itself and the proper management of chronic illnesses are becoming individual moral responsibilities to be fulfilled through improved access to knowledge, self-surveillance, prevention, risk assessment, the treatment of risk, and the consumption of appropriate self-help/biomedical goods and services.”³¹ Here, we can understand these “Self-help/biomedical goods and services” as denoting the types of services that typically constitute wellness. Importantly, Clarke makes the point that “Standards of embodiment, long influenced by fashion and celebrity, are now transformed by new corporeal possibilities made available through the applications of technoscience.”³² The term biomedicalization is helpful for situating not just a critique of health but also wellness. Clarke’s

²⁸ Jonathan Metzl and Anna Kirkland, *Against Health* (New York: New York University Press, 2010), 198.

²⁹ *Ibid.*, 1.

³⁰ Adele E. Clarke et. al., *Biomedicalization: Technoscience, Health, and Illness in the U.S.* (Durham: Duke University Press, 2010), 1.

³¹ Adele E. Clarke et al., “Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine,” *American Sociological Review* 68, no. 2 (2003): 162, <https://doi.org/10.2307/1519765>.

³² *Ibid.*

work allows us to see wellness as symptomatic of this larger process of extending medical authority and part of the everyday medicalization of life in the United States. Wellness, in other words, is part of the “new corporeal possibilities” made possible by biomedicalization.

As an extension of this health ideology, wellness operates in a similar critical framework and opens many of the same questions. Because of its holistic emphasis, wellness may function as an even more contested term than health as it denotes not only physical health but mental and spiritual health as well, bringing the ideological problematics of health into every domain of human experience. Motivating critiques of wellness is the need to recuperate its subversive energies and radical potential in order to bring into focus the problematic ways wellness has been reconfigured in the wake of its incorporation. In exposing its contemporary facade of neutrality and making visible the politics of wellness, new models of care are able to emerge.

Broadly speaking, Kirkland distills critiques of wellness into the following three categories, as a problematic ideology designed to

(1) promote a conservative, individualistic health ideology, thereby undercutting communal, structural, redistributive, and sympathetic approaches to health; (2) promote workplace discrimination in programs as actually implemented within firms and organizations; and (3) promote homogeneity and prescribe one specific way of life for everyone, thus creating a problematic trend in a diverse democratic society.³³

Regarding the first point, what is often most at stake in contemporary critical discussions of wellness is the way an ethos of self-directed healthcare precludes other forms of care. “In order to reimagine a genuinely caring politics,” writes the authors of *The Care Manifesto*, “we must begin by recognizing the myriad ways that our survival and our thriving are everywhere and

³³ Kirkland, 964.

always contingent on others.”³⁴ Moreover, this process must include “break[ing] the destructive linking of dependency with pathology [to] recognize that we are all formed, albeit in diverse and uneven ways, through and by our interdependencies.”³⁵ A social and political model of care removes the burden of being the sole manager of one’s health; it also reasserts the primacy of the health of others, human and non-human alike, in maintaining our own health. By decentering the individual, collective forms of care seek to prevent premature illness or unnecessary suffering by ensuring the health of the social body.

The issues of wellness in workplace discrimination will be looked at extensively in Chapter 1. Another major point of contention for critics and worth exploring here is the problem of homogeneity in wellness. Nowhere is this tendency more evident than in the conflation of wellness and self-care where the terms are used interchangeably in popular media and among the most prominent wellness advocates themselves. “Self-care” in the context of wellness is deployed as an empowering act, a gift that one gives the self. This is why, even in critical accounts like the following, one finds self-care linked to luxury: “Those with high-incomes will be able to fulfil a range of care needs . . . even having time to care for oneself is often viewed as a form of luxury nowadays, one restricted to those that can comfortably invest in contemporary retreats or the wellness centres of the booming self-care industry.”³⁶ However, in most mainstream media contexts, self-care has been evacuated of its radical history to the point where only a consumer industry remains. Audre Lorde famously writes in *A Burst of Light* that “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”³⁷ Writing about this history in a piece for *Slate*, Aisha Harris recalls how the term self-care took on

³⁴ The Care Collective, *The Care Manifesto: The Politics of Interdependence* (London: Verso, 2020), 27.

³⁵ *Ibid.*

³⁶ *Ibid.*, 61.

³⁷ Audre Lorde, *A Burst of Light: and Other Essays* (New York: Ixia Press, 1988)

a political valence at midcentury in the wake of the women's and civil rights movements. Harris quotes New School professor and historian of American fitness culture Natalia Mehlman Petrzela who describes the history of self-care as "a claiming [of] autonomy over the body as a political act against institutional, technocratic, very racist, and sexist medicine."³⁸ For those marginalized and disenfranchised by the systemic issues endemic to U.S. biomedicine, self-care has denoted a form of resistance and a way to provide care for the bodies harmed by this structural violence, ignored by the medical establishment, and denied access to proper medical services. In this way, self-care was and remains a political act. In its contemporary and ubiquitous usage in the consumer wellness industry, however, it is rare that one encounters self-care in such a context.

In the wake of Black Lives Matter, some critics were quick to point out how wellness brands like LuLulemon and Goop suddenly displayed support for the movement despite the fact that these "institutions promising to support your well-being [are] rife with racist stereotypes, exclusionary pricing and willful ignorance about how race factors into . . . physical and mental health."³⁹ Attending the Wellspring wellness festival in Palm Springs, California on behalf of *The Atlantic*, James Hamblin offers a similar observation: "Most of the products that define the [wellness] industry are clearly marketed toward young, thin, toned, ambulatory women who are white," and goes on to add how "Some speakers were blunt about the fact that wellness is often synonymous with—and sometimes a proxy for—whiteness."⁴⁰ Thus, the erasure of the political and racial dimensions of something like self-care from wellness is undoubtedly rooted in the

³⁸ Aisha Harris, "A History of Self-Care," *Slate*, April 5, 2017, http://www.slate.com/articles/arts/culturebox/2017/04/the_history_of_self_care.html.

³⁹ Kelly Gonsalves, "Wellness Doesn't Belong To White Women," *The Cut*, August 11, 2020, <https://www.thecut.com/article/wellness-doesnt-belong-to-white-women.html>.

⁴⁰ James Hamblin, "The Art of Woke Wellness," *The Atlantic*, November 19, 2018, <https://www.theatlantic.com/health/archive/2018/11/wellspring-festival-woke-wellness/576103/>.

whiteness of wellness and part of its incorporation into the mainstream over the latter half of the century as its stakeholders sought to imbue wellness and related terms like self-care with the same neutrality found in “health.” To avoid confronting issues of race, privilege, and power in wellness, there has been considerable efforts by the wellness industry to enshrine it as a universal practice that is either immune to or can function as a solution to these larger social problems. Take as just one example the official statement from the NWI that claims “A society that truly applies a wellness approach as a pathway to optimal living is by nature inclusive and multicultural,” and emphasizes how its Multicultural Competency Committee is dedicated “to deliver[ing] equitable and culturally appropriate programs and services for wellness practitioners, organizations, underserved populations, and communities.”⁴¹ The realities of the industry suggest there is nothing “naturally” inclusive or multicultural about wellness; it has been quite the opposite. Reimagining wellness therefore entails recognizing different forms of well-being and addressing the structural forces that influence it.

Perhaps the most important difference separating critiques of health and critiques of wellness is that the latter began in the United States as a countercultural practice to address the shortcomings of the former. Wellness was intended to be an alternative and corrective to the hegemony of western biomedicine and many of the material and ideological problems that came with it. Even so, it never escaped its focus on the individual. Although, as Matthew Ingram explains in his history of countercultural wellness, this focus on the self was understood as a prerequisite for fostering greater social change: “Central to the counterculture’s idea of wellness was the principle that in fixing yourself, in working at the personal axis, you played an important role in the transformation of society.”⁴² Of course, the transformation of society through the lens

⁴¹ “Six Dimensions of Wellness”

⁴² Matthew Ingram, *Retreat: How the Counterculture Invented Wellness* (London: Repeater, 2020), 434.

of countercultural wellness never materialized but, as John Travis' center exemplify, instead became further commodified and eventually entangled in the same medical industrial complex it sought to escape in the first place; the focus on the individual remained as the social and political receded further into the background.

Despite its incorporation, though, wellness still benefits from its countercultural origins and its cultural framing as a self-directed form of healthcare where one can still have agency outside hegemonic systems. This makes critiquing wellness an especially difficult task as its stakeholders continue to present it as a solution to the crises of the present despite evidence to the contrary. An example of this can be found in the realm of health food where one encounters labels that read “organic,” “free range,” “fair trade,” “local,” and so on, signifiers that communicate to the consumer they will be committing a social good by purchasing those products. While there is nothing inherently wrong with these products, in broadcasting their commitment to social and environmental issues, consumers can feel like they are doing something for their health *and* taking a political action as well:

Through consumption as social and political action . . . Consumer choices become political choices as shoppers seek out the most 'socially responsible' companies—the most environmentally conscious packaging, recycled materials, the nonaerosol sprays, organic foods, products that contribute to funds and organizations set up 'for' indigenous cultures. The simultaneous consumption of both the messages and products supposedly constitutes political participation that appeases the conscience but essentially ignores the inadequacies and inequalities of Western welfare states. Individuals can thus personally work toward care of the society and care of the planet through care of the self.⁴³

⁴³ Kimberly J. Lau, *New Age Capitalism: Making Money East of Eden*, (Philadelphia: University of Pennsylvania Press, 2000), 135-36.

One can see this logic at work throughout the wellness industry where taking care of the self is often linked to what is perceived as progressive actions or beliefs. In easing consumers' anxieties about participating in unfair or harmful systems, wellness appears—at least in these purchasing moments—as beyond critique, as continuing to do the work of providing meaningful alternatives to the mainstream. In this way, committing to one's wellness doubles as a political commitment as well.

Literature in the Age of Wellness

At the broadest and most basic level, this project is invested in asking what it means to read and write novels in an age of wellness: a cultural and sociopolitical moment pervaded by an ethos of self-directed healthcare. As the previous sections help outline, the twenty-first century has witnessed the culmination of a cultural and political movement of self-directed healthcare that has been developing and gaining momentum steadily for the last six decades. Parallel to this has been an equally robust developing body of criticism dedicated to outlining its ideological complexities. Given this fact, the project begins with a series of simple questions: how have novelists chosen to respond to this moment? And why respond at all? Why do the ideas of wellness matter to these novelists to begin with? And what does wellness *do* for literature? What does it enable formally, critically? These fundamental questions are the point of departure from which this project originated and what the following three chapters hope to provide answers to.

The novels examined here span the period from 2013-2019 bookended by the publication of Dave Eggers' *The Circle* and Halle Butler's *The New Me*, respectively. Each chapter is dedicated to a genre and a particular instance of wellness: Chapter 1 looks at the office novel and workplace wellness programs; Chapter 2 deals with the Millennial novel and wellness without

work; and Chapter 3 explores the dystopian novel and wellness at the end of the world. In organizing the chapters this way, I hope to show how recent novels in these genres have been influenced and shaped in meaningful ways by the presence of wellness. How, for example, is representation of the workplace in the office novel changed by the presence of wellness programs and how does this reorient the genre's traditional antagonism between the employee and employer? To what effect? Similarly, how can the emergent and contested genre of the Millennial novel help inform how we understand the cultural logic of wellness outside of the workplace? How might the Millennial protagonists of these novels help frame the problematics and contradictions of pursuing a regimen of self-directed healthcare? Or, finally, in what ways can a dystopian rendering of wellness allow us to question its assumed status as a social good? How does dystopia make strange the otherwise familiar consumer practices of wellness? In prompting these questions by beginning my readings at the level of genre, I look to make the argument for how wellness allows these authors to repurpose otherwise familiar genre conventions in an attempt to open new critical and narrative opportunities.

Moving beyond the question of genre, I want to propose multiple ways for thinking about how wellness is deployed across the novels examined in these chapters. This begins with how it is used by authors, paradoxically, as a language of crisis. In this way, it is a reversal of its original meaning, denoting not the absence of illness but its presence. Writing about Dunn, Kirkland explains that his "sense that we have somehow gotten ahead of ourselves in modernity and cannot quite handle it all is part of the turn to wellness."⁴⁴ Dunn's suspicion that we lack the appropriate resources to respond to the crises of the present and therefore are in need of the physical, mental, and spiritual advantages of wellness remain part of its appeal. In the context of

⁴⁴ Kirkland, 958.

the novels, wellness appears as an antidote to the problems associated with life in the United States under advanced global capitalism. When characters are overwhelmed by their circumstances, wellness is never too far off. Consequently, its presence operates in these novels as a form of doublespeak for characters to implicitly identify and critique what is broken; aware of it or not, when characters speak of wellness, they also gesture toward the source of their suffering. Wellness is not only preventative, then, but often a reaction to systemic harms.

The importance of this observation is better understood when seen alongside another commonality shared by these wellness novels and that is their reliance on satire. The humor of these novels is grounded in their relentless satirizing of the culture of wellness: from Eggers' satire of the workplace turned recreational campus to Halle Butler's excoriating of all things healthy or Heng's parodic use of wellness to transform familiar cultural landmarks (like the American diner or fast food) into their healthy counterparts, the authors appear at first glance to not take much about wellness seriously. Yet these satirical takes are undergirded by the aforementioned identifying and naming of crisis. While we are invited to laugh or mock a ridiculous instance of wellness, we are also required to examine the forces that sustain and make them possible—or, at the very least, *could* make them possible. How, in other words, could such absurd manifestations of wellness exist if not for the desperation created by the systems driving characters to use them in the first place? In what world does *care* become configured in such a way? Along these lines, satire is used to render the common practices, symbols, and iconography of the wellness ethos strange again; given its ubiquity in the culture, authors deploy satire as a way of creating the critical distance necessary for them to construct their critiques of wellness. In having characters pursue and interact with wellness across its various institutional and cultural

forms, these familiar modes of cultivating well-being take on a double meaning that is at once laughable and insidious.

If wellness is used to name crisis, it is also used as an aspirational language of becoming. Notions of self-fulfillment and achieving one's true potential are central to modern definitions of wellness. In this way, it provides a map of becoming: through a holistic process of self-directed healthcare, one can become the best version of themselves. If you are willing to do the work, a new, better version of yourself awaits—or so the ethos of wellness suggests. This assumption that you have yet to reach your full potential is predicated on an individual having an existing level of unwellness or bad habits. Once those counterproductive behaviors are identified and replaced with actions more in line with cultivating well-being, the improved self may emerge. Because getting well requires a base level of reflection on one's shortcomings, characters in these novels often resort to creating an inventory of what is causing them to suffer or ways they can improve. They then turn to wellness to become better versions of themselves, acquiring new levels of self-knowledge through these encounters even when they end poorly (and they almost always do).

Complicating this process is yet another paradox wherein characters find themselves trying to get well as part of this process of becoming despite being embedded in circumstances and systems that promote their lack of well-being. Characters in these novels are almost universally *unwell*. The novels typically begin with characters that are overwhelmed by their lives, beset by an assortment of different personal and environmental ills. This is most evident in the Millennial novels in Chapter 2 where characters must overcome the burdens of student debt, unemployment, precarious living conditions, and their own self-destructive coping mechanisms. Try as they might, the misery of their lives and the money required to participate in wellness to

begin with keeps them trapped in a cycle of desiring well-being but being unable to achieve it. However, all the novels feature protagonists who on some basic level aspire to be more well than they are. Unlike more traditional novelistic forms of becoming, characters do not achieve personal growth through formative or epiphanic moments so much as they aspire to develop through participating in a program of self-directed healthcare. Regardless of the material forms wellness takes in the novels, behind them all is the promise of agency, that characters believe they have the power to overcome their circumstances, to realize their potential, and to achieve the lives they want if only they are able to stick to their new lifestyle; well-being is a precondition for change and achievement. Characters therefore develop (or become stuck) along axes of wellness and novelists use this familiar cultural discourse within their respective narratives as a way of mapping characters' aspirations.

Eventually, however, wellness transforms from path to obstacle and assumes its place as antagonist. Because of the mediating role it plays between the protagonists and the root causes of their suffering, wellness must eventually be confronted and overcome for well-being to be achieved. Characters must counterintuitively confront the people, systems, and consumer goods that are supposedly making them better. Wellness as antagonist eventually takes one of two forms: the first is institutional and the second is as a depoliticizing rhetoric. Institutional forms found in the novels include workplace wellness programs as well as the dystopian government policies found in Chapter 3. When integrated into institutions, wellness becomes an unavoidable feature built into the structures of work and daily life. This integration is presented as innocuous and voluntary, making it difficult to identify and confront. After all, taking on institutional wellness for these characters means challenging the providers of their security. Meanwhile, wellness as a depoliticizing discourse takes the form of consumer goods—be it a personal

development seminar or shopping at Whole Foods—or mundane lifestyle changes like attending a yoga class or taking up a nightly self-care ritual. These commodified forms of wellness reinforce well-being and health as self-directed while distracting from the sociopolitical dimensions of characters' problems. Instead, they view their problems as self-created and feel responsible for fixing them. Moreover, they reinforce the atomization and loneliness characters feel, further embedding them in their problems while isolating them from collective solutions and social forms of care. The novels' confrontations with wellness may be read as a critique of how it works to conceal and exacerbate or maintain the systems responsible for the problems characters are looking to overcome. In this way, they suggest the futility of trying to cultivate well-being in a sick environment.

At stake in these different instances of wellness are a more abstract interrogation of what it means to be *well* or achieve a state of well-being in the United States during the twenty-first century. What, the novels seem to ask, does well-being in modern life look like? At the most fundamental level, the novels ask what the point ultimately is of focusing so intently on our wellness; yes, of course, to stay healthy and prevent an early or otherwise avoidable onset of illness or death, but what are we obligated to do with these *well* states once we achieve them? And, if wellness is an unending, limitless project of self-cultivation, how does one know when to divert attention away from their own wellness to that of others? What is the criteria for reaching one's full potential? And, perhaps most germane to the critiques found in these novels, what are the consequences of defining well-being as an individual rather than collective or social pursuit? In rejecting the common sensical appeals of wellness and in challenging its status as an assumed social good, the novels question the purpose and value—both individually and socially—of an ethos of self-directed healthcare. This questioning of what it means to care for ourselves and

others opens new, more complex pathways for reimagining well-being on a cultural, political, and philosophical level.

In the historical and critical sections of this introduction, I have tried to stress the important role wellness has played in the reconfiguration of healthcare in the United States since its midcentury founding. However, one of the most important questions for this dissertation that must be answered is why does wellness matter to literature at all? From the focused collection of readings I offer in this dissertation, I hope to show that wellness offers authors an opportunity to write and think about health, well-being, care, and the body in new ways—or, if not “new,” to explore and tell stories of work, becoming, and surviving through a previously unavailable lens of biomedicalization that makes visible the consequences of living through a historical moment when healthcare is at once everywhere and nowhere. Wellness, in other words, offers its own unique language, culture, and history for capturing and telling stories about managing one’s body through the crises of the present. Moreover, to say that wellness fundamentally changes the genres being discussed here—the office novel, Millennial novel, and dystopian novel—would be too grand and unsupportable a claim; but, I do want to argue that my readings of these particular novels at least provide a generative starting point for thinking about how their respective genres are uniquely suited for understanding the specifics of this phenomenon, and how they provide authors with new ways of working within these familiar literary frameworks. It is to suggest that moving forward, it is increasingly difficult to write in these genres *without* engaging wellness on some level.

One thread running throughout all these novels is the persistent anxiety they all share about the intersection of health and technology. This is yet another way of understanding why wellness matters to contemporary authors: it becomes the mediating force between

biotechnology and the digital economy that opens a critical space for these authors to operate in. Whether it is self-monitoring for the sake of tracking biometric data for a workplace wellness program, linking self-directed healthcare with the entrepreneurial ethos of Silicon Valley, or the unintended socioeconomic consequences of “hacking” the body, the relationship between biotechnology and the digital economy is a constant and unrelieved presence in these novels. Wellness is therefore appealing for authors intent on interrogating and critiquing life under the mutual influence of medicine and technology.

To tell this story, then, the dissertation begins by looking at the office novel and workplace wellness programs. It begins by taking up the historical question of how healthcare in the United States came to be inextricably tied to employment. Interrogating the history of employer-based health benefits, it examines how employers came to be both caretakers and health providers and the ways in which soaring medical costs at the end of the twentieth century led companies to rethink this longstanding arrangement; the turn to workplace wellness signals a shift on the part of employers to mitigate suddenly untenable healthcare expenditures while ensuring optimal performance from their increasingly overworked employees via ethically questionable lifestyle interventions. Typically read as a dystopian novel about surveillance and the excess of monopolistic technology corporations, Dave Eggers' *The Circle* (2013) dramatizes this arrangement. My reading focuses on *The Circle* as an office novel intent on satirizing and exploring the consequences of the office turned campus where workplace wellness is a central and celebrated feature. One such consequence—and one I argue is often overlooked in readings of Eggers' novel—is how the healthcare benefits the Circle provides to its employees keeps them indebted to the company and therefore willing to participate in its ethically questionable wellness program. This is exemplified through the novel's protagonist Mae Holland who becomes job

locked and indoctrinated by the Circle through her efforts to maintain the generous medical benefits that allow her suddenly ill father to receive proper, affordable care. Such a reading, I argue, enriches existing critiques of the novel's preoccupation with themes of surveillance while also showing how Eggers' depiction of workplace wellness programs function as a microcosm for understanding how large technology corporations maintain control by providing the social services missing from the modern welfare state.

Having looked to the ways Eggers' office novel helps illuminate the connection between healthcare and employment and how this arrangement helped create the conditions for the institutionalization of workplace wellness programs, Chapter 2 explores wellness without work. Put differently, how does the wellness ethos function when it is situated within precarious circumstances? To answer this, Chapter 2 starts with asking how the historical conditions of the 1980s and 1990s can help explain the sudden mainstream adoption and success of the wellness ethos; and, consequently, how Millennials might be uniquely situated to understand and critique this development. The chapter then looks to three examples of the Millennial novel—*Jillian* (2015), *Private Citizens* (2016), and *The New Me* (2019)—set in the early to late aughts. In the novels of Halle Butler and Tony Tulathimutte, one finds a cast of precarious Millennial protagonists who turn to wellness as a means of achieving self-transformation and of escaping the misery that attends their precarious conditions. The selves they seek to create are employable ones capable of hiding their rage, indignation, disillusionment, and depression. Put simply, in wellness they find the promise of agency to take control of their lives. Butler and Tulathimutte go on to reveal how this false sense of control leads to an internalization of the systemic harms around their protagonists and how this focus on the self leads to the depoliticization of these larger issues. As wellness inevitably fails to provide the solutions they are looking for, the

protagonists are left to explore achieving well-being beyond the self, turning to alternative forms of social care and interdependence.

Chapter 3 moves beyond the present to engage with the future of wellness. Reading *Suicide Club: A Novel About Living* (2018) and *Severance* (2018) by Rachel Heng and Ling Ma, respectively, the chapter addresses what I call the transhumanist reconfiguration of wellness. It looks at the parallel histories of transhumanism and wellness as they emerged at midcentury to eventually become intertwined as the dominant ethos of Silicon Valley. In tracing this history—of wellness’ transition from the New Age to the Digital Age and transhumanism’s journey from esoteric subculture to venture capital investment—the chapter documents how standards for well-being have been transformed by biotechnology, setting the expectation for health at the level of immortality. Here, the dystopian novels of Heng and Ma take this ethos to its logical limits, revealing the problematics of worlds built around an untenable standard for well-being and remade in the image of biotechnology. The destructive endings offered by both novels paradoxically suggest that imagining new forms of well-being begins with death.

Through these close readings, I aim to demonstrate the potential of wellness as a critical lens for thinking about and discussing literature, particularly fiction published in the last decade. The story I tell here is in the hopes of inspiring new conversations about the ways this capacious term can be utilized by authors and critics to depict and articulate the problems of the present. If nothing else, I hope the histories and readings contained in this dissertation speak to how literary critiques of wellness can bring awareness to issues of care, community, health, and the need for true alternatives to profit-driven medicine. What follows are my efforts to prove literature’s essential role in being part of this conversation of redefining what we currently understand well-being to be.

CHAPTER 1: THE OFFICE NOVEL AND WORKPLACE WELLNESS PROGRAMS

This chapter situates *The Circle* by Dave Eggers (2013) within the interrelated and ongoing historical development of employer-provided health insurance and workplace wellness programs in the United States. Historicizing Eggers' novel this way provides an opportunity for thinking critically about the political and ethical dimensions of modern-day workplace wellness programs with special attention paid to their paradigmatic formulation within the work campuses of large technology companies. The novel lays bare how such programs provide care for workers in a fashion typically associated with the duties of the welfare state while the company itself works those same employees to death. The acceptance of this paradoxical arrangement is explained through the narrative's contrasting of these employee "perks" with the inhumane and bureaucratic U.S. healthcare system that exists outside the insular confines of corporate entities like the Circle. Reading the novel through this lens, I argue, allows us to see how workplace wellness programs help normalize the contradictory relationship of employers as caretakers and distract from the problematics inherent to workers' dependence on them for access to healthcare. While otherwise providing a social good, *The Circle* dramatizes how such programs justify ethically questionable interventions into workers' lives and reinforce self-monitoring under the guise of responsible self-directed healthcare. At stake in this arrangement is a workforce that must exchange privacy for well-being and for whom health optimization becomes its own fulltime job, the boundaries between work life and private life made even more porous in the process. Embedded in these conflicts is the broader suggestion that workplace wellness programs provide an alternative to a broken healthcare system and a decaying welfare state but at the expense of exploiting a vulnerable and dependent workforce, ultimately taking care of workers while simultaneously harming them.

When critics write about *The Circle*, they understandably focus on the novel's dystopian treatment of surveillance and privacy. Here, Orwell's *Nineteen-Eighty-Four* enters as the most direct literary analog and critical discussions of *The Circle* rarely escape from under its shadow. The general tenor of these discussions is captured in the following description: "*The Circle* is an obvious companion to *1984*. Big Brother has been superseded by the seemingly benevolent corporation, 'the Circle,' premised on the full transparency of its workers, as well as access to and surveillance of the world at large."⁴⁵ For his part, Eggers is intentional and candid about the Orwellian echoes of *The Circle*, admitting during an interview that "The only thing I did consciously was that nod to those three slogans [in *Nineteen-Eighty-Four*]."⁴⁶ Yet he later adds that what differentiates his surveillance dystopia from Orwell, is that "on page 1 of *Nineteen-Eighty-Four*, life is miserable . . . I really wanted to have a much slower burn [in *The Circle*], where you slowly get to participate in the descent . . . I wanted *The Circle* to be pointedly such that everyone is participating, doing it willingly."⁴⁷ In response to Eggers, Philippa Hobbs writes that he "explores the willing submission to technology corporations, the prospect of their total control, and the failure to recognize what is at stake when individuals governed by neoliberal rationality partake [in constant surveillance]."⁴⁸

This emphasis on willful participation in the creation of the Circle's dystopia typically focuses on the unintended consequences of the well-intentioned bright young programmers

⁴⁵ John Masterson, "Floods, Fortresses, and Cabin Fever: Worlding 'Domeland' Security in Dave Eggers's *Zeitoun* and *The Circle*," *American Literary History* 28, no. 4 (December 12, 2016): 729.

⁴⁶ Sean Bex et al., "An Interview with Dave Eggers and Mimi Lok," *Contemporary Literature* 56, no. 4 (2015): 556. The slogans Eggers is referring to are "War Is Peace," "Freedom Is Slavery," and "Ignorance Is Strength," which in *The Circle* take the form of "Secrets Are Lies," "Sharing Is Caring," and "Privacy Is Theft."

⁴⁷ Philippa Hobbs, "'You Willingly Tie Yourself to These Leashes' Neoliberalism, Neoliberal Rationality, and the Corporate Workplace in Dave Eggers' *The Circle*," *Dandelion: Postgraduate Arts Journal and Research Network* 8, no. 1 (2017), <https://doi.org/10.16995/dcl.360.7-8>.

⁴⁸ *Ibid.*, 2-3.

pitching their latest ideas to the company's founders or "Three Wise Men." The narrative suggests that the company's most invasive and disturbing technologies emerge from its idealistic employees seeking with a missionary zeal to rid the world of its problems; their work is then further emboldened by an insular corporate culture that further validates and normalizes the otherwise unethical practices these "innovative" technologies require. The consequences become how quickly the Circle's philosophy is adopted by the public. In his review of *The Circle*, Scott Eldridge, for example, writes that "[Eggers'] story describes the insidious way the goal of total visibility of the population is achieved through technological means that are incrementally adopted by a technology-loving society."⁴⁹ Unlike Orwell, the surveillance dystopia in *The Circle* originates not from a totalitarian regime but rather from a seemingly innocuous corporate culture whose monopolistic power comes to infuse public life with a well-intentioned idealism that recalibrates normalcy to the tune of surveillance capitalism.

What I want to suggest is that critical preoccupation with *The Circle*'s themes of security, privacy, surveillance, and the willful participation that makes it possible can be enriched by paying special attention to how the novel foregrounds these concerns in a larger cultural and political history of employer-provided health insurance and the phenomenon of workplace wellness programs. In other words, to understand why employees at the Circle—including the novel's protagonist Mae Holland—are complicit in helping the Circle build its dystopic future, we must look to what drives and normalizes this complicity in the first place. The answer can be found by attending to the overlooked parts of the narrative that focus on the body, health, well-being, and the systems that govern them. This reveals *The Circle* to be a novel built along the fault lines of America's vexed history with tying employment to healthcare, or what happens

⁴⁹ Scott D. Eldridge, "The Circle [Book Review]," *IEEE Technology and Society Magazine* 34, no. 1 (March 2015): 5, <https://doi.org/10.1109/MTS.2015.2395964>.

when work and access to healthcare become synonymous; and, finally, what happens when employers—particularly large technology corporations like the Circle—evolve to become not just the gateway to healthcare but the administrators of it as well. The significance of such a reading makes visible the ways workplace wellness is a response to larger systemic problems related to care in the United States that enable companies to take advantage of otherwise vulnerable workers by increasing their workload and violating their privacy in the benevolent name of care. Instead of reading *The Circle* as a cautionary tale against the excesses of monopolistic technology corporations, I argue here that reading the novel through the lens of workplace wellness helps tie these concerns to an equally compelling and urgent critique of healthcare and the absence of alternative or social forms of care.

Too often, the novel's heavy-handed techno-dystopianism distracts from its interrogation of the unforeseen and often less spectacular dramas that underwrite employer-provided health insurance. Although it addresses how workplace wellness programs can lead to ethically questionable lifestyle and behavioral interventions that condition workers to submit to surveillance and to willingly volunteer for self-monitoring—thereby sacrificing private information in the interest of self-directed healthcare—driving engagement with these programs are often precipitated by the consequences of an overly bureaucratized and profit-driven healthcare system. Simply being “insured,” as critics like Paul Starr have pointed out, often belies the crises of economic insecurity that many Americans face when dealing with illness. Reflecting on this subject, he writes

Many with insurance also had coverage that proved inadequate in serious illness, particularly if they had a pre-existing condition or their policy had other exclusions. As a result of the various limitations of the insurance system, Americans experienced forms of

economic insecurity virtually unknown in the other advanced countries: “medical bankruptcy,” and “job lock” (inability to start a business or change jobs for fear of losing health benefits).⁵⁰

As we will see in this chapter, many of the conflicts in *The Circle* such as job lock and inadequate health insurance coverage affects characters who are already employed and insured. It is often the inadequacies of these plans or their restrictive effects i.e. “job lock” that prove to be the most harmful. In contrast to these bureaucratic-driven forms of harm, employers like the Circle are able to boost their appeal and disguise their culture of overwork through the perks of workplace wellness and the security it offers. However, employers turning to health benefits as a recruitment tool is an invention of the post-war era and part of the complicated history that naturalized employers as caretakers.

An Abridged History of Employer-Provided Health Insurance: The Path to Workplace Wellness

How did employers come to be the gatekeepers of healthcare in America? The history of employer-provided health insurance in America may best be described as a historical accident that over time solidified into a natural order. At the turn of the twentieth century, medical science in America was still in its infancy as was the market for medical services; healthcare services were limited in both availability and effectiveness, and, as a result, the overall cost of healthcare remained affordable. As Melissa Thomasson notes in a piece written for *Harvard Business*

⁵⁰ Paul Starr. *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform* (New Haven: Yale University Press, 2013), 5.

Review, “the average annual per capita spending on health care was about \$5 in 1900, the equivalent of \$150 today.”⁵¹

American workers associating health benefits with their employer begins at the turn of the century with what John Murray refers to as industrial sickness funds, a synthesized term that denotes two types of health insurance common in the Progressive Era through World War II; the first type being establishment funds provided by employers and often ran by employees and the second type being insurance provided through trade unions.⁵² Due to the low cost of healthcare, these funds concerned themselves more with protecting workers and their families from a loss of income rather than paying for medical expenses and thus functioned more like paid sick leave. These sickness funds or proto forms of health insurance differed from “accident insurance” or workmen’s compensation which began to be passed into law in various states beginning in 1911. These efforts to secure health insurance through employers or unionization were early progressive victories, creating optimism that a nationalized healthcare system was imminent.

The fear, of course, for many families in Progressive Era America was that an unexpected illness could result not only in loss of income but destitution. As Murray goes on to explain, the industrial sickness funds sought to mitigate such fears by providing workers with at least half their normal pay until they were able to return to work; however, the historical accounts of industrial sickness funds speak to their inability to consistently provide health insurance for the majority of workers, let alone their dependents. Those with preexisting health conditions—later to be known collectively in the nomenclature of insurance as adverse selection—found it difficult to gain employment or to meet the application standards of other early twentieth century

⁵¹ Thomasson, Melissa A. “Why Do Employers Provide Health Care in the First Place?” *Harvard Business Review*, March 15, 2019. <https://hbr.org/2019/03/why-do-employers-provide-health-care-in-the-first-place>.

⁵² John Murray, *Origins of American Health Insurance: A History of Industrial Sickness Funds* (New Haven: Yale University Press, 2007), 6.

providers of private health insurance such as fraternal orders.⁵³ Instead, these funds joined an existing patchwork of private insurance offerings that left most Americans unprotected and “working class families living on the edge of disaster.”⁵⁴

Unlike the Progressive era, by the 1930s the costs of healthcare began to exceed the costs of missing wages caused by illness and thus created a new economic problem. Changes in American medicine including stricter licensing procedures for physicians—thereby reducing their supply and allowing them to set their own prices—and the rise of hospitals were largely responsible for this increase. There was also the more obvious fact that medical technologies were improving, steadily leaving behind the days of “quackery.” Important in terms of public opinion, these increased healthcare costs now extended to the middle class as well, making affordable healthcare no longer just a working-class concern. Yet given the many social reforms that were to come by way of the New Deal as part of the creation of the U.S. welfare state, nationalized health care reform would not be one of them. Although, Roosevelt would call for “an economic bill of rights” in his 1944 State of the Union address, emphasizing Americans’ “right to adequate medical care” and “protection from the economic fears” caused by illness, the window for healthcare reform that seemed so possible in both the Progressive Era and in the wake of the New Deal was shut by the time of his death in 1945.⁵⁵

Proto versions of the modern workplace wellness program can be traced to this same period as well in the form of shifting medical and cultural attitudes regarding alcoholism. While

⁵³ Beatrix Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America* (Chapel Hill: University of North Carolina Press, 2001), 9. Hoffman writes, “Fraternal societies—voluntary groups organized by religion, ethnicity, or similar affiliation—were the most common providers of insurance and relief before the New Deal . . . low-income workers were far more likely to receive benefits from a fraternal order than from other charity or welfare institutions.” And while fraternal orders are not germane to the focus of this chapter, it is nonetheless worth noting their ubiquity since employer-provided health insurance was not yet the “natural” path for most Americans.

⁵⁴ Murray, *Origins*, 4.

⁵⁵ Starr, *Remedy*, 36-38.

drinking and the American workplace has a history that predates the founding of the republic⁵⁶, the twentieth century saw a fundamental change in how Americans and medical professionals viewed alcohol consumption. Alcoholics Anonymous (AA) was founded in 1935, two years after the end of prohibition, and had over 100,000 members by 1950 with no signs of slowing.⁵⁷ The Yale Center of Alcohol Studies—also founded in 1935—worked to change the image of the alcoholic from one of moral failing to the more widely accepted disease model later formalized by the American Medical Association in 1956. Through its journal, the Center published articles demonstrating the connection between excessive alcohol consumption and decreased job performance. The Industrial Research Council was then created to further study connections between work and alcohol, leading to the Yale Plan for Business and Industry that advocated for formal alcohol support programs to be offered by employers. By the 1940's and 1950's, companies like duPont and AT&T began sponsoring company alcohol treatment programs—soon to be formally referred to as Occupational Alcohol Programs—and provided the medical insurance to cover them.⁵⁸

It is here, at midcentury, that advances in actuarial science would intersect with the policy fallout of World War II, helping to solidify group employer-provided health insurance as a natural order and, in doing so, as Paul Starr argues, entrench the country in a policy trap: “a costly, extraordinarily complicated system which nonetheless protected enough of the public to make the system resistant to change.”⁵⁹ In 1929, Teachers in Dallas created a contract with

⁵⁶ See W.J. Rorabaugh, *The Alcoholic Republic: An American Tradition*. (Oxford: Oxford University Press, 1981). According to Rorabaugh, drinking on the job was commonplace in American work life. It was only with the advent of industrial capitalism and the increased focus on productivity and efficiency—not to mention the passing of workers compensation laws—that alcohol consumption became a source of corporate anxiety.

⁵⁷ Trysh Travis, *The Language of the Heart: A Cultural History of the Recovery Movement from Alcoholics Anonymous to Oprah Winfrey*. (Chapel Hill: The University of North Carolina Press, 2013), 36.

⁵⁸ Bruce E. Brody, “Employee Assistance Programs: An Historical and Literature Review.” *American Journal of Health Promotion* 2, no. 3 (December 1, 1987): 14, <https://doi.org/10.4278/0890-1171-2.3.13>.

⁵⁹ Murray, *Origins*, 41.

Baylor University Hospital that would allow for 21 days of hospitalization at a fixed rate of \$6.00; this mutually beneficial arrangement would save employees from a potentially ruinous medical bill while ensuring that the hospital would receive payment.⁶⁰ It was an arrangement that flourished throughout the 1930s as both employees and hospitals faced financial burdens caused by the Great Depression. Fearing competition, physicians began creating pre-payment plans of their own. These pre-payment plans formed the basis for what would become the largest insurers in America, Blue Cross and Blue Shield.

Alongside pre-paid plans showing how commercial insurance could be economically viable, other important legislative changes helped to further instantiate employment as the primary path to health insurance in the United States. The 1942 Stabilization Act prevented companies from raising wages as a means of securing workers from an ever-dwindling pool of prospects as the war effort ramped up. However, companies could purchase employee insurance plans, and this became an effective strategy for employers to compete for workers. More legislative moves followed, beginning with an important 1945 War Labor Board ruling that determined “employers could not modify or cancel group insurance plans during the contract period” and a 1949 National Labor Relations Board ruling that determined “the term ‘wages’ included pension and insurance benefits . . . [allowing unions] to negotiate benefit packages on behalf of workers.”⁶¹ In addition to these rulings that allowed “millions of unionized workers [to receive] health benefits through collective-bargaining agreements,” the most consequential post-World War II era ruling would address the issue of taxation. Decided on by the Internal Revenue Service (IRS) in 1943 and codified in the 1954 Internal Revenue Code (IRC), “employer

⁶⁰ Melissa Thomasson, “Health Insurance in the United States”. EH.Net Encyclopedia, edited by Robert Whaples. April 17, 2003. URL <http://eh.net/encyclopedia/health-insurance-in-the-united-states/>.

⁶¹ Ibid.

contributions to employee health plans were exempt from employee taxable income.”⁶² To rectify any remaining confusion surrounding the tax status of employer contributions to healthcare plans, in 1953 the Eisenhower administration “proposed a blanket exclusion for all employer contributions, plus an expanded medical-expense deduction.”⁶³ As of 2017, this tax subsidy costs the federal government approximately 250 billion dollars every year and is the largest tax expenditure in the United States, an economic reality that continues to be a subject of debate among health reform advocates.⁶⁴

With employer-provided health insurance now entrenched by midcentury via tax codes and emboldened by the economic advantages it offered companies and workers, the passing of both Medicare and Medicaid in 1965 to cover the elderly and the poor, respectively, helped to enshrine employer-provided insurance as the primary form of healthcare in America by seeming to further render any nationalized system of healthcare to be unnecessary; after all, if you were able to work, you were likely receiving health benefits from your employer; if you were unemployed, below the poverty line, or elderly, you were likely eligible for a government healthcare program. However, the holes in the social safety net would be revealed in the aftermath of economic troubles in the 1970s as well as by the onset of Reaganomics in the 1980s that would begin to shift healthcare costs to employers, important steps toward the development of workplace wellness programs.

⁶² Ibid.

⁶³ Starr, *Remedy*, 41.

⁶⁴ Aaron E. Carroll, “The Real Reason the U.S. Has Employer-Sponsored Health Insurance,” *The New York Times*, September 5, 2017, sec. The Upshot, <https://www.nytimes.com/2017/09/05/upshot/the-real-reason-the-us-has-employer-sponsored-health-insurance.html>; Kate Zemike. “The Hidden Subsidy That Helps Pay for Health Insurance.” *The New York Times*, July 7, 2017, sec. Health. <https://www.nytimes.com/2017/07/07/health/health-insurance-tax-deduction.html>

Meanwhile, by this time the Occupational Alcohol Program (OAP) of midcentury gave rise to the more generic and encompassing Employee Assistance Program (EAP). With the passing of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act or Hughes Act in 1971, the NIAAA (National Institute on Alcohol Abuse and Alcoholism) was established to promote public and private programs for treating alcoholism and raising public awareness; in addition to wanting to remove the stigma associated with employees seeking treatment for alcoholism, studies consistently found that work programs with a more holistic approach—addressing not just alcohol dependence but other underlying factors like marital and family issues, finance, and depression—were more effective.⁶⁵ Thus, OAP’s were subsumed and expanded under the broader services offered by EAP’s. It is the holistic approach of the EAP that helped set the precedent for what has since evolved into the workplace wellness program.

The midcentury history of the OAP and EAP as well as the Hughes Act marks an important moment in legitimizing the workplace as a site for both solicited and unsolicited healthcare. Benign and good-intentioned as these medical interventions may seem, they call into question the ethics of job performance as a diagnostic tool for determining the overall well-being of employees. After all, as critics have pointed out, “The company usually does not take into consideration the employee’s overall health problems created by the demands of long hours or the stress to increase productivity and profitability of the company . . . Profit is the priority.”⁶⁶ Barbara Ehrenreich echoes this sentiment when she writes “Employee wellness is not a traditional concern of large capitalist enterprises, which are historically better known for

⁶⁵ Brody, “Employee Assistance Programs,” 14.

⁶⁶ *Ibid.*, 17.

imposing unhealthy conditions on their workers . . . punishing workloads and unholy levels of stress for workers of all collar colors.”⁶⁷

From its beginnings, wellness at the workplace has always been motivated by a desire to reduce absenteeism, sick leave, loss of productivity, poor morale, workplace accidents, and, most importantly, healthcare costs for employers. As healthcare costs for employers began to steadily increase in the 1980’s, preventive healthcare became more attractive as a key strategy for mitigating company expenditures on employee healthcare. These programs had the added benefit of humanizing the corporate workplace, adding a veneer of care and concern at a historical moment when downsizing, outsourcing, and general job insecurity were becoming common in the corporate workplace.

Because of cost-cutting measures made by the Reagan administration throughout the 1980s and 1990s, hospitals began to shift costs to privately insured patients. The result is that health insurance premiums soared, leading employers and health insurance companies to begin exploring cost-cutting measures of their own.⁶⁸ Writing during this period, Field and Shapiro observe that, “The persistent escalation of health benefit costs has prompted employers to become ever more involved in the design and management of their health benefit plans and to experiment with an ever-wider variety of techniques in an effort to contain their costs.”⁶⁹ They go on to explain how “Rising health benefit costs and accumulating research on the correlations between health status and health care expenditures, absenteeism, and other associated business costs have combined with broad public interest in health promotion to increase employer’s

⁶⁷ Barbara Ehrenreich, *Natural Causes: An Epidemic of Wellness, the Certainty of Dying, and Killing Ourselves to Live Longer* (New York: Twelve, 201), 63.

⁶⁸ Starr, *Remedy*, 71.

⁶⁹ Marilyn J. Field and Harold T. Shapiro, *Origins and Evolution of Employment-Based Health Benefits* (Washington: National Academies Press: 1993), 87, <https://www.ncbi.nlm.nih.gov/books/NBK235989/>.

interests in strategies for achieving a healthier and less costly work force.”⁷⁰ Echoing this point but writing in the context of the aughts, Paul Starr observes that “employers in the early 2000s sought to shift more of the risk for health care costs to their workers . . . Companies adopted insurance plans with high deductibles, and they eliminated health benefits entirely for some workers by making greater use of independent contractors, part-time employees, and other arrangements.”⁷¹ These “other arrangements” Starr refers to are workplace wellness programs.

It is this changing attitude of employers toward the cost of health insurance where the story of workplace wellness programs begins to take shape. The consequences of this change were twofold: 1) because employers were searching for new ways to *not* offer employees insurance, this further incentivized a temporary workforce comprised of uninsured workers and led to a national drop in the number of Americans covered with health insurance: “From 1980 to 2000, the proportion of Americans receiving health insurance via employment had already slipped from 71 percent to 67 percent; by 2010, it would fall another 11 percentage points to 56 percent.”⁷² This meant that for many Americans, where they once might have had employer-provided health insurance, they now found themselves either without health insurance altogether or forced to buy private health insurance at often exorbitant costs; and 2) this meant that employers still offering health insurance—particularly large corporations—would look to create or expand existing workplace wellness programs to further encourage employees to take control of their health, mitigating the type of adverse selection that would increase company healthcare costs. In this way, corporations would find a renewed interest similar to what scholar Andrea

⁷⁰ Ibid., 116.

⁷¹ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 2017), 465.

⁷² Ibid. 465-66

Tone, researching the emergent concept of welfare work in the Progressive Era, has referred to as industrial paternalism.⁷³

Wellness programs are now commonplace in America. According to a report published in the *Journal of the American Medical Association*, “82% of large firms and 53% of small employers in the United States offered a wellness program, amounting to an \$8 billion industry.”⁷⁴ Unsurprisingly, the larger the workplace, the more likely they are to have a wellness program with 93% of companies with 200 employees reporting to have one and 51% of large companies offering a behavior modification program (like smoking cessation, for example).⁷⁵ A 2012 RAND report defines workplace wellness programs as follows:

Broadly, a workplace wellness program is an employment-based activity or employer sponsored benefit aimed at promoting health-related behaviors (primary prevention or health promotion) and disease management (secondary prevention). It may include a combination of data collection on employee health risks and population-based strategies paired with individually focused interventions to reduce those risks. A formal and universally accepted definition of a workplace wellness program has yet to emerge, and employers define and manage their programs differently. Programs may be part of a group health plan or be offered outside of that context; they may range from narrow offerings, such as free gym memberships, to comprehensive counseling and lifestyle management interventions.⁷⁶

⁷³ See Andrea Tone, *The Business of Benevolence: Industrial Paternalism in Progressive America*. (Ithaca: Cornell University Press, 1997).

⁷⁴ Zirui Song and Katherine Baicker, “Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes: A Randomized Clinical Trial,” *JAMA* 321, no. 15 (April 16, 2019): 1492, <https://doi.org/10.1001/jama.2019.3307>.

⁷⁵ Soeren Mattke, Christopher Schnyer, and Kristin R Van Busum, “A Review of the U.S. Workplace Wellness Market” (RAND Health, 2012), 18-19.

⁷⁶ *Ibid.*, 5.

The report further breaks down the components of wellness programs as follows: “Health Risk Assessment (HRA) or Health Risk Questionnaire, clinical/biometric screenings, lifestyle and risk factor management, disease management programs, structural improvements (i.e. making the working environment more accessible), online health and wellness resources, on-site clinics, EAPs, and short-term disability management.”⁷⁷ Some of these services, such as disease management programs, increased accessibility, and short-term disability management are indeed improvements essential for creating a more just, equitable, and humane workplace. However, it is precisely these types of improvements that help mask the more invasive and ethically questionable practices that are inherent with workplace wellness programs.

This shift in responsibility, from governments to employers and from employers to employees, signals both an economic change and a broader cultural shift to self-directed healthcare. Health has become its own fulltime job. Some critics have explained these changes as simply the byproduct of further technological change: “The growth of the Internet and the advent of social media in the 2000s expanded the reach of popular health movements. New technologies for monitoring and evaluating one’s own bodily and mental condition also fit into the broader pattern in the culture emphasizing individual choice and self-determination in health and illness.”⁷⁸ Not only can one receive healthcare advice through an Instagram post or a YouTube video, but new self-monitoring technologies in the form of wearable devices and phone apps have allowed workers to take the diagnostic and biometric screenings previously found only in medical settings home in order to monitor calories, weight, heart rates, sleep, hydration, stress, mood fluctuations, habits, and, of course, steps. These results can then be transferred to those presiding over the workplace wellness program.

⁷⁷ Ibid., 13-16.

⁷⁸ Starr, *Social Transformation*, 465.

While some hoped the 2010 Patient Protection and Affordable Care Act would provide an alternative to employer-provided health insurance—and thereby reducing the presence or necessity of workplace wellness—it instead reified them through provisions and incentives, providing yet another legislative boon that further enmeshed healthcare and employment. While the Affordable Care Act helped to decrease the number of uninsured Americans, 2018 U.S. Census data shows “8.5 percent of people, or 27.5 million, did not have health insurance at any point during the year” while “the uninsured rate and number of uninsured increased from 2017 (7.9 percent or 25.6 million).”⁷⁹ Also striking is that in 2018 private insurance continued to cover “67.3 percent of the population” with employer-based health insurance “covering 55.1 percent of the population for all or part of the calendar year.”⁸⁰ As of 2018, then, more than half of Americans continued to receive access to healthcare from their employers, demonstrating the inextricable links between health and work that have only solidified throughout the twenty-first century despite progressive efforts to provide alternatives.

The ACA nonetheless did nothing to disentangle healthcare from employment. If anything, the ACA helped to further instantiate the workplace as an acceptable site for health and lifestyle intervention through “numerous provisions intended to leverage workplace health promotion and prevention as a means to reduce the burden of chronic illness and to limit growth of health care cost.”⁸¹ These provisions include: “\$200 million dollars of funding for wellness program start-up grants for small businesses, a program to reward states for participating in wellness programs purchased through the individual market by allowing them to apply for rewards, technical assistance to allow the Centers for Disease Control and Prevention (CDC) to

⁷⁹ US Census Bureau. “Health Insurance Coverage in the United States: 2018.” The United States Census Bureau.

⁸⁰ Ibid.

⁸¹ Mattke et. al., “A Review of the U.S. Workplace Wellness Market,” 5

provide resources for evaluating workplace wellness programs, and \$10 million dollars of reward money to be given to organizations with experience in developing workplace wellness programs.” The ACA’s formal definition of workplace wellness is much broader than what is found in the RAND report, defined as “a program offered by an employer that is designed to promote health or prevent disease.”⁸² Such generic definitions, then, have given employers flexibility to create and tailor programs to their specific needs so long as it can speak to preventative healthcare on the most basic of levels.

My goal in narrating this thumbnail sketch of employer-provided health insurance and the subsequent development of workplace wellness programs over the past century has been to situate the themes and concerns of *The Circle* within the historical relationship that exists between healthcare and employment in the United States. As we will see, the novel takes up the most recent iteration of this ongoing history, interrogating the office workplace turned campus—or what happens when, in the words of Google spokesman Jordan Newman, you try “to create the happiest, most productive workplace in the world.”⁸³ Many of *The Circle*’s conceits may push the limits of believability, asking readers to imagine a world where politicians broadcast their lives 24/7 from cameras worn around their necks and an internet where anonymity and trolls no longer exists. Yet, *The Circle*’s rendering of the work “campus” in the age of monopolistic tech companies where workplace wellness programs are enshrined and amplified—encouraging rigorous self-monitoring, diet and exercise regimens, and mandatory participation in company health initiatives—dramatizes and satirizes what is already commonplace in many American workplaces, especially when operating under the optimization ethos of Silicon Valley

⁸² Ibid., 12, 10.

⁸³ James B. Stewart, “Looking for a Lesson in Google’s Perks,” *The New York Times*, March 15, 2013, sec. Business, <https://www.nytimes.com/2013/03/16/business/at-google-a-place-to-work-and-play.html>.

(to which the novel's fictional San Vincenzo serves as a thinly veiled proxy). This fact is not lost on Eggers either:

The founders and the staff of so many of these [tech] companies do so many things well; they take on a very active role in improving every part of the system, meaning that they aim to provide the best possible service to their employees in terms of food, exercise, relaxation, and accommodation. There are hundreds of campuses all around California that provide these kinds of things. But what is the trade-off?⁸⁴

The “kinds of things” companies are providing—and what Eggers is alluding to but not naming here—is workplace wellness programs, which have reached their apex in the form of the workplace campus. Companies that “provide the best possible service to their employees” through these programs and in the “interest” of employee wellness do so in a manner that is often predicated on violating employees’ privacy and may also result in financial harm to those who either “fail” these programs or choose not to participate. Asking “What is the trade-off” is the operative question that attends both the history I have written about here and my reading of the novel: what is lost or sacrificed when we receive healthcare from workplace wellness programs? What must be endured or given up in order to retain access to these benefits? What is being asked of the worker in this asymmetrical power arrangement? What are the costs of this dependency? In short, what happens when your workplace both harms and takes care of you?

“Your Step Count Could be Better”: Workplace Wellness in Dave Eggers’ *The Circle*

The Circle’s protagonist, Mae Holland, is from the fictitious Longfield, California, “a small town between Fresno and Tranquility” located in the Central Valley and geographically

⁸⁴ Bex and Craps, “An Interview with Dave Eggers,” 552-553.

positioned to match her literary profile: occupying the middle of a large state, situated just far enough from the wealth and excess of San Vincenzo to maintain her status as an “everyman” figure.⁸⁵ Longfield is described in as a “cheap place to live” and, among its “just under two thousand souls,” one finds “security guards, teachers, truckers who liked to hunt.”⁸⁶ We are told that Mae is one of twelve graduating seniors to go to college and the only one to leave the west coast. Mae’s parents bear a similarly humble class profile, her father Vinnie once working fourteen-hour shifts as a building manager in a Fresno office park while her mother worked part-time at a hotel restaurant; these exhausting days of menial labor culminate in Mae’s parents becoming small business owners through becoming the proprietors of a two-story parking lot in downtown Fresno, a venture that finally leaves their “finances stabilized.”⁸⁷

It is against this meritocratic backdrop of lower-middle class social mobility from which Mae’s character is never fully divorced. Even upon returning home from college and during her own meritocratic rise at the Circle, Mae still embodies the ambition and precarity that characterizes the working-class of Longfield. We are told that her elite liberal arts education at Carleton has left her with a six-figure student-loan debt that is “voracious and demand[s] monthly feedings,” and why, upon her return to Longfield, she finds herself indefinitely beholden to a dead-end office job at the local gas and electric utility company.⁸⁸ Mae’s “rescue” by the Circle via her college friend Annie coincides with the familial drama of Vinnie’s recent diagnosis of multiple sclerosis; forced to sell their parking garage and live off its profits, Vinnie’s sudden inability to receive proper care under an inadequate insurance plan becomes an unrelenting source of sorrow for Mae and her family and one that orbits her new career at the

⁸⁵ Dave Eggers, *The Circle* (New York: Vintage, 2013), 9.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*, 71-72.

⁸⁸ *Ibid.*, 9-10.

Circle. It is the onset of this family crisis that is often relegated to the margins of discussions of *The Circle*. More than mere footnote to her exploits at the Circle, it is here, I argue, that one finds the animating force of the novel's plot: Mae's new position at the Circle resolves many of her own problems, but she enters her new position in the wake of her family being at the mercy of a convoluted and expensive healthcare system that threatens to bankrupt them as Mae's father suffers from lack of treatment. Her rise at the Circle is met by the inverted decline of her parents. In this way, Mae's parents and therefore Longfield are always within the orbit of the novel's narrative as we will soon see.

Meanwhile, readers are introduced to the Circle's robust wellness program. Using the RAND definition of workplace wellness, the Circle checks all the expected boxes and then some: behavioral and lifestyle interventions, exercise and recreation facilities, and company collection of employee biometric data. The sheer volume of workplace wellness related details included in the Circle are staggering and relentless. To start, even the topography of the Circle's campus is marked with shallow inspirational and mindful slogans as Mae notices when walking around the campus: "The walkway . . . its quiet red cobblestones were replaced, occasionally, by tiles with imploring messages of inspiration. 'Dream,' one said . . . 'Participate,' said another. There were dozens: 'Find Community.' 'Innovate.' 'Imagine,' . . . 'Breathe.'"⁸⁹ The physical campus doubles as a discursive space wherein the clichéd inspirational poster associated with the drab workspaces of traditional office has been disassembled and reimagined, its bromides scattered and enshrined in the Circle's verdant landscape. The inscribed messages conflate corporate jargon ("Innovate," "Participate," "Find Community") with more benign messages redolent of wellness gurus and personal development seminars ("Dream," "Imagine," "Breath"). Later we

⁸⁹ Ibid., 1-2.

learn that these messages are complemented by daily company notices that include “each day’s words of the wise—last week’s aphorisms were from MLK, Gandhi, Salk, Mother Teresa and Steve Jobs.”⁹⁰

With every new work experience and surrounding every new social interaction at the Circle, we are met with the often exaggerated symbols and practices of workplace wellness and the recreational perks meant to boost well-being including organic gardens (complete with “sample[s of] the latest harvest of carrots and tomatoes and kale”), culinary classes, volleyball and tennis courts, mini-golf and movie theaters, and picnic areas.⁹¹ Being led on a campus tour, Mae is introduced to yet another list of amenities: “So you’ve seen the pool, the sports area . . . Over there’s the yoga studio, crossfit, Pilates, massages, spinning . . . Behind that there’s the bocce courts and the new tetherball setup.”⁹² Even employee desks are arranged in “organic shapes” to look like “petals on a flower.”⁹³ Mae equates the experience of working at the Circle to shopping at an organic grocery store: “The company had so much going on, so much humanity and good feeling, and was pioneering on all fronts, that she knew she was being improved just by being in the Circlers’ proximity. It was like a well-curated organic grocery store: you knew, by shopping there, that you were healthier; you couldn’t make a bad choice, because everything had been vetted already.”⁹⁴ Mae’s analogy is telling as her workplace comes to resemble the consumer experience of shopping for health food wherein the environment is designed with her health in mind. It provides Mae with a false sense of security under the assumption that anything harmful will have been “vetted already.” Mae’s conflating of the Circle

⁹⁰ Ibid., 102.

⁹¹ Ibid., 1, 29-30.

⁹² Ibid., 5.

⁹³ Ibid., 40.

⁹⁴ Ibid., 106

with an organic grocery store captures how the company's catalogue of wellness-related services from yoga classes to organic food allow it to cultivate trust with employees while making it increasingly difficult to determine where care ends and work begins.

Yet these details are merely supplementary to the Circle's compulsory wellness component: its health clinic. Every employee at the Circle is obligated to attend the clinic and to have their health intake during their first week of employment (and being too busy is never an acceptable excuse for ignoring this requirement as Mae is later told). Employees are then subjected to biweekly checkups in the interest of prevention. Waiting in the clinic's lobby, Mae observes that it "was really not a lobby at all. It looked more like a café, with Circlers talking in pairs, a wall of beautifully arrayed health foods, and health drinks, and a salad bar featuring vegetables grown on campus, and a wall-mounted scroll featuring a recipe for paleo soup."⁹⁵ During her initial encounter with the Circle's resident physician Dr. Villalobos in an examination room resembling a "designer kitchen," Mae tries to explain how she has been too overwhelmed with her workload to make it into the clinic and is admonished in reply: "Too busy for your health! Don't say that."⁹⁶ Soon after, Dr. Villalobos details the Circle's workplace wellness agenda:

And first of all, we're a prevention-emphasis clinic. In the interest of keeping our Circlers healthy of mind and body, we provide wraparound wellness services . . . [biweekly checkups are] the wellness component. If you come here only when there's a problem, you never get ahead of things. The biweekly checkups involve diet consultations, and we monitor any variances in your overall health. This is key for early detection, for calibrating any meds you might be on, for seeing any problems a few miles away, as

⁹⁵ Ibid., 150

⁹⁶ Ibid., 151-152

opposed to after they run you over . . . Every two weeks we'll do blood work, cognitive tests, reflexes, a quick eye exam, and a rotating retinue of more exotic tests, like MRIs and such.⁹⁷

It is this latter mention of the MRI that we get the novel's only indication that Mae's previous employer, the utility, in fact offered inadequate health insurance when the doctor "found the MRI Mae had done a few years ago [and] had opted not to get ACL surgery; her previous insurance didn't cover it."⁹⁸ Equally important, the "wraparound wellness services" outlined by Dr. Villalobos not only name the broader rubric to which the supplementary services detailed earlier may be attached—"in the interest of keeping our Circlers healthy of mind and body"—but, in its exhaustiveness, dramatizes the motivation of workplace wellness programs to mitigate medical expenses through an absolute knowledge of employees' biometric data. This invasive desire to collect all employee data for use in workplace wellness initiatives is then acknowledged by Dr. Villalobos through the benign label of "prevention." As the doctor will go on to explain when asked by Mae how the Circle could possibly afford to offer all these health services free of charge, Dr. Villalobos explains "Well, prevention is cheap. Especially compared to finding some Stage-4 lump when we could have found it at Stage 1. And the cost differential is profound. Because Circlers are generally young and healthy, our health care costs are a fraction of those at a similar-sized company—one without the same kind of foresight."⁹⁹ In other words, workplace wellness is driven by "foresight" for the bottom line and ensuring that an already low-risk group of employees embrace an ethos of preventative self-directed healthcare to further drive down costs. The doctor's point about the correlation between prevention and reduced health costs

⁹⁷ Ibid., 152-54

⁹⁸ Ibid., 153.

⁹⁹ Ibid., 154

accords with the logic of workplace wellness programs. It is worth noting that this economic logic is articulated not by the Circle's management as one might expect but rather by the company's head physician. This reaffirms that the Circle's wellness practices—for all their veneer of humanistic and worker-centered benevolence—nonetheless operate under the auspices of corporate and economic rationality.

As part of the company's mandatory "wraparound wellness services," every detail of Mae's personal life is subject to data collection, monitoring, and evaluation, a process justified by the ominous Orwellian message engraved above the cabinets in the examination room "TO HEAL WE MUST KNOW. TO KNOW WE MUST SHARE" and echoed by Dr. Villalobos herself: "The idea is that with complete information, we can give better care."¹⁰⁰ The physical marker of Mae's surveilled status is the health monitor she is fitted for at the clinic. Like all the Circle's wellness services, the monitor's problematics are concealed by an attractive façade: "The bracelet was beautiful, a pulsing marquee of lights and charts and numbers . . . It was one of the more elegant objects she'd ever seen. There were dozens of layers to the information, every data point allowing her to ask more, to go deeper."¹⁰¹ For the monitor to work, Mae is tricked into swallowing an accompanying sensor via a "dense green liquid . . . smoothie," not unlike the "health drinks" found on the wall of the clinic's lobby. The health monitor "collect[s] data on [Mae's] heart rate, blood pressure, cholesterol, heart flux, caloric intake, sleep duration, sleep quality, digestive efficiency . . . the pH level of [Mae's] sweat . . . posture . . . Blood and tissue oxygen, [Mae's] red blood cell count, and things like step count." Dr. Villalobos adds during the fitting that "A nice thing for the Circlers, especially those like you who might have occasionally stressful jobs, is that it measures galvanic skin response, which allows you to know

¹⁰⁰ Ibid., 151; 156.

¹⁰¹ Ibid., 157

when you're amped or anxious. When we see non-normative rates of stress in a Circler or a department, we can make adjustments to workload."¹⁰²

Unsurprisingly, the promise of a workload "adjustment" never materializes. Dr. Villalobos' seemingly well-intentioned disregard for Mae's initial claim to busyness—"Too busy for your health! Don't say that"—and her promise that the monitor may help reduce a stressful workload, is rendered disingenuous by the events that precede and follow Mae's visit. Dr. Villalobos is herself an extension of corporate management, a hybrid of biomedical and corporate authority, who knows Mae is indeed too busy to chat about her well-being. Mae's appointment comes after the introduction of a fourth computer monitor to her workstation, the addition of twelve new employees for her to train, and a deluge of "customer experience" inquiries she is responsible for handling at or above a 99% customer satisfaction level. This is to say nothing of the company's mandatory policy to be frequently engaged with Circle social media (maintaining her Participation Ranking or PartiRank). Had Mae not been relieved by a supervisor to attend her clinic appointment in the first place, she would have continued her normal routine of working long into the night. Ignoring the realities of Mae's work life under the pretenses of concern for her health allows Dr. Villalobos—and therefore the Circle at large—to sidestep engaging with the company's exploitive working conditions in favor of more benign and commonsensical discussions of why it's better to catch a cancerous lump at Stage 1 rather than Stage 4. By shifting the conversation away from work and to self-directed healthcare, the onus for staying healthy becomes Mae's responsibility. Her work responsibilities thus expand to include monitoring her lifestyle in the interest of preventive care, transforming her health into its own fulltime job while removing what remained of the boundaries separating her private and

¹⁰² Ibid., 154-56

work lives. Just as Mae is encouraged to get ahead in her workload and social media activity, she is mandated by Dr. Villalobos to get ahead in her healthcare. Innocuous and benevolent as these injunctions may seem, the wellness services provided by the Circle obfuscate their role in harming employees, the “wraparound” of its wellness services denoting the constrictive, encircling power of the company’s approach to managing its employees. This continues to reassert the paradox of the Circle’s workplace: it is presumably the healthiest workforce in the world while also toiling in the unhealthiest of working conditions.

Compounding the problem of overwork and as her exchange with Dr. Villalobos illustrates, for Mae to maintain her health through the Circle’s wellness program she must self-monitor and submit nearly every conceivable data point to her company. As Dr. Villalobos’ comment on Mae’s “non-normative rates of stress” indicate, these data can then be used to justify behavioral interventions on behalf of the company. By novel’s end, the goal of the Circle’s workplace wellness program to collect the data of all its employees through wrist monitors culminates in a program called the Complete Health Data Program or CHAD. Speaking of the program’s success, Dr. Villalobos boasts: “Through CHAD, we get real-time data on everyone at the Circle . . . [wristbands have] enabled us to get perfect and complete data on the eleven thousand people here.”¹⁰³ The workplace wellness program achieves its goal of “perfect and complete” data on its employees in order to justify a range of behavioral interventions from the banal—“Your step count could be better . . . You’re averaging only 5,300, when you should be at 10,000”—to more serious disciplining measures.¹⁰⁴

How these more serious behavioral interventions work to discipline employees—even in the absence of management—is literally on full display once Mae goes transparent and begins

¹⁰³ Ibid., 359.

¹⁰⁴ Ibid.

livestreaming her life from a camera worn around her neck. Mae is aware of how wellness structures her life and influences her actions. What is alarming about Mae's reaction to the Circle's wellness program is how she embraces it and puts to work the rationalizing, commonsense ethos of self-directed healthcare in order to justify the control it exerts on her:

She did without. Every day she'd done without things she didn't want to want. Things she didn't need. She'd given up soda, energy drinks, processed foods. At Circle social events, she nursed one drink only, and tried each time to leave it unfinished . . . she stayed within the bounds of moderation. And she found it freeing. She was liberated from bad behavior. She was liberated from doing things that she didn't want to be doing, eating and drinking things that did her no good.¹⁰⁵

For the sake of her health, Mae willingly exchanges her privacy. Instead of being alarmed at her workplace's intervention into her private life, she sees it as a liberation from her own poor decisions. Mae's measure of what does "her no good" is calibrated to the standards outlined by the Circle's culture of wellness. Here, readers are invited to disentangle the commonsense benefits of Mae's submission to these behavioral modifications: isn't it for the best that Mae has "given up soda, energy drinks, [and] processed foods"? Isn't it a benefit that in having access to Mae's health data the Circle can help lower Mae's cancer risk? It is the commonsense at work in passages like these where the novel subtly but importantly stages conflicts with wellness by asking readers to partake in evaluating these value propositions. For the Circle, Mae's "liberation" promises a healthier, more productive employee.

Just when it seems that workplace wellness may be pushing the boundaries of ethical healthcare practices, and just when readers may begin to bristle at Mae's unending naiveté, we

¹⁰⁵ Ibid., 331.

are reminded that Mae's actions are driven by familial distress. Her father's MS looms over her initial meeting with Dr. Villalobos and yokes Mae personally to workplace wellness. The vulnerability stemming from her father's recent diagnosis translates into a willingness to see wellness or self-directed preventative care as necessary, remembering "how late they'd realized [her father's] symptoms were MS."¹⁰⁶ After being asked about family history of illness, Mae tells the doctor about "her father's symptoms, his fatigue . . . about his soul-flaying insurance situation, how her mother was expecting to spend the rest of her life caring for him, fighting for every treatment, hours on the phone every day with those [insurance] people."¹⁰⁷ And, having been reminded earlier of her own insurance battle of being unable to have knee surgery due to a lack of coverage, workplace wellness and the insurances afforded by Mae's employer reassert themselves as benevolent actors in contrast to a broken healthcare system. This position is solidified once the Circle permits Mae to add her parents to the company's healthcare plan and therefore solves the family's medical crisis. She reflects on the unbelievable nature of this change, observing that "There was no company in the country that covered an employee's parents or siblings" and wondering "Was it possible that her father would soon have real coverage? That the cruel paradox of her parents' lives—that their constant battles with insurance companies actually diminished her father's health and prevented her mother from working, eliminating her ability to earn money to pay for his care—would end?"¹⁰⁸ Mae is relieved by the prospect of her parents receiving the type of comprehensive care she has come to know through the Circle's workplace wellness program and, at the very least, she recognizes they will be spared from the bureaucracy of securing coverage for Vinnie. The Circle emerges as a hero while

¹⁰⁶ Ibid., 153.

¹⁰⁷ Ibid., 159.

¹⁰⁸ Ibid., 161.

its invasive preventive measures carry on without resistance. In demonstrating the ethical shortcoming and illogical bureaucracy of the U.S. healthcare system, the Circle and its wellness program are seen as a rational, ethical actor in spite of its own egregious ethical violations.

Mae therefore endures the Circle's wellness program because of her experiences in Longfield and with her father's illness. Buried amidst the novel's exposition—including the introduction of the Circle's nefarious technologies and Mae's anxious first days in Customer Experience—is the primacy of Mae's new medical benefits. For example, when describing how she “just casually slip[s]” Mae's salary into conversations with their neighbors, Mae's mother boasts “My daughter's at the hottest company on the planet and has full dental.”¹⁰⁹ The pairing of Mae's job with her medical benefits is a reminder of how a company like the Circle is synonymous with the type of desirable health coverage denied to her parents. What makes the Circle the “hottest company on the planet” beyond its technological innovation is its association with an unprecedented level of worker benefits. Her mother's boasting and attention to this seemingly minor detail of Mae's hiring signifies the value this holds to her working-class parents. Mae's opening exchanges with her family after being hired at the Circle are filled with such small gestures to her new world of full healthcare coverage, detailing how the Circle has indeed “rescued” Mae and her family from the caprice and volatility of the healthcare market.

This stands in contrast to the deteriorating health of her father. Lengthy passages are devoted throughout to Vinnie's battle with the insurance companies.¹¹⁰ During the same celebratory dinner in which Mae's mother brags about her daughter's new dental plan, we are

¹⁰⁹ Ibid., 73.

¹¹⁰ Vinnie's plight strongly resembles the polemical stories found in any number of the recent literature or op-ed pieces on healthcare reform in the United States, and echoes the cautionary tales of workers whom experience unexpected illness in the absence of a social safety net, a tradition itself that can be traced back to the reform-minded publications of the Progressive Era. See Hoffman, *The Wages of Sickness*, 6 and Field and Shapiro 25-26.

told that the family “ate quickly, knowing that Mae’s father would soon tire . . . His fatigue was constant, and could come on suddenly and strong, sending him to near collapse.”¹¹¹ In the same passage, we are then told “Mae hadn’t gotten used to her father having multiple sclerosis . . . [her parents] now spent their time managing his care, which meant at least a few hours a day poring over medical bills and battling with the insurance company.”¹¹² On the subject of their health insurance, Mae’s mother explains “We have the wrong plan. I mean, they don’t want to insure your dad, plain and simple, and they seem to be doing everything they can to get us to leave.” On the subject of prescriptions, she adds “Your dad’s been on Copaxone for two years, for the pain. He needs it . . . Now the insurance says he doesn’t need it. It’s not on their list of pre-approved medications. Even though he’s been using it two years . . . They’ve offered no alternative. Nothing for the pain.” The situation is succinctly captured by Vinnie who tells Mae, “It seems unnecessarily cruel.”¹¹³ The conversation leaves Mae “wrecked”:

The MS, her helplessness to slow it, her inability to bring back the life her father had known—it tortured her, but the insurance situation was something else, was an unnecessary crime, a piling-on. Didn’t the insurance companies realize that the cost of their obfuscation, denial, all the frustration they caused, only made her father’s health worse, and threatened that of her mother? If nothing else, it was inefficient. The time spent denying coverage, arguing, dismissing, thwarting—surely it was more trouble than simply granting her parents access to the right care.¹¹⁴

To complete the description of her parents’ plight, Mae recalls how, in middle age, her father had become “a constant laughier” until

¹¹¹ Eggers, *The Circle*, 75.

¹¹² *Ibid.*, 76.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*, 76-77.

the MS diagnosis arrived and most of that was gone. The pain was constant. The spells where he couldn't get up, didn't trust his legs to carry him, were too frequent, too dangerous. He was in the emergency room weekly. And finally, with some heroic efforts from Mae's mom, he saw a few doctors who cared, and he was put on the right drugs and stabilized, at least for a while. And then the insurance debacles, the descent into this health care purgatory.¹¹⁵

We are introduced to Mae not only as she is adjusting to her new responsibilities at the Circle, but also as she is adjusting to the new realities of her father's illness and its financial consequences. In detailing her "heroic efforts" against the insurance company, Mae's mother—like Mae herself—functions as an everyman figure, a catchall for the many Americans who, when faced with the sudden onset of a serious illness, spend their days dealing with increased waves of bureaucracy in order to secure proper healthcare for themselves or loved ones—often at the expense of financial ruin. The pathos of these passages is clear, the verdict captured by Vinnie's use of the word "cruel," an unnecessary punishment for a working-class family that for all intents and purposes has done everything right: work hard, save money, become business and property owners. However, despite ostensibly achieving the American dream, these passages draw attention to how, by virtue of having to sell their business because of Vinnie's illness, Mae's parents find themselves exempt from the secure affordances of employer-provided health insurance like Mae receives from the Circle. Just as Mae's employment at the public utility in Longview failed to provide her with proper insurance coverage, so too does small business ownership come to undermine Mae's parents attempts at middleclass security. Taken together and seen from their different vantage points, both Mae and her parents highlight the increasingly

¹¹⁵ Ibid., 78.

narrow path available to achieve full health coverage and economic security; the only viable path appears to begin and end with employment at large corporations capable of paying for the health plans.

These failures of the insurance companies are what allow the Circle to emerge early on as a reasonable if not desirable alternative. Mae's reaction to the dinner conversation further articulates the indictment of the insurance companies. The pain of Vinnie's MS is complicated by the "unnecessary crime," the "piling-on" of the insurance companies; the bureaucracy of the insurance companies is what makes Vinnie's health worse and threatens her mother's; the insurance companies are an agent of harm, restricting access to quality healthcare while increasing the likelihood of a stress-induced illness for Mae's mother in dealing with the paperwork. Balancing the pathos however is Mae's appeal to rationality as she highlights the many ways insurance is simply inefficient, a waste of time and energy that could be better spent on granting access to healthcare rather than restricting it. Mae understands it is the "insurance debacles" that disrupt the proper healthcare earned by Mae's parents and what leads them into a "health care purgatory." By cataloguing the cruelty, indifference, and inefficiency of the insurance companies when faced with a legitimate health crisis, a corporation like the Circle seems a social good by contrast—the only force capable of absolving Mae's parents of their purgatorial stay in an insurance-induced hell. In this way, it is framed as an antagonist to the evils of the insurance companies. Forced to choose the lesser of two evils, the Circle emerges as the clear choice and this helps drive the commonsense response that later insulates Mae from the ethical violations of the Circle: *at least they're not as bad as the insurance companies*. When Mae's mother observes that the insurance companies have offered "no alternative," it invites both Mae and readers to see the Circle as a reasonable one.

Recognizing that her father “couldn’t fight both what was happening in his body and the companies managing his care,” Mae briefly contemplates quitting her job in order to “help make the phone calls, fight the many fights to keep him well” but, realizing how ineffectual this would actually be, resigns herself to the situation: “And so she would be caught between the job she needed and loved, and her parents, whom she couldn’t help.”¹¹⁶ As much as Mae desires to help her family, she knows that she needs her job and given the futility of battling the insurance companies—as demonstrated by her mother—Mae knows her best option is to remain dutifully employed at the Circle. Mae is job locked and haunted by feelings of helplessness and familial duty all of which compound with her own personal burdens: student debt and the desire for her own security. Based on her post-college experiences with the utility set against the dismal backdrop of Longfield, Mae is keenly aware that the Circle is the only way she can achieve social mobility and avoid the fate of her parents. Beyond positioning the Circle as a benevolent social actor, it is Mae’s family crisis that makes her vulnerable and indebted to the company for the rest of the novel. This sense of debt for the medical services she and her family receive—their rescue—drives her participation in the company’s ethically questionable programs until the end of the novel when her indoctrination into the Circle is complete. This leads Mae to frequently rationalize and excuse the excesses she encounters during her employment at the Circle, turning problems of overwork and privacy violations into a referendum on her own character, resulting in scenes like the following where Mae chastises herself:

Mae scolded herself. What kind of person was she? More than anything, she was ashamed. She’d been doing the bare minimum. She disgusted herself and felt for Annie. Surely Annie had been hearing about her deadbeat friend Mae, who took this gift, this

¹¹⁶ Ibid., 82-83.

coveted job at the Circle—a company that had insured her parents! Had saved them from familial catastrophe—and had been skating through. *Goddamnit, Mae, give a shit!* she thought. *Be a person of some value to the world.*¹¹⁷

Like in the dinner scene with her parents, medical benefits are synonymous with employment at the Circle and are always mentioned together. Granted, it is difficult to take Mae's outburst seriously in this scene since it comes in the wake of Mae being overworked at her job and "failing" to fully meet the impossible metrics of participation in company-sponsored social activities. Despite being overworked, Mae nonetheless sees herself as a "deadbeat" failing to make good on her debts to the Circle for rescuing her family from the insurance companies. Similarly, when Mae's parents are insured by the Circle and tire of its constant surveillance and decide to disable the cameras the company installed throughout their home, Mae reacts to the news with a class-infused moment of self-abasement: "Mae and her nothing town, her parking-garage parents who couldn't keep their screens operational, who couldn't keep themselves healthy. Who took a monumental gift, premium health care, for free, and abused it. Mae knew what Annie was thinking in her little entitled blond head: *You just can't help some people.*"¹¹⁸ This latter scene once again sees healthcare cast as a "gift" and one deserving of reciprocation through the forfeiture of privacy. Unlike previous examples, however, Mae's criticism of her "parking-garage" parents exposes the self-directed ethos of wellness she has come to fully adopt by the novel's end; tying it explicitly to her family's working-class roots in Longfield, the previously tragic circumstances of her parents are rewritten as their own moral failings via their inability to "keep themselves healthy." If they were more aware and informed of the type of preventative strategies modeled by CHAD and the Circle wellness program, perhaps they would

¹¹⁷ Ibid., 190-91, emphasis original.

¹¹⁸ Ibid., 362, emphasis original.

have been able to avoid the illness that has destroyed so much of their lives—or so Mae’s reaction suggests.

Mae’s reversal and indoctrination come to represent a twisted notion of care Eggers’ representation of workplace wellness programs is committed to critiquing. The self-directed form of healthcare Mae learns at the Circle and becomes an avatar of is one driven by surveillance and self-monitoring. To refuse it is to risk the type of moral judgement Mae casts on her parents. Of course, this form of care is rooted in her volunteering for surveillance, exploitation, and overwork in order to succeed at the Circle and maintain the benefits she receives from it. Instead of advocating for these types of services to be made available outside of the workplace, receiving health coverage and social services directly from the employer has become naturalized to the point that she is no longer able to think outside of it. She understands her father’s predicament as a sign she needs to work harder and that her parents need to accept surveillance as a fundamental part of their well-being. In grounding these problems in the Circle’s workplace wellness program, Eggers’ novel suggests that by providing such comprehensive care, they incentivize and placate workers while making them more amenable to overwork. After all, what’s a few extra hours of work every day for comprehensive health coverage? Through their emphasis on self-directed healthcare, the programs further encourage employees to take responsibility for their health and to submit to more self-monitoring and to volunteer that data to the company in return for preventative healthcare. As Mae then demonstrates, this ethos is eventually taken out of the office and into workers’ private lives where it is reified as a standard form of care. Once again, and as the novel makes clear, this perspective is only made possible through the inaccessibility and problematic forms of healthcare that exist outside of such programs.

Outside the Circle of Wellness: Making Sense of Eggers' Critique

The issue for the *The Circle* becomes how it responds to its own framing of the interrelated problems of employer-provided health insurance and workplace wellness. Mae's characterization in the novel has been criticized for its lack of depth and therefore a poor figure for mobilizing the critiques the novel is invested in. Her ability to be so quickly absorbed into the Circle's ideology has led critics like Ellen Ullman in her *New York Times* book review to describe Mae variously as "a naïve girl with the sensibility of a compulsive iPhone FaceTime chatterer," "a tail-wagging puppy waiting for the next reward," and "not a victim but a dull villain," with "motivations [that] are teenage-Internet petty: getting the highest ratings, moving into the center of the Circle, being popular . . . exhibit[ing] no complex desire for power, only a longing for the approval of the Wise Men. She is more a high school mean girl than an evil opponent," concluding with the imperative that "Mae must be more than a cartoon."¹¹⁹ Ullman's critique of Mae's flatness is correct insofar as it points to the difficulty of taking her perspective seriously. Her lack of complexity and resistance to the obvious problems at the Circle—including its invasive wellness program—often reduce the impact of the critiques the novel is trying to make. When it becomes difficult to take Mae seriously, it becomes equally difficult to take the circumstances around her seriously as well, and the novel begins feeling—to borrow Ullman's term—like a cartoon.

This matter is exacerbated by the novel's small cohort of antagonists Eggers deploys to resist the Circle's ideology and to voice opposition to the forms of wellness that flow from it. Without exception, these antagonists are unwell or flawed in some obvious way that would situate them outside the Circle's formulation of wellness. The novel only explicitly brings attention to these

¹¹⁹ Ellen Ullman, "Ring of Power," *The New York Times*, November 1, 2013, sec. Book Review.

critiques through a cast of unwell (and often insufferable) characters. Nowhere is this extreme on display more than in the interactions between Mae and her ex-boyfriend Mercer. Mercer is a frequent guest of Mae's parents in Longfield, mostly to help them with Vinnie's health issues. Mercer, heavy handed and didactic as he may be, is the only character in the novel capable of properly diagnosing the consequences the Circle's brand of wellness. As he later tells Mae shortly before his death, "It's one thing to measure yourself, Mae—you and your bracelets. I can accept you and yours tracking your own movements, recording everything you do, collecting data on yourself in the interest of... Well, whatever it is you're trying to do . . . It's a sickness."¹²⁰ Mercer is able to recognize the costs inherent in the Circle's wellness practices (such as Mae's health-monitoring bracelet) and to question the exchanges being made for healthcare and security. Mercer's conversations and letters to Mae throughout the novel appear as jeremiads against the excesses of technology and call into question the seemingly unquestionable ethical dimensions of the forms of wellness she represents and eventually forces onto her parents. Mae's trips to Longfield invariably lead to Mercer challenging Mae's belief in the Circle's agenda: "I mean, like everything else you guys are pushing, it sounds perfect, sounds progressive, but it carries with it more control, more central tracking of everything we do."¹²¹ Indeed, Mercer is used to articulate one of the novel's more obvious but important critiques, namely that although features like the company's advanced wellness program appear progressive, they are in fact just the latest iteration of a familiar problem but freighted with more surveillance.

As a counterpoint to these critiques, Mercer is unrelentingly depicted as beastly (with Circle viewers of Mae's transparent livestream later nicknaming him "sasquatch" and

¹²⁰ Eggers, *The Circle*, 436.

¹²¹ *Ibid.*, 261.

“bigfoot.”)¹²² Upon first seeing Mercer, Mae notices his “giant shapeless form” and is “jarred by how big he was, how lumpy. His hair was longer now, adding to his mass. His head blocked all light.”¹²³ Once, responding to Mae’s question of whether or not it was important to him to be cool, Mercer responds “Do I look like it is” and “passe[s] a hand over his expanding stomach, his torn fatigues.”¹²⁴ Whereas Mae compares working at the Circle to a “well-curated grocery store,” Mercer compares the instant gratification and shallowness of Mae’s job to snack food, leading Mae to “[look] at his fat face” and notice “He was thickening everywhere. He seemed to be developing jowls. Could a man of twenty-five already have jowls? No wonder snack food was on his mind.”¹²⁵ The intensity of these descriptors only increases as the novel progresses, making it possible for one to chart Mae’s descent into the wellness logics of the Circle by looking to her successive interactions with Mercer upon each of her trips home to Longfield. After one particularly charged encounter, Mae feels “Better with every mile between her and that fat fuck” as she drives home to San Vincenzo and reflects on the implausibility of their relationship: “The fact that she’d ever slept with him made her physically sick. Had she been possessed by some weird demon? Her body must have been overtaken, for those three years, by some terrible force that blinded her to his wretchedness. He’d been fat even then, hadn’t he? What kind of guy is fat in high school? He’s talking to *me* about sitting behind a desk when he’s forty pounds overweight? The man was upside down.”¹²⁶ In moments of more reserved antipathy, Mae will feel that “she could afford to be generous toward poor Mercer, his shaggy head and grotesque fatty back.”¹²⁷

¹²² Ibid., 437.

¹²³ Ibid., 127.

¹²⁴ Ibid., 133-134.

¹²⁵ Ibid., 135.

¹²⁶ Ibid., 263.

¹²⁷ Ibid., 254

Much like her final outburst against her parents, Mae's behavior toward Mercer signals a superficial and moral dimension to wellness. She fixates on Mercer's physical appearance in lieu of engaging with his arguments, judging him as unwell for failing to meet the normative definition of health she has come to expect during her time at the Circle. But what is more significant and puzzling about Mercer's depiction in the novel is what it ultimately means for the novel's critique of wellness. On one hand, it is assumed we are meant to once again not take Mae's perspective here seriously, to see this as yet another series of irrational outbursts stemming from her indoctrination into the Circle's ideology and an indictment of their narrow conception of well-being. But, on the other hand, Mercer's unrelenting depiction as beastly and slovenly can be seen as contributing to the novel's false dichotomy of un/wellness. Mercer is able to critique Mae and the Circle but only from a position of being marked as unwell. And he is only one of many unwell characters that Mae encounters. During one of her kayaking trips, Mae encounters an older couple on the barge that she initially fears may be "waterborne vagabonds" and "dangerous too," but eventually she joins them for an afternoon glass of wine, a gesture "Mercer, she knew, would approve."¹²⁸ There is a fleeting encounter with a wandering drunk in San Vincenzo who correctly prophesizes about the threats the Circle poses to privacy. There is Mae's father who, despite his poor health and the miracle of being added to his daughter's premium healthcare plan, comes to hate being surveilled by the Circle and through help from Mercer, sabotages the cameras the Circle installs in his home. Even within the Circle, one finds these outliers such as an innocuous lunchtime exchange at the Circle where the HR rep Josef is ridiculed by Annie for not using the Circle's "good dental plan" to fix his crooked teeth.¹²⁹ Even the Circle's most significant outlier, the one dissenting member of the Three Wise Men, Ty

¹²⁸ Ibid., 141, 143

¹²⁹ Ibid., 398, 56.

Gospodinov—or, as Mae knows him from their secret encounters, Kalden—is rumored to be “borderline Asperger’s,” described “at best, socially awkward, and at worst an utter interpersonal disaster.”¹³⁰ To recognize the problems of wellness—or even to recognize the broader issues with the Circle—is to be marked in some way as unwell or at the very least “different.”

Given how the dissenting voices of the novel are characterized, it becomes difficult to see what alternative to wellness the novel is proposing. The presence of a *misfit or model* dichotomy, the choice between a marker of unwellness or a marker of superficial wellness, makes it difficult to imagine what the *outside* to the ideology of wellness is. It seems an impossible proposition, in the narrative world of the Circle, to both eat your vegetables while also recognizing and condemning the Circle’s invasive approach to wellness. Mercer and Mae represent the clearest example of this. We are meant to disavow Mae’s vulgar descriptions of Mercer as problematic, to see what happens when one fully adopts the optics of wellness as configured by the Circle, but recognize that Mercer presents an equally untenable position via his pedanticism and caricature as a “rustic,” Thoreau-type figure who retreats to the mountains to construct chandeliers out of deer antlers in torn fatigues. The characters meant to embody and voice the novel’s critiques do not necessarily reject wellness so much as make a caricature of its opposition. Consequently, it is worth asking if the decision to cast the opposition this way reinforces rather than challenges normative models of health and reifies the hegemonic logic of wellness it is invested in critiquing. Left to choose, the novel makes it difficult to locate a redeeming figure whose presence in the narrative doubles as a convincing case against the commonsense propositions of the Circle’s wellness program or its superficial avatars. What is clear is that in struggling to fully

¹³⁰ Ibid., 19, 20, 490.

articulate a coherent alternative to what it spends so much of its narrative energy building, the novel at times risks being undermined by its own limited imagination.

The way out of this problem, I argue, is to return to Longfield and the influence Mae's parents exert on the novel. Here, in this context, the irony becomes that Mercer is most effective when he is not talking and being reduced to a Thoreau-type caricature or paranoid Luddite. Mercer is only part of Mae's trips to Longfield—and therefore part of the narrative—because he is serving as an informal caretaker for Vinnie. In small, fleeting moments in the text, Mercer is praised for volunteering to take Vinnie to the hospital, to carry him when he lacks the strength to move on his own, and to assist around the house when Mae's parents are too exhausted from treatments or dealing with insurance companies. In this way, Mercer models a different form of care that is not self-directed but social. As part of an already small community, Mae's parents know they can depend on Mercer when they need him most. Absent from their relationship are the contracts, surveillance, and self-monitoring that are standard at the Circle. Mercer, in other words, is preoccupied with helping to cultivate well-being outside of himself.

The novel's more successful dichotomy lies in juxtaposing the Circle and the world outside of it. This divide is evident almost immediately upon Mae beginning her new career at the Circle: "Mae knew that she never wanted to work—never wanted to be—anywhere else. Her hometown, and the rest of California, the rest of America, seemed like some chaotic mess in the developing world. Outside the walls of the Circle, all was noise and struggle, failure and filth. But here, all had been perfected."¹³¹ What is clear by the end of the novel is that the Circle is anything but perfect. However, its wellness program—sans its surveillance and insofar as it provides basic amenities and services to keep workers healthy—along with the comprehensive

¹³¹ Ibid., 31.

medical benefits it provides draws attention to how accessible and affordable healthcare, childcare, and living wages are often found only when siloed within the ethically compromised boundaries of large, monopolistic corporate powers like the Circle. The conflicts in the novel suggest that the problem lies not with employer benefits or workplace wellness programs per se but how the sequestering of these benefits via employment has come to normalize the bureaucracy of the U.S. healthcare system and employers as caretakers while offering a very limited path to secure healthcare outside of employment. Through Mae's parents and Longfield, *The Circle* demonstrates how easy it is to be overwhelmed by this system, and how even the most prepared citizens, like Mae's parents, can be struck by disaster and faced with financial ruin through the caprice of serious illness and the absence of a proper social safety net. If all is "noise and struggle, failure and filth" outside of the Circle, the solution lies not in further privatizing healthcare and social services but finding ways to make them more widely available or so the novel suggests. Put differently, the only way to subvert the appeal and power of the type of monopolistic entities the Circle is supposed to represent is by first taking away its ability to be the sole provider of social welfare services.

My reading of the Circle contends that the real apocalyptic tenor of the novel is to be found not so much in its depiction of the excesses of technology and surveillance but in the way it reaffirms and dramatizes how access to basic forms of healthcare become contingent upon employment and consenting to hyper-exploitation at the workplace. The latter made possible through the self-monitoring and control inherent in workplace wellness programs. The commonsense logic of wellness when instituted in the forms of workplace wellness programs helps to normalize constant and unending self-monitoring in addition to distracting from labor issues within the organizations that create them. The fact that the Circle is ever able to achieve a

favorable image in the novel despite these obvious issues speaks to the extent to which the institutions it is compared to, namely insurance companies and impoverished state of healthcare and social services outside traditional employment, strike the reader as equally if not more harmful—and certainly more plausible.

The paradoxical nature of the Circle’s employment, at once healthy and harmful, is made manifest in the novel’s last scene where Mae sits at the hospital beside of her friend Annie who is now in a coma: “. . . the hum of the machines that kept Annie alive. She’d collapsed at her desk, was found on the floor, catatonic, and was rushed here, where the care surpassed what she could have received anywhere else.”¹³² Presiding over this climactic scene is the watchful eye of Dr. Villalobos who administers Annie’s care and offers a final diagnosis that the coma had likely been “caused by stress, or shock, or simple exhaustion.”¹³³ Indeed, the final scene of the novel completes the vision of workplace wellness, the merger of employer and caregiver as the Circle’s campus doubles as a hospital; and while the exact cause of Annie’s collapse remains elusive, one fact remains clear: the Circle will take care of you—but only after it has nearly killed you.

¹³² Ibid., 495.

¹³³ Ibid., 495.

CHAPTER 2: THE MILLENNIAL NOVEL AND WELLNESS WITHOUT WORK

Wellness is about preparing for the future. Despite its familiar injunctions to live in the moment, the holistic framework of wellness is predicated on cultivating the physical, mental, and spiritual health needed for longevity. To practice wellness, then, is to actively invest in one's future. It is both the practice of investing in one's future *and* optimizing one's potential in service of a "successful existence."¹³⁴ This chapter looks at what happens to the discourse of wellness when it is situated within the context of uncertain futures. To accomplish this, the chapter looks to the recent fiction of Tony Tulathimutte and Halle Butler. In the three novels I will be discussing—*Jillian* (2015), *Private Citizens* (2016), and *The New Me* (2019)—the figure of the Millennial becomes a rich discursive space to interrogate and critique the varied ways the zeitgeist of wellness emerged in the early aughts as a response to an unwell body politic. Specifically, the novels showcase a cast of precarious Millennial protagonists as they engage with and confront the cultural logic of wellness¹³⁵ as part of their ongoing efforts to find secure, meaningful work. Self-transformation through wellness becomes yet another way for them to invest in their human capital, serving both as a potential solution to insecure work and a substitute for the upward social mobility absent from their lives. Cultivating their well-being is no longer personal prerogative but employment prerequisite whereby wellness becomes a path out of inertia—an escape from the liminality of their frozen lives—and into the rarefied realm of

¹³⁴ Here I am referring to the NWI's definition of wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" and in doing so achieve "a holistic sense of wellness and fulfillment." The NWI goes on to add that "Wellness is a conscious, self-directed and evolving process of achieving full potential . . . multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment . . . [both] positive and affirming."

¹³⁵ By "cultural logic of wellness," I mean the general acceptance of the ethos of self-directed healthcare described in the introduction, one that infuses many parts of popular and institutional culture.

secure employment. If “the Millennial character is a product of life spent investing in your own potential and being managed like a risk” as Malcolm Harris has argued,¹³⁶ then wellness—as an inherently future-oriented discourse—is an extension of this logic, a last-ditch effort to improve one’s human capital when all else has seemingly failed. Saddled with student debt and confronted with temporary work or no work at all, depressed and anxious, wellness presents itself as a panacea to twenty-first century insecurity while offering the path to self-transformation necessary to become a healthier, happier, and more fulfilled self—and, hopefully, a more desirable employee.

The novels reveal, however, the paradoxical nature of this arrangement; namely, that a stable income is required to partake in wellness’ consumer practices in the first place. In other words, characters must get well in order to get jobs, but they need jobs to get well. It is what has been referred to, in the context of life coaches, as the coaching trap: “The more anxious, isolated and time-deprived we are, the more likely we are to turn to paid personal services. To finance these extra services, we work longer hours. This leaves less time to spend with family, friends and neighbors; we become less likely to call on them for help, and they on us.”¹³⁷ The drive to get well becomes a self-defeating cyclical process as well as an isolating one. The novels discussed in this chapter use this paradox as a point of departure for unmasking the more insidious and pernicious ways a cultural logic of wellness has become embedded in the struggle for meaningful work in twenty-first century America.

Equally important, wellness in the Millennial novel becomes a way for characters to manage and conceal despair. The characters featured in these novels operate on a spectrum of

¹³⁶ Malcolm Harris, *Kids These days: Human Capital and the Making of Millennials*, (New York: Little Brown, 2017), 164.

¹³⁷ Carl Cederström and André Spicer, *The Wellness Syndrome* (Cambridge: Polity, 2015), 13.

disillusionment and rage. Coming from middleclass backgrounds and having graduated from prestigious colleges, they share a common but unspoken indignation at the false promises of meritocracy. For characters that feel they have done everything right, they look to understand why their lives have gone so wrong. The burden of their precarious condition frequently leaves them in states including but not limited to apathy, anger, depression, or self-pity. In the most extreme cases, characters find themselves willfully participating in self-harm or in self-destructive addictive behaviors that range from bingeing reality TV or pornography to drugs and alcohol, all of which further hinder their ability to attain stable work and undermine their stated goals of becoming *well-adjusted* or, as one character puts it, the types of people “who have their shit together.”¹³⁸

Reflecting on institutional investment in wellness, Matthew Ingram notes that its stakeholders hope wellness will “redirect negative thought patterns and action” among workers; casting this observation in the familiar dystopic light of *1984*, he adds “There is an Orwellian quality of doublespeak to the idea of wellness in that it is, to a large degree, the shiny rebranding of suffering.”¹³⁹ Tulathimutte and Butler’s fiction is an exploration of just that: negative thought patterns and Millennial characters’ efforts to redirect them, to rebrand their otherwise banal, everyday-sufferings as something that is controllable, preventable if only they make the necessary changes. Along these lines, Carl Cederström and André Spicer have written “Wellness is a choice—*my* choice—and as such also my own responsibility,” but it is “The nagging awareness of this responsibility [that] provokes an intense feeling of anxiety.”¹⁴⁰ Formally speaking, the novels mirror the doublespeak of wellness and, in doing so, document characters’

¹³⁸ Halle Butler, *The New Me* (New York: Penguin, 2019), 22.

¹³⁹ Matthew Ingram, *Retreat: How the Counterculture Invented Wellness* (London: Repeater, 2020), 4.

¹⁴⁰ Cederström and Spicer, 13

feelings of anxiety, guilt, and shame that often emerge when they fail to change their circumstances for the better.

The novels remain mindful, however, of the appeal of wellness, documenting how its routines in the form of self-care products and exercise regimens lend coherency and stability to the protagonists' otherwise chaotic lives. If nothing else, the novels suggest, the appeal of wellness for Millennial characters lies in its unending supply of routines, often accompanied as they are with the temporary balm of a quick purchase of a consumer good or service that promises some level of relief. In actively participating in and accumulating new routines, they become addicted to how wellness structures their lives. These routines are central to an aspirational fantasy about what their lives *can* become. They counter the feelings of helplessness brought on by the realities of the job market as the rhetoric of personal autonomy inherent to an ethos of self-directed healthcare allows characters to feel like they are taking control of their lives by choosing to take care of themselves. In short, to make the types of “good choices” associated with the upwardly mobile professional class to which they (mostly) all aspire. The prospect of renewal or self-transformation through these routines is an aspiration whose end goal is captured succinctly in the title of Butler's second novel *The New Me*. Embedded in the structure provided by each wellness routine is the promise of a better, healthier self, and the novels are populated with characters trying to create new and improved selves in the vain hope these changes will, among other things, lead them to the type of “successful existence” the rhetoric of wellness promises.

Hyperaware of the incongruity of having both an elite college education yet no foreseeable prospects for stable, rewarding careers, characters resort to self-diagnosis, pathologizing their unemployment, and making plans to transform themselves through acts of

wellness as a response. Characters interpret their precariousness as the deserved result of innumerable personal shortcomings rather than the result of larger systemic failures. As the novels go on to show, even when characters do recognize the larger sociopolitical dimensions of their suffering, they often resort to practicing what Kimberly Lau has termed New Age Capitalism wherein “[alternative health] practices and products are framed as alternative *purchasing* practices in addition to alternative health practices . . . In these small ways, consumers can believe that their purchases are also political acts that help subvert the larger systems of global capitalism.”¹⁴¹ This internalizing of failure and redirection of characters’ frustration into personal projects of self-fashioning is where the novels express a shared concern over wellness’ tendency to function as a depoliticizing discourse, one that obfuscates the structural problems responsible for their circumstances. Tulathimutte and Butler’s fiction make clear how wellness serves not as a self-directed alternative to western biomedicine but as a consumer alternative to political action that dooms characters to the paradoxical and cyclical suffering they turned to wellness to escape in the first place. Both authors actively work to make visible the politics of what is presented as an apolitical health movement.

This critique of wellness as a depoliticizing rhetoric ultimately occurs through the novels’ thematic preoccupation with care. If care is at the root of wellness—care for one’s body, mind, spirit, and future—and if care in this context is an orientation toward the future, what one finds in the Millennial novels exemplified by Tulathimutte and Butler is an interrogation of *care* itself. How, the novels ask, does care function as the currency of the wellness economy? What does it mean to care about work when it is uncertain, unpleasant, or unavailable? What does it mean to care for one’s body amidst precarious social and economic conditions? And what does it mean to

¹⁴¹ Kimberly J. Lau, *New Age Capitalism: Making Money East of Eden*, (Philadelphia: University of Pennsylvania Press, 2000), 14.

care for one's friends, family, and community? Put simply: if wellness is the cultural imperative *to* care, these novels encourage a re-examination of what is worth caring about. In presenting a cast of Millennial characters that appear to not care about anything and in earnestly asking why we should care at all—far from being simply nihilistic or cynical—these novels suggest that care has been depoliticized and incorporated into the cultural logic of wellness and must be recuperated for meaningful change to occur.

Thus, this chapter aims to show how Tony Tulathimutte and Halle Butler use their Millennial characters to formally express and make visible the problematics of the cultural logic of wellness within the context of unemployment or temporary work. Their novels suggest a broader critique of wellness' role in sustaining the austere conditions that preclude well-being, inviting readers to imagine what alternative models for self-care, personal transformation, healing, and community solidarity emerge in the wake of deconstructing wellness in its current ideological state. In short, how can we reimagine what it means to care for ourselves and our communities?

Born into Wellness: Millennials and the Changing Nature of Work and Health 1980-2000

I want to begin by suggesting that Millennials are historically situated to have a unique generational relationship to the ideology of wellness. This is not to simply make the case for correlation as causation. The Global Wellness Institute (GWI), another of the prominent wellness non-profits, lists 1980-2000 on their historical timeline as the period when “wellness [went] mainstream.”¹⁴² This parallels the generally accepted Millennial timeline of 1981-1996 or the

¹⁴² “History of Wellness,” Global Wellness Institute, <https://globalwellnessinstitute.org/industry-research/history-of-wellness/>.

slightly extended timeline of 1980-2000 and the years of Reagan through Bush II.¹⁴³ However, my claim is not inspired by nor grounded solely in a convenient historical overlap; rather, I want to use it as a point of departure for considering how, generally speaking, the historical events of this period might position the Millennial as the ideal figure for making sense of and critiquing the zeitgeist of wellness as it began gaining momentum in the early 80s before reaching its apex in the early aughts. How, in other words, might Millennials be historically situated to be conditioned to the increased presence of wellness in institutional and cultural life in a way that differs from previous generations who understood it primarily as a fringe alternative health practice or new age subculture? Similarly, how have Millennials grown up in the wake of the key shifts in economic and healthcare policies that enabled wellness to thrive as both a consumer industry and cultural logic? How might trends, attitudes, or stereotypes about the Millennial generation offer insight into the functioning of wellness as an ideology? And, as the chapter will soon explore, how might this then position the Millennial novel as one of the primary sites for understanding this phenomenon?

Perhaps it is worth pointing out here as well that arguing for Millennials' generational attunement to wellness is not an unprecedented claim either. Among the many superlatives attending Millennial polemics—the most educated generation or the most narcissistic “me” generation or the most tech-savvy generation—they are generally assumed to be more health conscious than any generation before them and are “often credited with driving the \$4.2 trillion global wellness market, with their love of pursuits like yoga, meditation and boutique fitness.”¹⁴⁴

¹⁴³ “Michael Dimock, “Defining Generations: Where Millennials End and Generation Z Begins,” Pew Research Center, January 17, 2019, <https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/>; Harris, 4.

¹⁴⁴ Jamie Ducharme, “Millennials Love Wellness. But They’re Not as Healthy as People Think, Report Says” TIME, April 24, 2019, <https://time.com/5577325/millennials-less-healthy/>.

Sanford Health, for example, claims “Wellness is a daily, active pursuit for millennials” who see “healthy eating [as] a lifestyle choice as opposed to a goal-driven diet” and reliably use “apps and technology to stay healthy.”¹⁴⁵ Some observers have argued that Millennials experienced “the rise of Oprah, *The Secret* and vague dreams of actualization and now gravitate toward radical self-care, astrology and the occult” while others believe that “the potent influence of millennial values” have transformed the vast wellness industry into the “softer, gentler, more forgiving” singular pursuit of self-care.¹⁴⁶ If nothing else, Millennials have proven to be the most reliable drivers of the wellness economy.¹⁴⁷

But Millennials’ relationship to wellness extends beyond mere consumption. They are among its most prominent advocates and suppliers as well. Millennials dominate the online wellness space as influencers on social media including gurus like “Wellness Mama” Katie Wells, Bunny Michael, and the controversial Bentinho Massaro who some have recently accused of being a cult leader.¹⁴⁸ Taken collectively over the various social media platforms, their followers approach the millions, and they draw these vast followings to their blogs, stores, and online seminars (or spiritual retreats in the case of Massaro). This influence, however, extends

¹⁴⁵ Katie Nermoe, “Millennials: The ‘Wellness Generation,’” Sanford Health News, September 12, 2018, <https://news.sanfordhealth.org/sanford-health-plan/millennials-wellness-generation/>.

¹⁴⁶ Priscilla Frank, “The Selfie-Help Guru Healing Millennials on Instagram,” Huffington Post, February 1, 2018, https://www.huffpost.com/entry/bunny-michael-selfie-help-guru_n_5a625d79e4b0dc592a08a171; “Why Wellness Is the Millennial Self-Help,” The Independent, October 9, 2019, https://www.independent.co.uk/news/long_reads/health-and-wellbeing/wellness-millennial-self-help-self-care-love-fear-a9056946.html.

¹⁴⁷ In perhaps the most ridiculous example, this may also help provide some added context for the avocado toast meme that became synonymous with Millennials in 2017. In an interview conducted with 60 Minutes Australia that year, Millennial real estate investor Tim Gurner offered what he felt was an obvious conclusion as to why many Millennials will never buy a home: “when you’re spending \$40 a day on smashed avocados and coffees and not working. Of course [you’ll never own a home].” Gurner’s “avocado toast” moment went viral and soon came to encapsulate a longstanding cultural debate about Millennial precarity v. self-imposed crisis. Avocado toast, in other words, became the reason why an entire generation can’t have nice things. In the context of Millennial wellness, it is entirely fitting that a healthy fat became the symbol of excess for a generation.

¹⁴⁸ Oscar Schwartz, “My Journey into the Dark, Hypnotic World of a Millennial Guru,” *The Guardian*, January 9, 2020, sec. World news, <https://www.theguardian.com/world/2020/jan/09/strange-hypnotic-world-millennial-guru-bentinho-massaro-youtube>.

beyond social media. For example, if you tuned in to Episode 289 of the Wellness Mama podcast, you would catch Katie’s conversation with fellow Millennial and *New York Times* bestselling author Ryan Holiday whose recent books on stoicism have allowed readers to learn, as one subtitle has it, “The Art of Living from Zeno to Marcus Aurelius.”¹⁴⁹ Holiday, whose forearm tattoo reads “The Obstacle is the Way,” had a successful career in marketing before he started writing books on stoicism. His bestsellers have made stoicism the fad philosophy of Silicon Valley and one of the latest ways to achieve mindfulness on the way to achieving well-being.¹⁵⁰ While it is safe to say that the most lucrative wellness brands in the world still belong to Gen-Xers like Gwyneth Paltrow and Goop—currently valued at \$250 million—Millennials remain prominent figures in the industry in addition to being its most loyal consumers.

However, despite all of this emphasis on Millennial well-being, a 2019 Blue Shield Blue Cross report analyzing the data of 55 million insured¹⁵¹ Millennials concluded that they were less healthy than the generation that preceded them (Generation X); the report found that Millennials were more prone to certain health conditions than their Gen-X forbears, demonstrating a wide range of behavioral health conditions including “major depression, hyperactivity, alcohol/substance/tobacco use disorder, psychotic disorders . . . [and]

¹⁴⁹ The subtitle comes from Holiday’s book *Lives of the Stoics* (2020). His other bestsellers on Stoicism include *The Obstacle is the Way* (2014), *Ego is the Enemy* (2016), and *The Daily Stoic* (2016).

¹⁵⁰ See for example Nellie Bowles, “Why Is Silicon Valley So Obsessed With the Virtue of Suffering?,” *The New York Times*, March 26, 2019, sec. Style, <https://www.nytimes.com/2019/03/26/style/silicon-valley-stoics.html>.

¹⁵¹ “Millennials: Digital Natives Disrupting Healthcare” (Transamerica Center for Health Studies, 2019), 7-8, 11. <https://www.transamericacenterforhealthstudies.org/health-care-research/2019-millennial-healthcare-research>. It is worth emphasizing “insured” here. According to the Transamerica Center for Health Studies report, 16% of Millennials did not have health insurance in 2016 (as opposed to 12% of Gen-X and 8% of baby boomers). Furthermore, as the report findings states, “Most Millennials consider preventive healthcare and self-care their most important health-related priorities,” an unsurprising fact considering the report also notes that one in five Millennials cannot afford routine healthcare expenses. In this context, wellness becomes a cost-effective strategy for avoiding medicalized debt, a commonsense DIY response to the staggering increase in healthcare costs and the absence of a public healthcare option.

adjustment/stress.”¹⁵² Of the top ten health conditions affecting Millennials and tied to increased prevalence, 6 were behavioral health conditions; moreover, the total adverse health for Millennial women was 20% higher than their male counterparts.¹⁵³ Another BlueCross BlueShield report published the same year emphasizes the consequences of these “rapid upticks” pointing to the fact that “Between 2014 and 2017 alone, prevalence of major depression and hyperactivity among millennials was up roughly 30%.”¹⁵⁴ The CDC reported that “accidental deaths, which include overdoses, and suicides were the cause of 60% of the deaths among 25-29 years old in 2017.”¹⁵⁵ So while Millennials are at once considered the main demographic of wellness and largely responsible for its consumer success, they also demonstrate its limitations and failures; they are supposedly the most health conscious yet are the least healthy generation in recent memory.

What commentators seem to find most troubling about these troubling statistics regarding Millennial health are the economic implications. With one-in-three American workers qualifying as Millennials, they became the largest generation in the U.S. labor force beginning in 2016.¹⁵⁶ The BlueCross BlueShield report explains that “Poorer health among millennials will keep them from contributing as much to the economy as they otherwise would, manifesting itself through higher unemployment and slower income growth.”¹⁵⁷ The report is careful to note as well that “even when [Millennials] are working, health concerns may prevent them from being as

¹⁵² “The Health of Millennials,” BlueCross Blue Shield, April 24, 2019, <https://www.bcbs.com/the-health-of-america/reports/the-health-of-millennials>.

¹⁵³ Ibid.

¹⁵⁴ “The Economic Consequences of Millennial Health,” BlueCross Blue Shield, November 6, 2019, <https://www.bcbs.com/the-health-of-america/reports/how-millennials-current-and-future-health-could-affect-our-economy>.

¹⁵⁵ Ibid.

¹⁵⁶ Richard Fry, “Millennials Are the Largest Generation in the U.S. Labor Force,” April 11, 2018, <https://www.pewresearch.org/fact-tank/2018/04/11/millennials-largest-generation-us-labor-force/>.

¹⁵⁷ “The Economic Consequences of Millennial Health”

productive as they would have been had they had the same health profile as previous generations”; The effects of poor health on Millennial economic progress is detailed by the report as well, noting “Such impacts would be most likely concentrated in areas already struggling economically, potentially exacerbating instances of income inequality and contributing to a vicious cycle of even greater prevalence of behavioral and physical health conditions.”¹⁵⁸ The economic significance of what the report terms “Millennial health shock” demonstrates why both Millennials and employers find themselves invested in wellness; for the former, wellness may lead to avoiding a cycle of poverty while for the latter it means keeping the largest population of the labor force in good enough health to work and to do so productively.

Such findings beg the question: if Millennials are at once credited with driving the wellness economy but are found to be so unhealthy, why do they continue to seek out wellness? How did Millennials end up hailed as the most health-conscious generation—and the most ardent wellness consumers—yet are reported as the sickest generation in recent memory? To answer these questions, it is worth briefly sketching some of the historical events at the end of the twentieth century that created the conditions for Millennials’ paradoxical situation.

Writing about wellness and originally referring to it as “holism,”¹⁵⁹ Robert Crawford observes that “beginning in the mid-1970s, health as something about which one had to become informed and change behavior moved to the center of middle-class experience.”¹⁶⁰ Calling this phenomenon a “new health consciousness,” Crawford describes it as “an emerging ideological

¹⁵⁸ Ibid.

¹⁵⁹ See R. Crawford, “Healthism and the Medicalization of Everyday Life,” *International Journal of Health Services: Planning, Administration, Evaluation* 10, no. 3 (1980): 365–88, <https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>.

¹⁶⁰ Robert Crawford, “Health as a Meaningful Social Practice,” *Health* 10, no. 4 (October 1, 2006): 408, <https://doi.org/10.1177/1363459306067310>.

formation that defined problems of health and their solutions principally . . . as matters within the boundaries of personal control.”¹⁶¹ He goes on to explain:

The aspirations to “live more healthfully” or “get in shape” were not simply the result of an ideology promoted (and increasingly enforced) from the outside. The theme of individual responsibility drew upon a deep well of cultural practices with which the professional middle class had long identified. In the 1970s, personal responsibility provided a moral compass for people who came to believe that working on the self by working on the body was regenerative, a way to “get one’s life together.”¹⁶²

As we will see, the “regenerative” notion of “working on the self by working on the body” with the explicit aim of getting “one’s life together” is central to how the characters in Tulathimutte and Butler’s novels respond to their precarious circumstances. Crawford helpfully points out that what made this emergent health consciousness “new” was not purely the imposition of an outside ideology but rather material changes brought about through Republican control of the White House from 1981-1993 that led to an expansion of both corporate and conservative power, changes that ultimately weakened national healthcare and increased medical costs as wages declined; these policy shifts amplified a sense of individual responsibility already built into an American middleclass ethos. Put differently, “wellness’s emphasis on one’s ‘responsibility’ for their own health dovetailed with a Reganite use of a moral vocabulary of economic self-reliance.”¹⁶³ The political conditions of the era thus paved the way for a renewed emphasis on personal responsibility for healthcare, a shift that made “responsibility for health . . . hegemonic.”¹⁶⁴ In short, and as discussed in the previous chapter, the healthcare policies of the

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ John Patrick Leary, *Keywords: The New Language of Capitalism* (Chicago: Haymarket, 2018), 175.

¹⁶⁴ Crawford, “Health as a Meaningful Social Practice,” 408-409.

Reagan administration slowly shifted the responsibility of paying for healthcare onto employers who then found ways to shift those costs and responsibilities onto workers. For the unemployed and the uninsured, the lack of an affordable and accessible public health option remained unavailable until the passing of the Affordable Care Act in March of 2010, leaving them responsible for managing their own healthcare and for navigating increased healthcare costs. This hyper-awareness of health as personal responsibility is therefore more firmly entrenched in the middleclass ethos by the end of the twentieth century and is a discourse many Millennials have some familiarity with, particularly as it manifested itself in institutional contexts at schools, universities, and the workplace.

Against this backdrop of a weakened welfare state and rising medical expenses, the slow disappearance of secure employment and employee benefit packages amplified anxieties around healthcare. Given the explicit connection between healthcare and employment in the United States, the disappearance of steady work at the end of the century amplified the need for self-directed healthcare. Drawing upon the theoretical work of Guy Standing in her book-length analysis of Millennial precarity *Can't Even* (2020), Anne Helen Petersen draws a clear distinction between what is thought of as the traditional model of the American working class—“long-term, stable, fixed-hour jobs with established routes of advancement, subject to unionization and collective agreements . . . facing local employers whose names and features they were familiar with”—and the precariat model of work associated with the Millennial generation consisting of contingent labor.¹⁶⁵ The former began to disappear throughout the 1980s and 1990s as temporary and outsourced labor began to take its place and the downsizing of companies became more commonplace. What is often underdiscussed in histories like Petersen’s

¹⁶⁵ Anne Helen Petersen, *Can't Even: How Millennials Became the Burnout Generation* (Boston: Houghton Mifflin, 2020), 96.

is what these changes meant for American healthcare. A rise in contingent labor also meant that previously insured middleclass workers were finding themselves without health insurance. A study investigating health coverage between 1980-1991 observes that “Since at least 1980, the United States has faced the twin problems of increasing numbers of uninsured and rising health costs” and noted that even “holding a full-time job for the entire year did not guarantee health insurance coverage . . . that relatively more full-time, full-year workers were becoming uninsured.”¹⁶⁶ In total, the study found that 34 million Americans were without health insurance in 1991.¹⁶⁷ As companies restructured and temporary or contract employment became more common, so too did the uninsured worker.

Meanwhile, as the American workplace was transformed and national healthcare weakened, the wellness industry continued its transformation from a collection of esoteric alternative health practices to a mainstream consumer industry there to meet the growing demand of an increasingly insecure middleclass concerned with managing their own health. As Natalia Mehlman Petrzela has written about the history of wellness, “[its] marginal status during the 1960s and ’70s at least bestowed a measure of countercultural legitimacy” but “in the 1980s and ’90s, the language of well-being was commercialized by a booming fascination with fitness and an array of products and experiences to satisfy it.”¹⁶⁸ Building on the success of 80s celebrity fitness icons—perhaps fixed in the popular imagination through the familiar images of Olivia Newton-John’s “Physical” music video, the fitness instructions of Richard Simmons, and the public fitness demonstrations of Arnold Schwarzenegger—getting in shape and cultivating mind,

¹⁶⁶ Katharine R. Levit, Gary L. Olin, and Suzanne W. Letsch, “Americans’ Health Insurance Coverage, 1980-91,” *Health Care Financing Review* 14, no. 1 (1992): 31–57.

¹⁶⁷ *Ibid.*

¹⁶⁸ Natalia Mehlman Petrzela, “When Wellness Is a Dirty Word,” *Chronicle of Higher Education*, May 1, 2016, <https://www.chronicle.com/article/when-wellness-is-a-dirty-word/>.

body, and spirit became more ubiquitous throughout the 1990s. The GWI's history offers a succinct summary of the period of 1980-2000s, noting the advent of "Workplace wellness programs, the fitness and spa industries, and celebrity wellness and self-help experts" that helped propel the industry into the mainstream.¹⁶⁹

Critics of the wellness movement often look to the success and various enterprises of Oprah Winfrey as the prime example to explain and understand wellness' rise during this period. Airing for the first time in September of 1986 and ending in May of 2011, *The Oprah Winfrey* show marked the beginning of Winfrey's vast media empire and solidified it as the most influential cultural outlet for wellness in America. Writing in *The New Prophets of Capital*, Nicole Aschoff refers to the work of Janice Peck to explain how Oprah helped to reinforce "this neoliberal focus on the self," noting that her "enterprise [is] an ensemble of ideological practices that help legitimize a world of growing inequality and shrinking possibilities by promoting and embodying a configuration of self compatible with that world."¹⁷⁰ Extending Peck's critique, Aschoff explains how, for instance, Winfrey's *O Magazine* "implicitly, and sometimes explicitly, identifies a range of problems in neoliberal capitalism and suggests ways for readers to adapt themselves to mitigate or overcome these problems."¹⁷¹ For Aschoff, the magazine exemplifies the ways wellness shed its countercultural origins throughout the latter part of the twentieth century in favor of a depoliticizing rhetoric that championed consumer alternatives as solutions to the despair and insecurity created by a neoliberal restructuring of the economy. As just one of many small examples, Aschoff points to how the magazine encourages exhausted office workers to "bring photos, posters, and 'kitschy figurines' to decorate your workspace"

¹⁶⁹ "History of Wellness," Global Wellness Institute, <https://globalwellnessinstitute.org/industry-research/history-of-wellness/>.

¹⁷⁰ Nicole Aschoff, *The New Prophets of Capital* (Verso: London, 2015), 97.

¹⁷¹ *Ibid.*

because it will allow them to “feel less emotionally exhausted and reduce burnout.”¹⁷² Presented as a strategy to cultivate wellness in the face of overwork, Aschoff’s example represents the type of “solution” characters in the novels will attempt as they try to achieve well-being in the face of miserable temporary work or unemployment.

In offering this quick thumbnail sketch of the period, I want to once again reiterate that my claim is that Millennials were born into this historical moment and can be said to have grown up alongside the advent of wellness as a cultural logic; therefore, it may be argued that Millennials are in fact *less* likely to adopt a critical stance toward wellness given their conditioning to it after wellness became endemic to the institutions and cultural sites many Millennials grew up with. Writing about Millennial precarity and insecure work, Petersen argues that “All of this seems like commons sense today: That’s just how the market works. But that’s because that’s how the market has worked *during millennials’ lifetimes.*”¹⁷³ Similarly, Petersen’s point about Millennials inurement to precarious work conditions can also be said for wellness: it makes sense today because that is always how healthcare has worked during Millennials’ lifetimes; put differently, Millennials have been conditioned to react to stressful, exploitive, or harmful circumstances by cultivating their wellness via the tips, tricks, or “life hacks” common to a self-directed ethos of healthcare. Petersen addresses this when writing about her own experiences with overwork, wellness, and Millennial precarity:

[burnout] isn’t a personal problem. It’s a societal one—and it will not be cured by productivity apps, or a bullet journal, or face mask skin treatments, or overnight fucking oats. We gravitate toward those personal cures because they seem tenable, and promise that our lives can be recentered, and regrounded, with just a bit more discipline, a new

¹⁷² Ibid.

¹⁷³ Petersen, *Can’t Even*, 103.

app, a better email organization strategy, or a new approach to meal planning. But these are all merely Band-Aids on an open wound. They might temporarily stop the bleeding, but when they fall off, and we fail at our newfound discipline, we just feel worse. Before we can start fighting what is very much a structural battle, we first need to understand it as such. That might seem intimidating, but any easily implementable life hack or book promising to unfuck your life is just prolonging the problem.¹⁷⁴

In the spirit of Petersen's critique, what follows is an examination of three examples of the Millennial novel and the many ways in which they document characters' journeys as they "gravitate" toward wellness to become "recentered," moving through a diverse catalogue of self-care solutions along the way in order to acquire stability and security in their lives. John Leary has observed how, by virtue of being an "ongoing state of growth," "wellness names a task that can never be completed." "While it's possible to say, or at least to feel, that you are no longer ill," he writes, "you can always be more well than you are."¹⁷⁵ To extend Leary's point even further, it follows that one can always be more employable and more competitive, indefinitely contorting oneself into the shapes deemed most desirable by an ever-changing labor market. To be well, then, is to broadcast the message to potential employers that you are responsible, productive, risk-free, and therefore hireable; it is to advertise one's fitness for and resilience to the type of exhausting or stultifying work many Millennials are asked to do. Appearing well, though, is itself exhausting and returns us to the statistics found in the BlueCross BlueShield reports cited earlier. Tulathimutte and Butler's fiction showcases the consequences of this emotional labor as characters exhaust themselves trying to get well or project an image of wellness to their social circles and to their employers. The inability to coerce themselves into a state of wellness (or to

¹⁷⁴ Ibid., xxvi.

¹⁷⁵ Leary, *Keywords*, 175.

afford it), leads characters to undermine their chances at stable employment. The novels then use these failures as the fertile grounds for reimagining self-care and well-being. In other cases, however, the novels demonstrate the appeal of wellness as an ideology and the inescapability of the systems that sustain it, ending not with the offering of new possibilities but with a grim diagnosis for the future of care and work. Collectively, though, they speak to the ways in which the Millennial novel may serve as a primary site for critiquing and making visible the problematics of self-directed healthcare or what has otherwise come to feel toward the end of the twentieth century as a commonsense response to neoliberal policies and Millennial precarity.

The Millennial Novel and Wellness

Just as the romanticized idea of the Great American Novel has persisted in the popular imagination, so too has the need for finding or naming the next “voice of a generation.” Given the prevalence of Millennial polemics in the culture, it is no surprise that some reviewers and readers, upon encountering the work of Millennial authors, have sought to find such a defining voice and, from it, declare the arrival of a new body of literature in the form of the Millennial Novel. Yet many writers and critics have resisted the catchall labels of “Millennial Novel” or “Millennial Writer.” As a literary category, these terms have struck its critics as vague generalizations too often deployed by popular commentators, book reviewers, and publisher marketing departments. “Middlemarch for Millennials” reads the blurb on the back of *Private Citizens* while New York magazine says, “Finally, Millennial Heroes and Heroines in a Great American Novel.”¹⁷⁶ Jia Tolentino’s review of Halle Butler’s *The New Me* is accompanied by the

¹⁷⁶ Sarah Dicum, “Private Citizens by Tony Tulathimutte Review – ‘Middlemarch for the Millennials’?,” the Guardian, October 14, 2016, <http://www.theguardian.com/books/2016/oct/14/private-citizens-by-tony-tulathimutte-review>; Christian Lorentzen, “Tony Tulathimutte’s *Private Citizens*: Finally, Millennial Heroes and Heroines in a

tagline “The story of a temp worker in Chicago feels like a definitive work of millennial literature” while Kathleen Rooney’s review of Butler reads “The New American Dream: Halle Butler Captures the Millennial Experience.”¹⁷⁷ What exactly all this means, however, is less clear.

Tulathimutte himself has been a vocal critic of the idea of a Millennial novel. In a rebuttal published in *The New York Times* titled “Why There’s No Millennial Novel,” Tulathimutte writes “the lowest common denominator of affectations, fashions and consumption patterns evoked by the generational tag are seldom any character’s most interesting qualities.” Beyond the literary problematics, Tulathimutte also points out that these terms are rarely the province of the novelists or literary critics but rather the machinations of “media and marketing busybodies interested in consolidating identities that they can then target.” In this way, “the millennial archetype itself is never better than a blurry approximation.” He concludes that “The generational novel, like the Great American Novel, is a comforting romantic myth, which wrongly assumes that commonality is more significant than individuality.”¹⁷⁸ Often hailed as one of the most successful contemporary Millennial authors, Sally Rooney has been equally resistant to the label, explaining in an interview that “I certainly never intended to speak for anyone other than myself. Even myself I find it difficult to speak for. My books may well fail as

Great American Novel,” *Vulture*, February 25, 2016, <https://www.vulture.com/2016/02/first-great-millennial-novel.html>.

¹⁷⁷ Jia Tolentino, “Halle Butler’s ‘The New Me’ Is an Office Novel for a Precarious Age,” *The New Yorker*, April 8, 2019, <https://www.newyorker.com/magazine/2019/04/15/halle-butlers-the-new-me-is-an-office-novel-for-a-precarious-age>; Kathleen Rooney, “‘The New Me,’ the New American Dream: Halle Butler Captures the Millennial Experience,” *Chicago Tribune*, March 14, 2019, <https://www.chicagotribune.com/entertainment/books/ct-books-halle-butler-0324-story.html>.

¹⁷⁸ Tony Tulathimutte, “Why There’s No ‘Millennial’ Novel,” *The New York Times*, December 7, 2016, <https://www.nytimes.com/2016/12/07/books/review/why-theres-no-millennial-novel.html>.

artistic endeavours but I don't want them to fail for failing to speak for a generation for which I never intended to speak in the first place."¹⁷⁹

Tulathimutte and Rooney helpfully outline the general reasons why this label is often more confusing than clarifying, an imposition rather than a provocation. Treating Millennials like a monolithic entity results in nothing more than a superficial caricature that is a better marketing tool than a literary heuristic. At its worst, "Such a label undermines the power of a book to speak across generations and to structures of power that govern both the publishing industry and the wider world it reflects."¹⁸⁰ However, the novels examined in this chapter—all three of which were written by Millennial authors—nonetheless share formal and thematic qualities that are usefully categorized through the label of the Millennial Novel. Instead of merely denoting the superficial qualities outlined by Tulathimutte in his critique or resorting to romantic myths about generational voices or generation-defining novels, it works as a heuristic to situate the fiction in a shared history animated by similar concerns; furthermore, it becomes a useful shorthand for understanding how the fiction of Tulathimutte and Butler share a set of formal and thematic features that together comprise what may be called the Millennial Novel—or at least a version of it.

Olivia Sudjic's answer to the titular question of her article "What Makes a Millennial Novel" is a helpful starting point for understanding some of these commonalities:

The crop of recent novels that have been termed 'millennial' depict a rootless, anxious life: a rat race whose illusory prize for sacrificing your soul is a bare minimum of social

¹⁷⁹ Claire Armitstead, "Sally Rooney: 'I Don't Respond to Authority Very Well,'" *The Irish Times*, December 4, 2018, <https://www.irishtimes.com/culture/books/sally-rooney-i-don-t-respond-to-authority-very-well-1.3719669>."

¹⁸⁰ Olivia Sudjic, "Darkly Funny, Desperate and Full of Rage: What Makes a Millennial Novel?," *The Guardian*, August 17, 2019, sec. Books, <https://www.theguardian.com/books/2019/aug/17/what-makes-a-millennial-novel-olivia-sudjic>.

acceptance and financial security. Their protagonists tend to be navigating or avoiding adulthood, usually desperate, disenfranchised, displaced, ironic, full of rage or grim humour that covers unbearable shame and sadness . . . they tend toward self-sabotage or perform cheeriness under constant surveillance while slowly dying inside . . . [it] explore[s] this alienation and longing alongside questions of survival – the mundane rather than heroic kind. They dignify the everyday struggles of their protagonists with deadpan humour, irony and reflections on their own privilege.¹⁸¹

As we will see, the formal features in Sudjic’s list appear frequently in the novels of Tulathimutte and Butler. Anxiety permeates their environments as characters work toward uncertain or unsatisfying futures. Sudjic underscores the value of irony and gallows humor as characters frequently self-deprecate or make a grim joke out of their circumstances and those around them. Beyond a cataloguing of dysfunction, the characters found in these novels also share a set of less alarming but equally telling commonalities: they are young, hypereducated, and recent alumni of elite universities like Stanford, Vassar, and Oberlin; they are, with some notable exceptions, middle class, and privileged, the children of well-to-do suburban nuclear families. They work in and call home major American cities like San Francisco and Chicago while their parents and siblings remain at a safe remove in the suburbs. While these characters may all be wretched, they are nonetheless college-educated urban sophisticates far removed from the characteristic trappings of disadvantage. Yet comprehensive as Sudjic’s observations about the commonalities of these novels may be, it along with similar critical accounts of the Millennial novel fail to recognize their emphasis on the importance of health and wellness, how being “healthy” is itself a source of preoccupation and anxiety while also serving as a currency

¹⁸¹ Sudjic, “Darkly Funny”

of prestige and social capital in the absence of the economic security and mobility promised to these Millennial characters. The mundane survival Sudjic refers to often takes the form of wellness with characters searching out and conforming to the practices that promise to improve their health and by extension the other parts of their lives ravaged by insecurity. One often finds characters compelled to practice wellness and, as I will argue, it is partly this compulsion that marks wellness as one of the defining features of the Millennial novels discussed in this chapter.

One way in which this preoccupation with health finds expression in the novels and serves as another defining trait is through the deployment of a cast of “well-adjusted” side characters to serve as foils to the miserable protagonists. In positioning their protagonists within social circles comprised of their peers who have achieved success—personally and financially—the novels invite readers to question why the protagonists have not. Readers are left to discern to what extent these characters are responsible for their own misery and where their problems gesture toward larger issues beyond their control, to simultaneously be suspicious of them while also asking what forces could be responsible for such privileged characters to be *this* unsuccessful personally and professionally. Butler succinctly captures the formula in her *Paris Review* interview when she describes Millie as “a toxic person, but one with a very good argument.”¹⁸² Indeed, this can be applied to all the protagonists in these novels. The characters they interact with—supervisors, boomer parents, and “passionate” Millennial web developers and freelancers—throw into relief the sickness of their interlocutors while doubling as proxies for the economic changes and cultural shifts responsible for the protagonists immiseration and

¹⁸² Patty Yumi Cottrell, “The Paris Review - I, a Novelist: An Interview with Halle Butler - The Paris Review,” *The Paris Review*, March 5, 2019, <https://www.theparisreview.org/blog/2019/03/05/i-a-novelist-an-interview-with-halle-butler/>.

precarity. Health or well-being, in other words is suspect in these novels while toxicity and unwellness are starting points for the novels' critiques.

One can see, then, how this creates an irresolvable tension for the miserable cast of characters found in Tulathimutte and Butler's novels. On one hand, they understand that they must take care of themselves and "fix" themselves to maintain or gain employment. Surrounded as they are by other "well" characters, they also understand that changing their lifestyles will perhaps lead to healthier and happier social lives and improved relationships with their loved ones. And, for some characters, practicing wellness is synonymous with signaling their political commitments. In short, wellness is a way of getting their lives together. However, given the dismal conditions they find themselves in, attaining and practicing wellness is often neither possible nor desirable. With no future, characters behave impulsively, recklessly, and indulgently; they respond to their circumstances by self-medicating. However, characters see this behavior as further responsible for their miserable conditions and seek to fix it through wellness, only to find more insecure work that returns them to a state of despair. Given this resistance, the characters must frequently confront the question of whether they have agency and are responsible for the conditions of their lives or if perhaps there are other explanations at hand. And just might taking better care of themselves fix things? If so, what must be changed? And how?

Writing about the often conflicting or paradoxical data surrounding Millennial behavior, Malcolm Harris argues that "Without a recent historical accounting, we're stuck trying to understand young people based on a constellation of confusing behavioral data points."¹⁸³ The novels in question here can be seen as operating backwards from this formulation, taking these

¹⁸³ Harris, *Kids These Days*, 9.

“confusing behavioral data points” as their point of departure and slowly building to or gesturing toward a historical accounting for the many contradictions that define their protagonists’ lives. In other words, these novels are built at the intersection of Millennial paradoxes and the personal and sociocultural histories responsible for them. There, each character feels pressured to change in a fundamental way to escape from their cyclical miseries. Something must change and, given their ever-growing list of personal and professional dysfunction, the thing that must change appears to be themselves. At the very least, these characters feel pressured to do something productive with their time, anything to feel like they are making progress and escaping from their frustrated developmental arcs. The gnawing feeling these characters have to change themselves, to adopt healthier attitudes and lifestyles, and the many activities that promise personal, spiritual, and professional fulfillment is wellness. Wellness arrives in the novels as both aspirational goal, social capital, antidote, and a path to bridge the liminal space these characters occupy. It provides a path to normative success and adulthood, a way out of their arrested development and into permanent and fulfilling employment that will finally allow them to live the upwardly mobile lives shared by those closest to them. The Millennial novels discussed here track characters’ efforts to achieve the holistic states of wellbeing and success promised by the cultural logic of wellness they are conditioned to. The Millennial novel invariably asks what it means to come of age when the material conditions of your life inhibit the processes necessary to reach the cultural markers or milestones that define adulthood? Tulathimutte and Butler provide two different answers to this fundamental question.

“A Toxic Person, but One with a Very Good Argument”: *Jillian* and *The New Me*

Halle Butler's two novels *Jillian* (2015) and *The New Me* (2019) follow their Millennial protagonists as they struggle through insecure and unsatisfying work. In many ways, it can be difficult to distinguish their two protagonists Megan and Millie, respectively. Both are recent college graduates living in Chicago enduring the back and forth of unemployment and temporary work, striving to acquire work but finding themselves hopelessly depressed upon attaining it. They are burdened with student debt, isolated, and prone to depression, cynicism, and fits of rage. Finally, both find themselves surrounded by a revolving cast of happy, thriving side characters that throw their miseries into constant relief and exacerbate their dissatisfaction with their own lives.

What drives the narratives of both novels is the protagonists' desire to escape their precarious circumstances. To accomplish this, they look to transform themselves by achieving a state of wellness. Because their efforts to change their lives are constantly undermined by their own behavior—be it expressing their depression at work or demonstrating anti-social behavior at a party—both Megan and Millie realize something must change about themselves. This realization causes them to explore different ways that wellness can transform them into the types of people capable of having a secure existence free from the miseries that animate their present circumstances. Yet both novels operate from the paradoxical situation that “While the precarious labour relations make workers constantly feel existentially vulnerable . . . they are required to hide these feelings and project a confident, upbeat, employable self.”¹⁸⁴ The material conditions of Megan and Millie's lives cause them to be wretched, which prevents them from getting secure, fulfilling work and which also alienates them from others. Wellness, then, emerges as the one option for creating the selves capable of escaping this otherwise unwinnable situation.

¹⁸⁴ Cederström and Spicer, *The Wellness Syndrome*, 21.

Millie, the protagonist of *The New Me*, illustrates this connection between wellness and employment. Millie works as a temp at Lisa Hopper, a design studio in Chicago. Although she hates the job, she is exhausted from a string of temporary employment and longs for the changes that will come from secure work. Hoping to impress and become a permanent employee at Lisa Hopper, Millie starts the novel wondering to herself “how I would have to behave, how many changes I would have to make, to tip myself over the edge into this endless abyss of perm.” “Perm” referring to the prospect of permanent work alluded to by her representative at the temp agency, Millie sees this transition from contingent labor to fulltime employee not as a question of skill acquisition but of reforming her behaviors. Self-transformation becomes synonymous with economic transformation. “Maybe you can change the way you feel by trying out new personalities” she muses later before explaining in a lengthier moment of introspection and self-talk

I tell myself that change is possible, could be possible right now. Behavior is changeable. I might not be able to change my thoughts and opinions, not at first anyway, but my behavior, that I can do. If I don't care either way, why not make some changes to my behavior? If I'm dead inside already, why not make a few simple changes? At least my body could feel better.¹⁸⁵

In lieu of being able to immediately change how she actually feels or the circumstances causing her to feel “dead inside,” Millie takes solace in being able to exert some control over her behavior, the result of which is the consolation that at least her “body could feel better.” Moments like these capture the conciliatory effects of a wellness ethos. Even if the job never materializes as a result of the changes she makes, wellness still delivers *something*—at least her

¹⁸⁵ Butler, *The New Me*, 81.

body can feel better during unemployment. More important is the fact that these changes Millie is concerned with making reveal how unfit for the workplace she finds herself to be. Recognizing that her personality and behavior may not perfectly align with the upbeat attitudes of her coworkers at Lisa Hopper, Millie sets about crafting a self more amenable to this workplace in the hopes it will result in fulltime work. Through Millie, Butler captures how the shifting, insecure work conditions of Millennials motivates self-transformation. She does not desire to change for herself but to meet the expectations of her new workplace in hopes this will save her from yet another temporary job. Her desire for change stems not from motivation but from resignation; because she is already miserable, what harm can come from changing her behavior or at least performing a new self? Butler dramatizes the ways in which precarity erodes the resistance of Millennial labors and gives way to a fluid sense of self.

The self-transformation characters speak of is given formal expression through the featuring of regimens, lists, and rituals. Narrative space is frequently given over to this cataloguing of self-care. The lists switch between active and aspirational; in other words, Millie goes back and forth between performing her self-care routines and failing to follow through on them. In the latter case, these lists appear as mandates wherein Millie feels pressured and shamed for not following through as evinced in the following scene when she thinks to herself

I should read a book, I should make some friends, I should write some emails, I should go to the movies, I should get some exercise, I should unclench my muscles, I should get a hobby, I should buy a plant, I should call my exes, all of them, and ask them for advice, I should figure out why no one wants to be around me, I should start going to the same bar every night, become a regular, I should volunteer again, I should get a cat or a plant or

some nice lotion or some Whitestrips, start using a laundry service, start taking myself both more and less seriously.¹⁸⁶

The repetition of “should” in this excerpt highlights the constant pressure Millie feels to take some sort of action or perform a set of behaviors she associates with a more successful or healthier lifestyle. The range of activities, from self-care to volunteer work, also highlight the lack of clarity surrounding what actions *to* take. The list of potential social interactions from calling her exes to becoming a regular at a bar emphasize the atomization and loneliness Millie feels while navigating her uncertain path out of precarity. Butler frames the inaction of her protagonists within exhaustive lists covering such broad categories to show that even when her Millennial characters are off the clock or appear to be doing nothing around their apartments, they are in fact frozen, contemplating an endless series of actions that could potentially change their present situation.

In another list, Millie begins sketching what her life would look like if she made better decisions within the aspirational framework she articulated in her previous list: “If I hadn’t gone out last night, I could have woken up this morning and gone to the museum, the movies, the store, looked at job postings, found a yoga class, called my mother, adopted a cat, looked at my old yearbooks, put on a record, cleaned my apartment.”¹⁸⁷ Evident also in these lists are the sardonic tone and humor characteristic of Butler’s writing; if Mille had chosen not to go out, she could have accomplished anything, from yoga to pet adoption. There is a panicked or anxiety-laden quality to the list-making as this is followed by Millie calculating what rewards would follow from these actions: “A list of things I could have: peace, stability, a clean winter coat, a Swatch, perfume, a haircut, boots both warm and fashionable, a good body, nonthreatening

¹⁸⁶ Ibid., 50-51.

¹⁸⁷ Ibid., 67.

relationships, a clean kitchen, someone to talk to, really I would take anyone. I breathe. I wish I had drugs, weed or Xanax.”¹⁸⁸ The short, staccato rhythm at the end suggest an almost manic pace to Millie’s imaginings, one that ends with a desire for medication, to be numbed from the effects of her compulsive list-making.

In one final example, Millie’s list-making eventually leads her to declare the connection between stable employment and the quality life she believes it will provide:

I could have friends if I had more money. I could be easier to get along with if I had more stability . . . I could be who I wanted to be—calm, cool, self-assured, self-reliant, independent enough to attract people who could enjoy my company because we’re all independent people doing what we have to do to get by . . . Not like now, not like who I am now, flailing, filled with puke, thinking about death and feeling angry all the time. If I were a better person, I wouldn’t have to be so judgmental all the time. I could be free of it. Gym membership, Instacart . . . join a book club, little steps, money to go out to the movies. I could go to Saturday matinees when everyone else is hungover. I could be one of those people who doesn’t drink, but just engages. I have Facebook, I can find out where the shows are, get more involved, be a joiner . . . I could start meditating. I could stop watching so much TV, just read all the time...¹⁸⁹

This final list illustrates the aspirational heights of what Millie believes a healthy and successful life would look like. Key, however, is that it is employment or “more money” and “more stability” that enable this catalogue of activities. They are the precondition for her to engage in the activities that will make her a happier, healthier, more engaged person. The paradox, of course, is that Millie cannot afford the products or services in the list nor does she have the

¹⁸⁸ Ibid., 86.

¹⁸⁹ Ibid., 77.

stability needed to access them. In this way, she is unable to cultivate the well-being and transformative self she believes will land her a stable job. Consequently, she is doomed to the same cyclical process of yearning and disappointment, of aspiration and exhaustion. Her “New Me” can only exist in the endless series of lists she creates. In these lists, Butler captures the paradoxical conditions of the precarious Millennial worker who is able to name or identify paths to wellness, but ultimately unable to follow through due to a lack of financial resources and structured time.

It is worth pointing out that although Millie’s need to exercise, meditate, stretch, or attend a yoga class are familiar examples of fitness or mindfulness as self-care, her lists are not always obvious examples of wellness. However, what I want to suggest is that Millie’s lists nonetheless speak to an ethos of self-directed healthcare, a felt responsibility to name and engage in the type of practices that will yield a more successful, capable self. They express a desire to get well, to function “normally,” and to function more optimally in her work and social environments. It is this embrace of self-directed healthcare and the deluded notion of finding relief in these consumer products that I argue Millie is performing the cultural logic of wellness. To resolve her feelings of depression and hopelessness, she assumes the responsibility of tracking down (and listing) behaviors, products, or actions that will supposedly yield a state of well-being (and, through it, employment). In this way, Butler shows how her Millennial protagonists are conditioned by a culture of wellness to seek out their own cures and to avoid situating their problems in any larger political or social context—or to even ask for help. Curiously absent from these otherwise exhaustive lists are any mention of the types of politically minded activities that could enable the broader social change needed to facilitate material improvement in her life nor

does she seek comfort in any sort of collectivity. It is this solipsism and alienation as a result of internalizing the dictates of wellness the novel works to critique.

Another recurring element in Butler's fiction as well as Tulathimutte's novel *Private Citizens* are frequent engagements with other characters who project an image of success and wellness. This is especially the case in Butler's first novel *Jillian*. Unlike Millie, Megan has a stable job but a menial one working in a gastroenterologist's office with an insufferable coworker from whom the novel takes its title. Megan's partner is in web design, successful, and resentful of her poor attitude and erratic behavior. Throughout the novel, Megan finds herself at parties with her partner where she is forced to interact with other Millennials freelancing and working in tech. As one successful entrepreneur tells Megan, "I freelance because I know I'd go insane if I couldn't make my own schedule—I believe variety is the zest of life."¹⁹⁰ The novel is populated with minor side characters like this who lament the fate of office workers like Megan stuck in dead-end jobs while espousing the benefits of working in the digital economy. In confronting these characters, Megan's unwellness is emphasized and called into question, inviting readers to decide whether it is her fault for failing to have the romantic life of the freelancer enjoyed by her partner and the other attendees she meets at parties. Why, after all, isn't Megan freelancing and in control of her labor (and enjoying the financial benefits of it)?

Megan's sarcastic response to these freelancers is equally telling: "I mean, you're just so lucky that you get to turn your passion and your art into something commercial. You know, something you can make money off of . . . It's just so nice to see an artist make money off of their passion. Kind of makes us all feel like it's not so hopeless after all."¹⁹¹ Moments like these serve to highlight the narrow path out of the misery Megan and her Millennial cohort typically

¹⁹⁰ Halle Butler, *Jillian* (New York: Penguin, 2015), 48.

¹⁹¹ *Ibid.*, 193.

share. Those who are able to commodify their “passion” into a productive art within the lucrative framework of tech are generally spared from the insecurity embodied in Butler’s Millennial characters. Put differently, the young, successful outliers encountered in these novels are avatars of financial security and wellness by virtue of their ability to align their passions with an emergent digital economy.

This is given further context through Megan’s coworker Jillian. What makes her insufferable to Megan is her unrelenting positivity and optimism; however, as Megan realizes toward the end of the novel, both share the same precarity. Megan’s “I don’t give a fuck, I don’t give a fuck” mantra¹⁹² is contrasted by Jillian’s pathetic but earnest desire to create a better life for her and her son. As a single mother working a low-paying and unfulfilling job at the gastroenterologist’s office, Jillian traces upward mobility in living a healthier life and subscribing to a comical level of positive thinking. Here, Jillian makes use of the same vocabulary of passion found at the party when she tells Megan “But it’s a dream of mine to work on my own terms. And I think, you know, when a person has a passion, they should follow it.” Consequently, Jillian’s days at work are filled with aspirational conversations about learning to program and becoming the type of passionate freelancer capable of creating her own work schedule and spending more time with her son. It is conversations like these that fuel Megan’s hatred, resenting Jillian’s naivete and associating her with the tech entrepreneurs Megan resents. Yet Jillian’s ideal future is never materialized. The narrative arc for her becomes a series of disappointments as she is subsumed by the despair and hopelessness of poverty and the lack of social support she receives as a single mother. As Jillian’s life slowly unravels by novel’s end, it

¹⁹² Ibid., 53.

is apparent that her aspirational ramblings at work—much like Millie’s lists in *The New Me*—is a coping mechanism for enduring her precarious existence.

Like with Megan and Millie, Butler surrounds Jillian with antagonists that replicate the moral language of wellness, suggesting that she is solely responsible for her struggles and for not actualizing her ambitions. For example, Jillian’s inability to maintain a state of wellness is deemed by the women in her church group as a moral failing and clear sign of Jillian’s flawed character. One woman in particular, Elena, helps Jillian with childcare but only as a means of emphasizing her own moral superiority. In one crucial scene, Elena reflects on Jillian’s lack of character:

Jillian was the kind of person who went for the short fix instead of the long fix. She knew nothing about sacrifice and never would, and it was a pleasure for Elena to watch Jillian fail, because Jillian’s way of life stood in opposition to Elena’s. It wasn’t that Elena didn’t want two cookies and a bag of chips with lunch, just to grab an obvious example of something symptomatic, but she knew it would rot her body, so she abstained. Elena delighted to hear Jillian talk about her plans to diet, because she knew that Jillian was too weak and was all talk. That was another thing that Elena wasn’t, and that was all talk.¹⁹³

Elena’s judgement of Jillian’s character lays bare the type of moralizing language implicit in discourses of wellness and that is so often deployed to explain precarious circumstances. Within the moral framework Elena constructs, Jillian deserves her failures and her troubles because she lacks the willpower and foresight Elena embodies. Diet and the body become symbols indicative of Jillian’s inability to delay gratification and plan for her future. If Jillian were able to discipline her body and project a state of physical and emotional wellbeing, perhaps she would also be able

¹⁹³ Ibid., 165.

to finish that programming class and become the successful freelancer she aspires to be. Perhaps most telling in this scene is Elena's use of the word "weak" to describe Jillian. Because she needs help caring for her son and because she is struggling financially, Elena attributes these issues to Jillian's weakness; her dependency is a character flaw rooted in her fundamental lack of wellness.

Characters like the Millennial freelancers and Elena throw into stark relief the precarious circumstances of Megan and Jillian. In these interactions, cultivating and projecting wellness through following one's passion, managing one's health, and delaying gratification serve as social capital that separates the successful from "failures" like Megan and Jillian. Both are judged by their peers for what are perceived to be personal and moral shortcomings. In staging these conflicts, Butler situates wellness within a broader neoliberal economic logic that emphasizes personal responsibility and doubles as a moral language for justifying and explaining precarity. It helps to further isolate both Megan and Jillian while validating the social and economic inequalities encountered in the novel.

"That Wellness Was the Illness": *Private Citizens*

Both Butler and Tulathimutte's novels begin shortly removed from their protagonists' college graduation with enough years having passed to confirm the dismal returns on their educational investment yet close enough to retain the faintest glimmer of hope that things will turn around. The four protagonists in Tulathimutte's *Private Citizens*—Cory, Linda, Will, and Henrik—are recent Stanford grads navigating post-college life in San Francisco in 2007, enduring unemployment and temporary work under the shadow of the impending 2008 recession. The exception is Will whose work as a design and security consultant for tech

companies supplies him with a steady income (this in addition to the fact his well-to-do parents help him afford an apartment in the city). Despite his stability, Will is still miserable though, mostly at the hands of his entrepreneurial girlfriend Vanya. The chapters alternate between the four friends as their paths intersect, documenting their struggles to build stable post-college lives. Each provide a different perspective on un/wellness that culminate in a critique and reimagining of self-care although I will only be focusing on three of them in this chapter: Cory, Henrik, and Will, respectively.

Cory is the most politically active of the four. She is also the most critical of her Millennial cohort, arguing in the prologue that “Her generation’s failure was not of comprehension but of compassion, of splitting the indifference; its juvenile taste for making a mess; its indignant reluctance to clean it up; its limitless capacity for giving itself a break; its tendency to understand its privilege as vindication. And they weren’t even happy.”¹⁹⁴ Burdened with an outrageous six-figure student debt, she begins the novel working for a meager sum at a nonprofit named Socialize that is on the verge of bankruptcy. The office of Socialize serves as a symbol of the degraded state of work the novel is invested in critiquing. It is described as a “live/work” loft and is filled with liquidated furniture from other offices.¹⁹⁵ Cory’s boss Taren literally works himself to death, dying at his desk. His overwork foreshadows the exhausting, unrewarding work that awaits Cory when she inherits Socialize at the behest of Taren’s will, a surprising turn of events that transforms Cory from canvasser to office manager and owner. Cory suddenly finds herself with the impossible task of saving a nonprofit while working in an office populated with the salvaged furniture from failed businesses and whose very designation as a life/work space embraces the erosion of any separation between work and life outside of it. To be

¹⁹⁴ Tony Tulathimutte, *Private Citizens* (New York: William Morrow, 2016), 8.

¹⁹⁵ *Ibid.*, 18.

successful and to live up to her progressive political ideals, she must embrace the same overwork that killed her boss but hope for a far different outcome. Of course, this requires Cory to learn how to manage a business and to generate enough revenue to keep Socialize solvent, a process that, as the subtitle of the first chapter alludes to, leads to the “Incorporation of Cordelia Rosen.” However, it is Cory’s incorporation and through her chapters that the novel engages with wellness in two distinct ways.

The first is Cory transforming herself into a manager. This is done through *Private Citizens*’ most obvious engagement with the history and present culture of wellness and takes the form of the personal development workshop named Handshake that Cory attends not long after taking over Socialize. It is through Handshake and its founder Evan Perch that Cory becomes personally involved in wellness culture. Handshake claims to be “business development seminars” that move beyond “organizational theory” in favor of personal development, believing that individual growth leads to capital growth.¹⁹⁶ The brochure for Handshake, for example, exhorts its attendees to: “DISRUPT [THEIR] LIFE” as part of a holistic program that includes a “world-renowned, award-winning series of lectures, workshops, and colloquiums” and “an invigorating journey into the Marin Headlands.”¹⁹⁷ The language of disruption used in the brochure is telling of how Handshake’s brand of wellness maps economic logic onto health; attendees are to treat their minds and bodies the same way they might treat their approach to business. One cannot help but be struck by the obvious irony of the call for further disruption for characters whose lives are already disrupted. The brochure ends by attempting to yoke personal development with larger social change, making the declaration “YOU WILL CHANGE YOUR

¹⁹⁶ Ibid., 141.

¹⁹⁷ Ibid., 138.

LIFE . . . AND THE WORLD!”¹⁹⁸ This final claim implies that personal transformation and larger social change are not only compatible but that the former leads to the latter. Skeptical as she may be, Cory eventually buys into this formula hoping her personal change into a capable manager via the Handshake program will allow her to make good on her progressive commitments.

As Perch’s opening and lengthy monologue make clear, Handshake is a product of the wellness boom and the economic collapse of the 1990s. Perch boasts of creating Handshake in 1990 and turning it into a global phenomenon whose various branches are staffed by “seventy percent volunteer[s],” a statistic that, according to Perch, “shows you our commitment to helping people reach their potential—we’re here because we’re passionate.”¹⁹⁹ In relying on a workforce comprised mainly of volunteers, Handshake replaces wages with the currency of “passion” and the satisfaction of working on one’s self, reflecting Anne Petersen’s claim that “Most of the time, all that passion will get you is permission to be paid very little.”²⁰⁰ It is an arrangement in which “passion and sense of mission become a kind of compensation.”²⁰¹ But unlike the passionate tech entrepreneurs we meet in Halle Butler’s fiction or who are in attendance at Handshake, Cory cannot afford to live off her passion. In Handshake’s organizational structure, one finds the promise of self-development substituted for economic security—well-being as its own reward. Echoing the familiar scams of multilevel marketing, “graduates” of Handshake go on to create their own specialized courses that new seminar participants are encouraged to attend, allowing Handshake to further benefit from free or passionate labor while its seminar leaders find renewed

¹⁹⁸ Ibid.

¹⁹⁹ Ibid., 140.

²⁰⁰ Petersen, *Can’t Even*, 69.

²⁰¹ Leary, *Keywords*, 145.

purpose in their work.²⁰² Handshake formalizes and benefits financially from what many of the characters in *Private Citizens* have chosen to do voluntarily: work on themselves in the absence of work itself.

The brochure's earlier reference to the Marin Headlands implicitly links Handshake to wellness' modern origins as the first wellness center opened in Marin County in 1975. This subtle nod evokes the once countercultural tendencies of Bay Area wellness but shows how it has been coopted by the startup culture of Silicon Valley. During her retreat with Handshake, Cory and the other 149 participants are divided into "Focus Associations," stretching and attending "lectercizes" ran by "moderators in gold-trimmed suits" and are treated to a series of feel-good slogans including "#3: Flood yourself in failure" and "#5: Shitkick the Nitpick."²⁰³ Other rituals include standing on Soapbox Alpha where Handshake attendees take turns discussing their failures.²⁰⁴ It is during Cory's turn on the soapbox that "it all splurged forth: failed relationships, body hate, the daily inability to reconcile moral urgency with lifestyle."²⁰⁵ Cory appreciates having a sympathetic audience for her personal and political grievances, a process she recognizes "would've felt self-indulgent" anywhere else but at Handshake; Cory's politics are applauded for their passion rather than their substance, a label that functions to depoliticize Cory's arguments and makes them palatable to her Handshake cohort.

Cory finds temporary relief at the retreat and returns home with a renewed sense of confidence in her new role as manager of Socialize. Her experience with Handshake demonstrates how the ideology of wellness works rhetorically to placate its participants rather than provide any meaningful change—like a career—or to foster the type of progressive political

²⁰² Tulathimutte, *Private Citizens*, 148.

²⁰³ *Ibid.*, 152.

²⁰⁴ *Ibid.*

²⁰⁵ *Ibid.*

energy needed to create conditions for equity and social mobility. The irony, in Cory's case, is that she hopes Handshake will provide her with the tools to save her nonprofit Socialize and will translate into meaningful activism and social change. Implicit in Cory's reasons for attending Handshake is that this particular brand of corporate wellness will allow her to act on the political causes she so earnestly believes in. Instead, the "lectercizes" and sloganeering encourage her to embrace failure as a sign of progress and to rewrite her progressive politics as non-threatening *passionate* feelings that can be commodified through various business ventures (including Cory's disastrous Recreate 08' event at the end of the novel). In having the most politically minded character succumb to the nostrums of the shallowest forms of corporate wellness, Tulathimutte draws attention to the many ways a self-directed ethos of healthcare operates as a depoliticizing discourse that shifts social or systemic critique back onto the individual. Cory must "Shitkick the Nitpick" instead of following through on her political convictions. Equally important, it speaks to the appeal of wellness as a potential site for self-transformation for precarious Millennials like Cory. She knows that without changing herself into a more competent manager, she and Socialize will likely meet the same fate as Taren. It is this desperation underwriting her attendance at the seminars and the retreat that keeps her involved with Handshake despite her reservations.

Cory's chapters also use her roommate Roopa to critique what remains of wellness' countercultural energies. The two live together along with other roommates in a shared commune. It is a project that, as Cory explains, started as a plan to "recruit kindred progressives into the warehouse, maybe becoming one of those Bay Area cultural polestars" and instead results in Cory and Roopa being equally pedantic about their clashing approaches to progressive politics. For her part, Cory is resistant to new age forms of wellness and has a strong opposition

to diets and other forms of consumer wellness, making it clear that she “hated kale and yoga and hated women who fetishized kale and yoga, capitulations to the male gaze marketed as fitness.”²⁰⁶ Roopa, on the other hand, becomes a caricature of new age Bay Area wellness and its countercultural history. In one of their first interactions in the novel, upon returning home from her work at Socialize, Cory is invited by Roopa to share in the meal she is preparing, “potato hash with fennel and rosemary and Niman Ranch bacon and tempeh. And TVP.”²⁰⁷ The invitation provokes a critical reflection from Cory:

Roopa was big on food fads, and her current regimen was a self-invented one called ‘ruminarianism’: every day she rode the BART to Berkeley or Piedmont, wandered in meadows to pick mushrooms and herbs while listening to her iPod, then Dumpster-dove at Trader Joe’s, all for a meal she’d spend two more hours cooking. She grew chanterelles in a Mycodome and sage and holy basil on the bathroom windowsill. Before this, she’d abjured meals in favor of chewing on little biscuits that looked like owl pellets; before that it was low-fat raw vegan and Master Cleanse.²⁰⁸

What is striking about ruminarianism is the leisure and privilege built into it. The fact that Roopa is riding the BART every day to “wander in meadows” and look through dumpsters only to spend an additional two hours cooking represents a telling instance of privilege masquerading as political activism. Put differently, wellness *is* Roopa’s job. What is evident in her practice of ruminarianism is the privilege to select her austerities, to calibrate her level of deprivation in the pursuit to “feel good about feeling good.”²⁰⁹ It is never made clear to what extent Roopa’s lack of steady employment is purposeful given her own elite college education at Oberlin. Although

²⁰⁶ Ibid., 32.

²⁰⁷ Ibid., 25.

²⁰⁸ Ibid., 24.

²⁰⁹ Ibid., 29.

Roopa claims to be part of the “working poor,” “[getting] by, part-time and under the table, freelancing as a food photographer and botanical illustrator,” Cory finds it “baffling how Roopa could afford San Francisco on freelance wages.”²¹⁰ Nonetheless, Roopa’s dietary practices reveal how wellness can be substituted for employment while also doubling as the appearance of meaningful political action. Roopa claims her diet is a commentary on food waste and explains to Cory how her urban foraging is a rejection of the excess of major grocery chains and how her organic, vegan diet is also a rejection of factory farming and the assorted evils associated with U.S. agribusiness. Yet Cory’s initial use of the word “fad” situates Roopa’s actions as mere consumption, part of interchangeable, ubiquitous consumer trends—the latest in a series of fad diets whose novelty leads to a different type of consumption in lieu of direct political action.

Cory further describes Roopa as “frigid, the way free spirits often were, about the romance of naturopathy and well-being as morality . . . all that time committed to sweeping the steps of her temple.”²¹¹ Descriptions of Roopa overwhelming underscore the time she devotes to cultivating her wellness. Along these lines, we are told that “Roopa always fled to superstition. Sometimes she couched gemstones on her body to ‘smooth out her energy,’ and at day’s end Cory would hear raw gems scattering on the floor as they dropped from the cups of Roopa’s bra, a few more clicking down as she shook her hair . . . Roopa had this kernel of willed impracticality.”²¹² For Cory, these descriptors add up to what she later deems “failed radicalism.”²¹³ If the Handshake seminars and retreat serve as an outlet for a critique of corporate wellness, Tulathimutte’s literary depiction of Roopa functions as a critique of new age wellness in the form of consumption as politics. In this way, Roopa exemplifies Kimberly Lau’s argument

²¹⁰ Ibid., 28.

²¹¹ Ibid., 29.

²¹² Ibid., 30.

²¹³ Ibid., 27.

that “By purchasing the products of commodified bodily practice, and thereby ‘buying into’ the discourses that constitute the public sphere of alternative health and wellness, individuals can lay claim to active political participation . . . [and] can see themselves as engaging in the rational-critical discourse that seems to politicize the public sphere of alternative health and wellness.” In this formulation, “the self becomes the site of political action.”²¹⁴ The absurdity of Roopa’s character is more than a parody of Millennial privilege but rather an indictment of how countercultural forms of wellness—from the austerity of fad diets to certain consumer forms of alternative medicine—fail to materialize in any meaningful political action. Like Cory’s experience at Handshake, Roopa’s chosen form of wellness is also depoliticized, the self as the site of political action that is ultimately as shallow and ineffective as the sloganeering found at the retreat in the Marin Headlands. In juxtaposing these two different sides of wellness, Tulathimutte draws attention to the varied ways it works as a depoliticizing discourse that gives these Millennial characters a sense of political and individual progress despite the fact that their actions—be it attending seminars or protesting food waste by dumpster diving—do nothing to confront or change the larger systems responsible for their grievances.

While Cory’s chapters are dedicated to her navigating these different but equally problematic paradigms of wellness, the chapters devoted to Henrik are the only ones to engage with it from a pharmacological or mental health perspective. Henrik is the only one of the four to stay at Stanford for graduate school. There, Henrik studies biomechanical engineering²¹⁵ and struggles with the medication he requires for his bipolarism. This is especially the case once

²¹⁴ Lau, *New Age Capitalism*, 133-134.

²¹⁵ Tulathimutte, *Private Citizens*, 88. Minor details from Henrik’s time at graduate school worth mentioning are how his research and his advisor link him to the fitness dimension of wellness. We are told that Henrik’s advisor Ken Volger has made a fortune in private business ventures; his “plantar-pressure gait analysis research,” we are told, “dovetailed lucratively with the jogging craze,” leading Volger to make “several TV appearances as a ‘jogging expert.’” Henrik begins the novel laboring in this field before quickly dropping out due to lack of funding.

Henrik leaves graduate school and has neither work nor health insurance to pay for the medications he requires. Wellness for Henrik is defined chemically, and in the absence of being able to access his medications, later becomes involved in an ill-fated relationship with Roopa during which she challenges his dependency on pharmaceutical drugs. She informs Henrik with “blog posts about flavonoids and c-kit, noetics and nootropics, *New Scientist* articles linking the spike in nut allergies, bipolar, and celiac to antibiotics.” In addition to this, she puts Henrik on a strict wellness regimen, providing him with “congee, barley tea, and apple cider vinegar,” expressing her joy at the fact “his sadhana was opening.”²¹⁶

The limitations of Roopa’s new age or alternative brand of wellness continue to be exposed in Henrik’s chapters. This is especially the case when it expectedly fails to save Henrik from his manic bi-polar episodes. Before the major incident that results in their relationship ending and Henrik being kicked out of the commune, he briefly reflects on the intersection between his bipolarism and wellness:

So his problems were psychosomatic after all. He could live without meds if he regulated his lifestyle, could be unemployed if he grew his own food. Even if her cures were placebos, wasn’t placebo the best medicine? It was like some paralyzing electromagnet on his brain had been removed, like the internal gyroscope that kept him suspended in death had finally toppled, like the meniscus of anxieties he’d had had burst, spilling his enthusiasm forth.²¹⁷

Henrik’s reflections on wellness as a placebo effect can be understood as a broader metaphor and critique for the way it works as an ideology to provide temporary relief and serve as a distraction from the very real problems of Millennial precarity. As his ensuing behavior in the chapter

²¹⁶ Ibid., 190-191.

²¹⁷ Ibid., 91.

makes clear, Henrik needs his medication in the same way he needs access to healthcare, employment, and food. However, his brief time with Roopa gives Henrik a false sense of agency and control—evident in “the meniscus of anxieties” bursting—that his problems are rooted in his mindset and lifestyle and can all be solved with the right behavioral changes. Of all the characters discussed so far, Henrik is the first to explicitly label his problems as “psychosomatic,” a telling self-diagnosis that makes him responsible for creating his circumstances. It is a brief moment but one of the clearest indictments of the appeal and false sense of progress associated with wellness; it shows how an ethos of self-directed healthcare can harm those who subscribe to it by encouraging self-diagnosis and taking responsibility for problems out of one’s control. It is a critique summarized best by another of Henrik’s reflections when, as his behavior spirals out of control in the absence of his medication, it leads a “chronically outvoted minority voice of reason” in Henrik to declare “that wellness was the illness.”²¹⁸ Henrik may indeed be sick, but wellness only makes him sicker.

The last friend to provide yet another perspective on wellness in the novel is Will. Will’s chapters focus mainly on his interactions with his entrepreneurial girlfriend Vanya. After a childhood accident led to her paraplegia, Vanya has been determined to rewrite narratives about the limitations of the dis/abled body. To accomplish this, however, Vanya works with venture capital investors from Silicon Valley to launch an online platform named Sable. Both online community and video blog, Sable’s goal “is to overhaul disability’s mainstream image by offering a whole spectrum of premium lifestyle and entertainment content” with the aim of making “disability exciting to watch.”²¹⁹ According to Vanya, “old media reinforced stereotypes” whereas “in the digital age, we can succeed *because* of our disability focus, not in

²¹⁸ Ibid., 194.

²¹⁹ Ibid., 43.

spite of it.”²²⁰ In short, Vanya’s investors believe she can be “the disabled Oprah Winfrey.”²²¹ As far as the novels go, she is the most extreme version of the passionate tech entrepreneur. Rather than seeing the new media landscape as an exploitive one, Vanya interprets her opportunity with Sable as evidence of social progress. Unsurprisingly, what begins as an effort to rewrite narratives about the dis/abled body is quickly transformed into a shallow wellness platform motivated by profit and commodified into a lifestyle brand that is evacuated of any politics. Like Cory and Roopa, what starts as a political project under the guise of wellness becomes a depoliticized consumer product.

Will describes Vanya’s life as one “of relentless improvement,” someone who “fill[s] her time with work and ambition.”²²² Will is the opposite. Will works from home and although he attempts to maintain the wellness regimens Vanya has taught him—“the cardiovascular meal-cooking habits . . . [running] three miles on the treadmill and his accelerometer-paced crunches”—he eventually succumbs to smoking, drinking, and binging pornography when she is absent.²²³ Will’s chapters document the evolution of Sable and his eventual involvement in it once Vanya begins “lifecasting.” Because Will is prone to unhealthy habits as well as depression, Vanya spends the latter half of the novel coaching him to project a healthier persona to the Sable audience, one that will not compromise the lifestyle brand she is working so hard to create. Similar to Henrik’s experience with Roopa, Vanya’s lifestyle brand of wellness works to conceal Will’s suffering rather than treat it.

Nowhere is this more evident than in her insensitivity to race. The main source of Will’s unwellness throughout the Sable project are his concerns about representation and his desire to

²²⁰ Ibid., 46.

²²¹ Ibid., 59.

²²² Ibid., 44, 50.

²²³ Ibid., 50.

avoid internalizing or participating in Asian stereotypes. Will is exposed to increasing levels of racism in the form of user comments and emails as Sable’s audience grows. These incidents culminate in a confrontation on a local bus when Will comes to the defense of a young Asian woman he believes is being harassed by a white man and ends up in a physical altercation that is livestreamed over Sable. For all her emphasis on wellness and defying stereotypes, Vanya has little concern for Will’s experiences of racism and sees his arguments as evidence of his cynicism and insecurity, what she claims is his “persecution complex.”²²⁴ She is quick to dismiss the racist incidents Will experiences and once again resorts to coaching Will to adopt a healthier mindset when it comes to his social interactions. As she later tells him, “It’s your problem, not anyone else’s” and that “This isn’t about changing your identity, but managing how *you think* other people perceive you . . . Nothing’ll really change except your outlook.”²²⁵ Vanya’s attempted erasure of Will’s experiences is manifested physically when she convinces him to get eyelid surgery; when he eventually suffers complications from it, Will goes blind. The promise of self-determination inherent to the ethos of wellness and at the center of Vanya’s lifestyle brand is deployed to trivialize Will’s lived experiences with regards to race. Even the most obvious incidents of racial harassment—like what Will encounters on the bus—is rewritten as a sign of cynicism, something that can be overcome through an attitude adjustment, a change to mindset. Within the Sable formulation of wellness, Will is in charge of his identity, and it is up to him to change his interpretation of his encounters with racism. Vanya is ultimately more concerned about Will smoking or being depressed on camera than she is about dealing with issues of race. It is through this stark contrast and through Vanya’s language of lifestyle-branded wellness that Tulathimutte once again highlights how wellness functions ideologically and

²²⁴ Ibid., 326.

²²⁵ Ibid., 327-328.

culturally to conceal larger systemic issues by redirecting responsibility onto the individual. Will's experience with Vanya demonstrates how wellness is defined strictly in terms of health and lifestyle with no regard to the structural or sociocultural forces that may impede the cultivation of well-being.

Reimagining Wellness and Self-Care

Taken collectively, all three novels deliver a complex indictment of the many ways a cultural logic of wellness works to exacerbate Millennial precarity while concealing and depoliticizing its larger systemic causes. In the wake of their critiques, the novels offer two different perspectives on the future of wellness and self-care. In Butler's case, neither *The New Me* nor *Jillian* offer any redemptive moment or hope for change. The former ends sometime in the near future where Millie has acquired a stable cubicle job as Junior Office Manager and appears to have resigned herself to mundane, unsatisfying work (one assumes out of gratitude or hopelessness); meanwhile, the latter ends with Jillian continuing to struggle and with Megan witnessing a conversation on the bus between two men, one of whom has lost his cellphone. After the other man on the bus lends him his phone, he explains his reason for helping: "Well, I believe that good deeds are returned. And I believe that we're all in the right place at the right time to help each other out or to not help each other out, depending on the way we feel moved to act. It's an invisible impulse, but I think, and I don't know if this is too much to say, but I think it's something else that's telling us how to act."²²⁶ This explanation brings to mind Jillian and the numerous times she has needed help, but Megan has chosen not to act. However, the same could also be said for those around Megan as she receives no support or assistance throughout the

²²⁶ Butler, *Jillian*, 198.

novel. Regardless, the ending gestures toward a more social form of care although Megan's reaction to the incident is left unexplored. Ultimately, both *The New Me* and *Jillian* end with a sense of isolation. Characters continue to lead atomized lives and suffer privately, working unfulfilling jobs with no hope of change. Rather than reimagining wellness, the novels end by presenting characters still suffering from isolation, alienation, and the continued absence of wellbeing.

Private Citizens can be interpreted as offering a slightly more hopeful take. By novel's end, all four friends find themselves unwell and in a state of interdependency. Cory abandons Socialize and moves back home to take care of her "objectively evil Libertarian father"²²⁷ Barr who has recently been diagnosed with cancer; Henrik is unemployed with no career prospects and he, along with Linda and her new baby, live with Will who is now blind from his surgery. It is assumed this arrangement will continue since both Henrik and Linda can help Will as he adjusts to his blindness in exchange for free housing. The novel's final scene takes place in the liquidated office of Socialize where a tearful Cory tells her friends "God, I actually love you guys. I love you."²²⁸ With all of their personal projects having failed, the four friends are forced to turn to one another for support and help. In the case of Cory's father Barr, a lifetime commitment to "Iron-rich Reaganism"²²⁹ is superseded by his sudden health crisis and the need for his daughter to return home in the role of caretaker. As Cory thinks to herself during a phone conversation with Barr, "Caring, the big libertarian loophole."²³⁰ In place of the individualistic conception of wellness, characters find themselves helping one another by virtue of their interdependency.

²²⁷ Tulathimutte, *Private Citizens*, 34.

²²⁸ *Ibid.*, 371.

²²⁹ *Ibid.*

²³⁰ *Ibid.*, 358.

In fact, the foundation for reimagining care can be traced to much earlier in the novel when Cory's response to Barr telling her to "Take care" leads her to grab a copy of the Compact Oxford English Dictionary off a shelf in her bedroom and look up "care": "from the Teutonic caru: trouble, grief. Derived from karo, to scream; from Old Norse kqr, sickbed. In Modern English: charge, oversight, protection, concern, anxiety. Yes, she would take care: of business."²³¹ The demarcation that occurs at the end of this excerpt, separating "take care" from "business" and Cory's addition of the latter foreshadows the suffering she and her friends will experience as a result of the privatization of care. What one finds at the end of the novel, I argue, is the beginnings of an effort to move away from and redefine this model of care.

Writing in *The Care Manifesto*, the authors emphasize how the past thirty years have eroded the welfare state and the valuation of community while "individualised notions of resilience, wellness and self-improvement, [have been] promoted through a ballooning 'selfcare' industry which relegates care to something we are supposed to buy for ourselves on a personal basis."²³² Similarly, writing in *The Care Crisis*, Emma Dowling explains how the "wellbeing industry is booming for those who can afford it. Proliferating too is the advice literature on self-care alongside a concomitant insurance industry, startups for new care technologies, along with personalised care services."²³³ Like the authors of *The Care Manifesto*, Dowling attributes this to "The evident failures of the privatisation of health and social care services [that] are part and parcel of the current crisis of care."²³⁴ The solution for these authors comes in the form of placing care "at the very centre of life" and redefining (or recuperating it) as "a social capacity and activity involving the nurturing of all that is necessary for the welfare and flourishing of life"

²³¹ Ibid., 39.

²³² The Care Collective, *The Care Manifesto: The Politics of Interdependence* (London: Verso, 2020), 6.

²³³ Emma Dowling, *The Care Crisis: What Caused It and How Can We End It?* (London: Verso, 2021), 10.

²³⁴ Ibid.

and “recognizing and embracing our interdependencies.”²³⁵ While not a full articulation of this view, the ending of *Private Citizens* nonetheless moves toward this conception of care and away from self-directed healthcare as it has been privatized and commodified under the rubric of wellness. To truly care for themselves, they must embrace interdependency and begin to think of those around them; given their precarious conditions, the novel’s ending suggests there is hope in mutual aid rather than continuing to live an atomized existence trapped in the cyclical process of wellness in the vain hopes of it translating to security. In this way, *Private Citizens* ends by endorsing a reimagining of care that emphasizes the wellbeing of the collective over the individual.

In offering this reimagining of care through a critique of wellness, the Millennial novels in this chapter bring to mind the closing the arguments of Anne Petersen who claims “[Millennials] can feel so much less alone, so much less exhausted, so much more *alive*. But there’s a lot of work involved in realizing that the way to get there isn’t, in fact, working more.”²³⁶ This includes not working more on the self in the interest of work for its sake alone; in rejecting yet more endless work on the self, the precarious, exhausted, and angry Millennial protagonists of these novels become an unlikely but hopeful site for recuperating care and social forms of wellness.

²³⁵ The Care Collective, *The Care Manifesto*, 9.

²³⁶ Petersen, *Can’t Even*, 254.

CHAPTER 3: THE DYSTOPIAN NOVEL AND WELLNESS AT THE END OF THE WORLD

This chapter is concerned with the future of wellness. Specifically, it documents what I call the transhumanist reconfiguration of wellness; it looks to the historical and cultural moment when wellness becomes fully incorporated into the optimization ethos of Silicon Valley and, consequently, completes its transformation from a twentieth-century alternative health movement to a twenty-first century ideology whose end goals are nothing short of transcending the human condition altogether through do-it-yourself “biohacking” and venture capital investment in biotechnology. Put concisely, this chapter looks to the consequences of wellness’ shift from the New Age to the Digital Age. The biohacking and transhumanist histories the chapter explores are often esoteric and, at their most extreme, can seem as though they are distinct from discussions of wellness; one immediate goal of the chapter, then, is to make this connection explicit by being attentive to how transhumanist philosophy undergirds modern wellness.

The discussions of radical life extension, augmented bodies, and entirely new ways of organizing human life that emerge from transhumanism are unabashedly science-fictional, a strange but compelling discourse that, at times, can feel equal parts Whole Foods and equal parts William Gibson’s *Neuromancer* (1984). Inspired by this hybrid arrangement, the focus and purpose of this final chapter is to highlight two recent examples of dystopian fiction whose science-fictional parameters make possible a literary engagement with the transhumanist reconfiguration of wellness. The novels I will be focusing on in this chapter—*Suicide Club: A Novel About Living* by Rachel Heng (2018) and *Severance* by Ling Ma (2018)—create dystopian worlds that take the wellness ethos to its logical limits, asking readers to imagine a world where wellness has conquered death (Heng) and where wellness as a cultural practice has been made irrelevant by an unstoppable global pandemic (Ma). In sketching these dystopic trajectories, the

novels foreground wellness' untenability and undesirability both as a self-directed medical practice and an ideology; in the end, it is a counterintuitive assessment of wellness that paradoxically argues that well-being begins not with life but with death.

How, the chapter asks, do these novels use their dystopian settings to unsettle the banal cultural practices of wellness, to make an otherwise innocuous, familiar mode of being feel strange? How do characters draw upon their respective dystopias to question the assumed social good of self-directed healthcare? Formally speaking, what makes the dystopian genre uniquely capable of making visible the insidious ways this new form of wellness operates as a cultural logic and extension of technocapitalism? In other words, how do both authors mobilize their social critiques of the structural violence found in the U.S. healthcare and economic systems through the imagined futures made possible by the formal properties of the dystopian novel? In answering these questions, the chapter ends by considering how these two novels, through their world-building, encourage a reimagining of wellness and provide an opportunity to revisit the metaphysical dimensions of well-being itself; what, these novels ultimately ask, does it mean to be *well*? What ethical responsibilities come with this privileged state of being? And, perhaps most importantly, why must wellness be foregrounded as the horizon of human experience in the first place? What are the consequences—personally, socially, and politically—of allowing it to serve as the organizing principle of our public institutions and our lives? Through a close reading of both Heng and Ma's novels, the chapter aims to provide answers to these questions.

Biohacking and the Transhumanist Reconfiguration of Wellness

Dave Asprey created a multimillion-dollar wellness brand by putting butter in his coffee. The founder of Bulletproof 360 and the author of *Super Human: The Bulletproof Plan to Age*

Backward and Maybe Even Live Forever (2019), Asprey is one of the most recognizable names in the wellness industry. He first posted his recipe for Bulletproof coffee online in 2009 and in 2014 Bulletproof became a small online retailer of fringe nutritional products. It has since accumulated nearly \$50 million in venture capital investment and spawned three *New York Times* Bestsellers, a successful podcast, and an appearance on *Dr. Oz*.²³⁷ In the summer of 2015, Bulletproof opened its first physical location, a coffee shop in Santa Monica where visitors order their drinks from “coffee hackers” while enjoying executive chairs fitted with pulsed electromagnetic field therapy (PEMF)—patrons can even “grab a mini-workout while waiting for [their] drink.”²³⁸ Recently, Asprey leveraged the success of Bulletproof into a staggering range of diverse wellness ventures including TrueDark, Homebiotic, the Human Potential Institute, and 40 Years of Zen.²³⁹

What distinguishes Asprey among the many other successful wellness brands—like Gwyneth Paltrow’s Goop, for instance—is his well-publicized declaration that he will live to be 180. “And that’s not the cap—that’s the floor,” as he later clarified.²⁴⁰ Whether hubris, calculated salesmanship, or both, it was a provocative statement that successfully garnered Asprey and the Bulletproof brand substantial media coverage. When asked to elaborate on how he will achieve this goal, Asprey responds by proselytizing for the practice at the heart of his wellness business model: biohacking. It is defined by Asprey as the use of “science, biology, and self-experimentation to take control of and upgrade your body, your mind and your life,” or, as he has

²³⁷ Rachel Monroe, “The Bulletproof Coffee Founder Has Spent \$1 Million in His Quest to Live to 180,” *Men’s Health*, January 23, 2019, <https://www.menshealth.com/health/a25902826/bulletproof-dave-asprey-biohacking/>.

²³⁸ Melia Robinson, “Bulletproof CEO Dave Asprey Has Spent over \$1 Million on Biohacking” *Business Insider*, April 13, 2017, <https://www.businessinsider.com/bulletproof-dave-asprey-biohacking-spending-2017-4>.”

²³⁹ Glasses to block artificial “junk” light, probiotics for your home, life coaching, and a neurofeedback program, respectively.

²⁴⁰ Big Think, *Biohacking: Why I’ll Live to Be 180 Years Old* | Dave Asprey | Big Think, 2019, <https://www.youtube.com/watch?v=7qJPf5O9kxc>.

also described it, “the art and science of becoming superhuman.”²⁴¹ Such a positive definition stands in stark relief against the formal definition offered by the OED which describes biohacking as “The unregulated manipulation of genetic material, typically as a hobby, with potential disregard of ethical standards, or for criminal purposes.” Nonetheless, “hacking” has become a ubiquitous verb of choice in the digital age and wellness is no exception. What qualifies as biohacking ranges from the banal (like cold showers to stimulate blood flow) to the extreme (invasive procedures to implant physical augmentations like computer chips under the skin).²⁴² Asprey built his company by “hacking” the centuries old tradition of Tibetan butter tea, or po cha, that he discovered while hiking in Tibet, transforming it into a “performance enhancing substance” by replacing tea with coffee and adding additional supplements like brain octane oil.²⁴³

The appeal of biohacking for wellness advocates like Asprey is that it is epigenetic. It foregrounds individual effort as the key to transforming one’s health, making it an ideal fit for the wellness ethos of self-directed healthcare. Not being tethered to the fatalism (or science) of genetics enables self-proclaimed biohackers to develop, share, and sell a wide range of “hacks.” Asprey is referred to as the “Father of Biohacking” and has built his reputation and his companies on a notoriously absurd commitment to self-experimentation befitting a man claiming to live past 180. Among his various experiments and adornments, Asprey jokes of his robot arm which features a “wellness ring” to collect biometric data and a needle implanted in his arm to track blood sugar (despite not being diabetic).²⁴⁴ Asprey consumes up to 100 supplements a day

²⁴¹ Monroe, “The Bulletproof Coffee Founder”

²⁴² James S. Horton and Nicholas K. Priest, “Silicon Valley’s Quest for Immortality – and Its Worrying Sacrifices,” *The Conversation*, <http://theconversation.com/silicon-valleys-quest-for-immortality-and-its-worrying-sacrifices-101405>.

²⁴³ Priya Krishna, “Tibetan Butter Tea Is the Cold-Weather Breakfast of Champions,” *Food & Wine*, May 24, 2017, <https://www.foodandwine.com/tea/tibetan-butter-tea-cold-weather-breakfast-champions>.

²⁴⁴ Robinson, “Bulletproof CEO”

while maintaining strict, experimental diets like intermittent fasting and the ketogenic diet, both of which he helped popularize into fad diets. All told, Asprey readily advertises the fact he has spent upwards of \$700,000 on his home gym and \$300,000 on supplements alone. As Asprey puts it, “I was able to spend my way to wellness.”²⁴⁵ For those that wish to experience a glimpse of his home gym, now located next door to Bulletproof in Santa Monica is Upgrade Labs, “the world’s first biohacking facility” where a monthly membership can be had for \$449.

Asprey and the Bulletproof brand serve as a helpful case study for understanding what happens when the ideology of wellness is taken to its extreme. It lays bare the intimate relationship that has developed between self-directed healthcare and biotechnology since the end of the twentieth century. Thus, this literal embodiment of the cultural logic of wellness represents its future. To practice wellness in the twenty-first century is, at some level, to participate in the biohacking spectacle personified by the Bulletproof brand and its founder, to become a biohacker. To fully understand the implications of this transformation and what it means not only for the future of wellness as an ideology but for healthcare in America more broadly, it is necessary to recognize biohacking as just one increasingly common—and very lucrative—iteration of a transhumanist philosophy long embraced and now popularized by Silicon Valley. For transhumanists, a healthy lifestyle is only the beginning of a much larger project of transcending the human condition altogether.

Transhumanism is defined as “a class of philosophies that seeks the continued evolution of human life beyond its current human form as a result of science and technology guided by life-promoting principles and values.”²⁴⁶ It is an “intellectual and cultural movement that affirms

²⁴⁵ Ibid; Monroe, “The Bulletproof Coffee Founder”; Asprey, “Why I’ll Live to Be 180.”

²⁴⁶ Max More and Natasha Vita-More, *The Transhumanist Reader: Classical and Contemporary Essays on the Science, Technology, and Philosophy of the Human Future* (Oxford: Wiley-Blackwell, 2013), 2.

the possibility and desirability of fundamentally improving the human condition through applied reason, especially by developing and making widely available technologies to eliminate aging and to greatly enhance human intellectual, physical, and psychological capacities.”²⁴⁷ Like wellness, it is a capacious term that encompasses “a life philosophy, an intellectual and cultural movement, and an area of study.”²⁴⁸ It is a term that points both backwards and forwards, denoting the Enlightenment humanism that informs its emphasis on progress and rationality and the yearning for a new human form that relies on technology rather than on education to reach new evolutionary heights.

The origins of transhumanism are rich and varied depending on the source. Many point to proto-forms of transhumanism such as the epic of Gilgamesh, medieval alchemy, or the search for the Fountain of Youth as a reminder that human beings have always sought to conquer aging and death and in doing so transcend the human condition; the works of Nikolai Fedorovich Fedorov and nineteenth century Russian Cosmism also figure as prominent examples of proto-transhumanism.²⁴⁹ However, the twentieth century origins of transhumanist thought have a more direct lineage, one that traces back to British evolutionary biologist and eugenicist Julian Huxley who coined the term transhumanism in a 1957 short essay as part of his collection of scientific writings *New Bottles for New Wine*. In it, Huxley expresses the need for human beings to actively work to transcend their limitations and to realize their potential through spiritual and scientific discovery. Defining transhumanism simply as “man remaining man, but transcending himself, by realizing new possibilities of and for his human nature,” Huxley believed evolution

²⁴⁷ Ibid., 3.

²⁴⁸ Ibid., 4.

²⁴⁹ Horton and Priest, “Silicon Valley’s Quest”; Nick Bostrom, “A History of Transhumanist Thought,” *Journal of Evolution and Technology* 14, no. 1 (April 2005): 25.

was to be directed by humans, their “inescapable destiny.”²⁵⁰ He grounded this belief in his observation that humanity itself was failing to live up to its incredible potential: “We are beginning to realize that even the most fortunate people are living far below capacity, and that most human beings develop not more than a small fraction of their potential mental and spiritual efficiency. The human race, in fact, is surrounded by a large area of unrealized possibilities.” For Huxley, human beings were on the verge of jumpstarting their evolution by unlocking this untapped potential; transhumanism named this duty and this destiny. It is worth noting, however, Huxley’s use of the term was limited during his lifetime and he never fully developed it as a philosophical position.²⁵¹ One common but incorrectly cited antecedent of transhumanism meriting brief mention is Friedrich Nietzsche’s concept of der Übermensch or overman. As Nick Bostrom points out in his history of transhumanism, Nietzsche’s overman was not referring to technological change and any similarities cited between it and a transhumanist worldview are surface-level connections only.²⁵²

Modern transhumanism took shape in the 1980s and 1990s mainly through the efforts of two organizations: the Extropy Institute²⁵³ and the World Transhumanist Association (WTA).²⁵⁴ The former was founded by Max More and Tom Morrow in 1992 although they had released the first issue of *Extropy Magazine* in 1988; the WTA was founded in 1998 by Nick Bostrom and

²⁵⁰ Julian Huxley, *New Bottles for New Wine* (London: Chatto & Windus, 1957), 13.

²⁵¹ Bostrom, “A History of Transhumanist Thought,” 7.

²⁵² *Ibid.*, 4-5.

²⁵³ Extropy was coined not to be used in a technical sense but rather in a metaphorical sense to signal “the extent of a living or organizational system’s intelligence, functional order, vitality, and capacity and drive for improvement” according to More in *The Transhumanist Reader*.

²⁵⁴ For the sake of brevity, I will be using the term transhumanist in its broadest sense throughout this chapter. As with any subculture and philosophy, transhumanism has a number of schools of thought and competing factions with their own idiosyncratic takes on the core tenets of transhumanism, the details of which are not germane to the focus of this chapter. Suffice to say that what is represented here are the basic principles that animate transhumanism writ large.

David Pearce and later incorporated into a proper nonprofit in 2001.²⁵⁵ It was More, then a Ph.D. candidate in philosophy at USC, that provided the first modern definitions of transhumanism in addition to overseeing the influential Extropian listserv where transhumanists ideas were widely disseminated and debated.²⁵⁶ In 1994, the first transhumanist conference “Extro 1” was held in a Sheraton conference room in Sunnyvale, California, bringing the enthusiasm of the listserv to Silicon Valley; among the topics covered were immortality, cryogenics, and the uploading of human consciousness to computers.²⁵⁷ Elmo Keep, writing about this history as part of her experience on the 2016 campaign trail with the first Transhumanist presidential candidate Zoltan Istvan, notes that “By the mid-’90s, the techno-utopian vision of modern transhumanism had found a fertile breeding ground in Silicon Valley, where incredible wealth appeared from thin air, and technologies never before imagined seemingly came online overnight.”²⁵⁸ While the Extropy Institute closed in 2007, the WTA later became Humanity+ and now serves as the central organization and global nonprofit for transhumanist advocacy, self-described as a “think tank of educators, entrepreneurs, and innovators incubating humanity’s future.” There, they describe their mission simply: “we want people to be better than well.”²⁵⁹

It is easy to dismiss transhumanism as a fringe philosophy, as the esoteric science-fiction imaginings of a group of oddball futurists and techno-utopians. Such a dismissal, however, would ignore how deeply entrenched some of these ideas have remained in Silicon Valley, capturing the attention—and the investment—of its wealthiest venture capitalists and

²⁵⁵ Although More was arguably the most influential in terms of organizing and composing modern transhumanism, Bostrom, currently a professor of philosophy at Oxford and director of the Future of Humanity Institute, is the most successful public figure and advocate with multiple Ted Talks, Google Talks, and panelist appearances at various tech-related conferences.

²⁵⁶ Bostrom, “A History of Transhumanist Thought,” 14-15.

²⁵⁷ Ed Regis, “Meet the Extropians,” *Wired*, October 1, 1994, <https://www.wired.com/1994/10/extropians/>.

²⁵⁸ Elmo Keep, “President for Life,” *The Verge*, 2015, <http://www.theverge.com/a/transhumanism-2015>.

²⁵⁹ “Elevating the Human Condition - What Does It Mean to Be Human in a Technologically Enhanced World,” Humanity+, <https://humanityplus.org/>.

entrepreneurs. Elon Musk, for example, has invested \$100 million into his company Neuralink and received an additional \$158 million in outside funding; Neuralink aims to perfect the brain-machine interface to make learning any new skill or language as simple as downloading new data directly to the brain—in other words, the ultimate biohack.²⁶⁰ Google’s company Calico Labs has accumulated \$2.5 billion in funding in anti-aging research. Other billionaires like Oracle co-founder Larry Ellison and PayPal co-founder Peter Thiel have also invested hundreds of millions into anti-aging research. And while the investments of these billionaires into transhumanist projects may initially appear far afield from wellness, it speaks to a sea change in Silicon Valley’s interpretation of health where even getting older is labeled a disease.²⁶¹ Given the power and influence of Silicon Valley over both the economy and culture, this new standard for what it means to be healthy has led to a reconfiguration of wellness. It is within this context that wellness biohackers like Dave Asprey stand out as the transitional figures who bridge a twentieth-century version of wellness—diet, exercise, mindfulness—with its twenty-first century counterpart: physical augmentations, gene manipulation, and relentless self-monitoring through wearable or implanted technologies. This new vision for self-directed healthcare is meant to keep us alive long enough to reap the returns on capital investment into immortality. If you make it to 180, you just might have a shot at forever.

Hervé Juvin writes that “. . . transformation of the human condition is becoming the objective of an improbable partnership between science and the market.”²⁶² Similarly, Robert

²⁶⁰ John Markoff, “Elon Musk’s Neuralink Wants ‘Sewing Machine-Like’ Robots to Wire Brains to the Internet,” *The New York Times*, July 17, 2019, sec. Technology, <https://www.nytimes.com/2019/07/16/technology/neuralink-elon-musk.html>.

²⁶¹ To be fair, some of this money is invested in research for aging-related diseases like Alzheimer’s. However, the rhetoric and aims of most of these projects relate to eliminating aging altogether rather than reducing suffering for the aged. Given the obvious logistical problematics of a population with extended (or indefinite) lifespans, anti-aging discussions invariably lead to the need for space colonization (Musk) and so on down the transhumanist rabbit hole.

²⁶² Hervé Juvin, *The Coming of the Body*, ed. and trans. John Howe (London: Verso, 2010), 57.

Frodeman observes that “Transhumanists are maximal capitalists, treating not only nature but also our own bodies and minds as raw material.”²⁶³ But if the goal of transhumanism is to transcend the human condition, critics have been quick to point out that it cannot transcend the advanced global capitalist system that sustains and incubates it. Only an elite minority stands a chance of being among those to glimpse this new version of humanity and “The rest of us who can’t afford to become immortal avatars will be left to battle over . . . trivial concerns, while the wealthy post-humans drift above for eternity.”²⁶⁴ The *Transhumanist Declaration* paints in broad strokes about an egalitarian future advocating that “Policy making ought to be guided by responsible and inclusive moral vision, taking seriously both opportunities and risks, respecting autonomy and individual rights, and showing solidarity with and concern for the interests and dignity of all people around the globe . . . [and] consider our moral responsibilities towards generations that will exist in the future.”²⁶⁵ Yet this rhetoric of inclusion rarely finds material expression and is subsumed instead by a misguided (or perhaps deluded) philanthropy wherein investments into futuristic transhumanist projects are justified as the type of innovations that will lead to unprecedented levels of wellbeing for all of humanity, a sort of trickledown immortality. Such a sentiment can be seen in Peter Thiel’s contention that “Probably the most extreme form of inequality is between people who are alive and people who are dead.”²⁶⁶ Thiel’s quote underscores a general but important observation about transhumanism, namely that “For people so concerned about living to see the future, many transhumanists are profoundly ambivalent

²⁶³ Robert Frodeman, *Transhumanism, Nature, and the Ends of Science* (New York: Routledge, 2019), 111

²⁶⁴ Horton, “Silicon Valley’s Quest for Immortality”

²⁶⁵ “Transhumanist Declaration,” *Humanity+*, <https://humanityplus.org/transhumanism/transhumanist-declaration/>.

²⁶⁶ George Packer, “No Death, No Taxes,” *The New Yorker*, November 21, 2011, <https://www.newyorker.com/magazine/2011/11/28/no-death-no-taxes>.

about the present.”²⁶⁷ To achieve utopia, the problems of the present must wait to be solved by the achievements of a glorious future.

Instead, as Douglass Rushkoff argues, the utopian vision of the future offered by Silicon Valley transhumanists obscures the self-interested projects of the digital economy’s winners. Reflecting on his time advising wealthy entrepreneurs about the future of technology, he writes “they were preparing for a digital future that had a whole lot less to do with making the world a better place than it did with transcending the human condition altogether and insulating themselves from a very real and present danger of climate change, rising sea levels, mass migrations, global pandemics, nativist panic, and resource depletion. For them, the future of technology is really about just one thing: escape.”²⁶⁸ In short, “Technology development became less a story of collective flourishing than personal survival.”²⁶⁹ It is difficult, then, despite their benevolent claims, not to see these projects as the vested interest of an elite minority, one whose obsessions eventually find their way into public discourse through wellness and modern biohacking gurus like Dave Asprey. What emerges is not a collective utopia of healthy, prospering, *well* world citizens but the continuation of a deeply stratified caste system separating the ultra-wealthy from everyone else. Frodeman echoes this point in his critique of transhumanism as well: “inequality born of technoscience—for how likely is it that these benefits will be equally distributed?—will lead to de facto speciation and the rise of a two-tiered social structure consisting of ‘augments’ and ‘normals.’”²⁷⁰

²⁶⁷ Keep, “President for Life”

²⁶⁸ Douglas Rushkoff, “Survival of the Richest,” Medium, July 5, 2018, <https://onezero.medium.com/survival-of-the-richest-9ef6cddd0cc1>.

²⁶⁹ Ibid.

²⁷⁰ Frodeman, *Transhumanism*, 24.

And, ultimately, it is these inequities that reveal themselves to be the most insidious aspect of the transhumanist reconfiguration of wellness; it highlights not just wellness' history of elitism, but how this new imperative to look forward comes at the expense of acknowledging the dismal realities of American healthcare in the present. Capital investment in transhumanist projects occur against the stark backdrop of a decaying welfare state and massive inequities in access to basic healthcare. In his case study of healthcare access in Chicago, Dr. David Ansell explores the structural violence of the U.S. healthcare system that leaves many Americans—and disproportionately people of color—with unequal access to existing medical technologies and the latest treatments. As he recalls of his experience working at two neighboring hospitals in Chicago, “Along that one-mile stretch of Ogden, there are two Americas of health and two Americas of health care delivery: one for those with insurance and money and another for the poor, uninsured, and dispossessed.”²⁷¹ In drawing attention to this health gap or “death gap” across racial, gendered, and class lines, Ansell argues that the structural violence endemic to the U.S. healthcare system results in a staggering number of premature deaths every year, “biological reflections of social fault lines” that reveal glaring disparities in lifespans across neighborhoods and across the country.²⁷² Ansell’s work serves as a corrective to the notion extended lifespans or biohacked bodies are the next frontier in healthcare, reaffirming the critique that “[transhuman innovations] are all fundamentally inegalitarian, based on a notion of limitlessness rather than a standard level of physical and mental well-being we’ve come to assume in healthcare.”²⁷³

²⁷¹ David Ansell, *The Death Gap: How Inequality Kills* (Chicago: University of Chicago Press, 2017), xv.

²⁷² *Ibid.*, 8.

²⁷³ Alexander Thomas, “Super-Intelligence and Eternal Life: Transhumanism’s Faithful Follow It Blindly into a Future for the Elite,” *The Conversation*, July 31, 2017, <http://theconversation.com/super-intelligence-and-eternal-life-transhumanisms-faithful-follow-it-blindly-into-a-future-for-the-elite-78538>.

Failure to acknowledge healthcare crises in the present and the structural violence at its core can in part be attributed to the whiteness of transhumanism. In searching among the founders, investors, or advocates for biohacking and transhumanism, one finds almost exclusively white men. Situated within the context of white crisis—wherein the challenge to the hegemony of whiteness leads to anxiety and panic—transhumanism may be understood as the most recent effort to preserve an Enlightenment humanism that defines human as white, male, and European by reinscribing it in the form of the transhuman.²⁷⁴ This recalls Rushkoff's point cited earlier regarding billionaire investment in the future serving as an escape mechanism and a way of being insulated from crisis; rather than confront systemic racism in western biomedicine and, by extension, the wellness industry, the realization of the biohacked transhuman allows these issues to be solved by the deus ex machina of an emergent, egalitarian future furnished by technological progress all the while reinscribing the hegemony of Enlightenment conceptions of whiteness.

Yet as the novels discussed in this chapter will show, these issues are concealed behind the otherwise innocuous façade of twenty-first century wellness. Heng and Ma help dramatize the fundamental shift in the ideology of wellness from a countercultural discourse of alternative healing to a techno-utopian project of immortality indifferent to ongoing economic, medical, and racial crises in the present. The novels illuminate how wellness now serves to cultivate a transhumanist subjectivity and explore how that cultural movement came to be involved with wellness. As Asprey and the Bulletproof brand help demonstrate, biohacking doubles as both a wellness consumer industry and as an everyday ideological expression of an overarching and

²⁷⁴ Syed Mustafa Ali, "'White Crisis' and/as 'Existential Risk,' or the Entangled Apocalypticism of Artificial Intelligence," *Zygon* 54, no. 1 (2019): 211, <https://doi.org/10.1111/zygo.12498>.

more deeply troubling transhumanist vision of the future funded and propagated by Silicon Valley. The question, remains, however, what shall we do with the optimized bodies we inherit?

“A Diversified Portfolio of Organs”: Dystopian Wellness

Suicide Club: A Novel About Living (2018) by Rachel Heng is set in a dystopian New York City where advancements in biotechnology have led not to shared human flourishing but to the creation of a stratified and segregated totalitarian state. It is a dystopian transhumanist future where finance capitalism has merged with a cultural logic of wellness to produce an enclave of privileged genetic and economic elite known colloquially in the novel as “lifers.” This newly formed caste system is the direct result of policy decisions made by the Ministry, the novel’s totalitarian government regime. Through genetic testing, the population is divided at birth into lifers—those with the genetic potential to live for centuries—and “sub-100s,” those that will die before reaching the century mark. Once everyone’s genetic potential is sorted out, so begins relentless government surveillance and mandatory self-monitoring to determine who, in the nomenclature of the Ministry, are the most “life-loving” and deserving of government subsidies to pay for the latest medical treatments and synthetic replacements²⁷⁵. To be considered life-loving, one must follow the strict directives of the Ministry and willfully engage in a never-ending wellness regimen. With the medical technology for immortality on the horizon—known as the arrival of the Third Wave—the most dedicated lifers will be amongst the first chosen to receive it. Lifers are thus the Ministry’s biggest investment and most cherished asset. The sub-

²⁷⁵ “Replacements” is the umbrella term used in the novel to denote the “Medtech” synthetic enhancements used by lifers to radically extend their lifespans. Among the replacements discussed in the novel are “SmartBloodTM,” “DiamondSkinTM,” “ToughMuscTM,” and “RepairantsTM.”

100s, on the other hand, experience a social death at birth, becoming the invisible, fungible labor force needed to do the work deemed unsuitable for lifers.

Lea Kirino is one of the novel's two protagonists, a successful organ trader working at Healthfin Capital Management. Having just turned 100, she is a model lifer; Lea lives in a glamorous subsidized government apartment with her equally successful fiancé Todd and has maintained a lifelong disciplined wellness regimen. It is a resumé that puts her first in line for immortality once the Third Wave hits. Her otherwise flawless life is disrupted, however, by the sudden appearance of her estranged father Kaito, previously missing for 88 years; thinking she sees her father crossing a crowded street, Lea chases after him only to be accidentally struck by a passing car. While the damage to her physical body is minimal, the accident permanently alters the trajectory of Lea's life after it is deemed a suicide attempt by the Ministry and she is placed on the Observation List, a scandalous designation that entails, among other forms of increased surveillance, government agents that follow her at work and at home in addition to mandatory attendance at "WeCovery" group therapy sessions to overcome her supposed suicidal ideation.

It is at these weekly meetings that Lea meets Anja Nilsson, the novel's other protagonist. Anja moved to the United States as a young girl so that her mother, a famous Swedish opera singer, could perform at Carnegie Hall. After moving to the U.S., Anja's mother becomes addicted to life-extension technology and begins purchasing black market replacements once her subsidies run out; now, at almost 150, Anja's mother is "misaligned," a term used to describe people with faulty replacements that are in a vegetative state but kept alive through the waning power of their synthetic body parts. Despite being a talented violinist, Anja spends her days working at a diner along with a motley crew of sub-100s, using her free time to serve as her mother's caretaker and to search for a humane way to end her suffering. It is this taboo desire to

prematurely end her mother's life that leads Anja to become involved with the Suicide Club of the novel's title. As their name alludes to, the club is dedicated to organizing and facilitating lifer suicides, many of which are filmed and disseminated as viral videos intended to protest the Ministry's totalitarian policies. Alternating between their respective narratives, each chapter follows the unfolding of Lea and Anja's familial dramas as they intersect with the Suicide Club's attempts at subverting the Ministry's biopolitical regime.

Heng's dystopia captures in literary form Hervé Juvin's concept of the advent of the body, a historical phenomenon he describes as "a new reality, one that serves the body, comforts it and reaches out to it," and the result of which is a "world that is . . . illegible, unworkable, to anyone outside the kingdom of the body, of its satisfaction, its desire, its well-being."²⁷⁶ The sub-100s of the novel are those who due to their "flawed" genetics exist outside of this kingdom of the body, untethered to its mandates, but at the cost of living abject, marginal lives. However, Heng's novel focuses its narrative energy on the social conditions of the lifers, represented by Lea's character, for whom "Life, the time of a long life, becomes an asset; even, for those who have everything, the only asset that counts."²⁷⁷ It is here once again where Juvin's advent of the body proves instructive for understanding the architecture of Heng's wellness dystopia and is worth quoting at length:

The coming capitalism is going to concentrate unprecedented means on the human body. The most obvious area of change is the opening up of investment in health, procreation and the production of bodies as a leading economic sector for the near future. As it leaves the domain of nature, human life enters that of the law, business and the market. New rights and new forms of property are in play: investing in what has never before been an

²⁷⁶ Juvin, *The Coming of the Body*, 41.

²⁷⁷ *Ibid.*, 121.

investment, devising forms of private ownership for what has never before been anyone's property, assessing cash flows to cost what has never before been subject to price, exchange or demand . . . The demand for health and well-being, the dream of history stopping and bodies being eternal, are consistent enough for a new political product to be constructed from them, able to impose standardized rules on competing firms across all markets; consistent enough for the resulting new legitimacy to establish a political administration with some control over the economy.²⁷⁸

The body is at the center of everything in *Suicide Club* including its government and economy. Investment in health and trading in body parts—synthetic or otherwise—are the primary means of accumulating capital. Lea spends her days immersed in the biologically inflected terms of high finance “talking through compound growth rates and kidney forward curves” as she helps the wealthy customers that meet Healthfin’s “lifespan-net-worth index criteria” manage their portfolios of body parts.²⁷⁹ After reuniting with her father, Lea tells him dispassionately about her career, “about the kidneys, the hearts, the lungs that the traders never saw, but that existed somewhere out there, in some vast clearinghouse for the physical organs themselves . . . about the different grades the organs were classified under.”²⁸⁰ In the absence of wealth, body parts serve as a form of currency as Anja observes when visiting the outer boroughs and seeing a sub-100 on the corner with a sign at his feet that reads: “Hungry and alone. Kidney for sale, pls inquire.”²⁸¹ Echoing the excerpt from Juvin, the body in *Suicide Club* has become privatized, at the center of the market, the only asset that matters; the body serves as capital investment and as a desperate final exchange for those sub-100s excluded from participating in the market. This

²⁷⁸ Ibid., 171, 173.

²⁷⁹ Rachel Heng, *Suicide Club: A Novel About Living* (New York: Henry Holt, 2018), 21, 50.

²⁸⁰ Ibid., 82.

²⁸¹ Ibid., 295.

new orientation around the body is what enables the final full-scale transformation of society including the creation of a totalitarian government whose main purpose includes only controlling and perfecting its near-immortal labor force. Heng's novel thus is an invitation to occupy the sensibilities of those living in a society remade by the advent of the body and to imagine what transhumanist world would result from the merging of high finance and the ideology of wellness.

For Lea, this means balancing her career at Healthfin with her other career of managing her well-being. Because of her excellent reputation as life-loving, Lea provides insight into what it takes to become a model lifer. After landing on the Observation List, her fiancé Todd comforts her by listing her track record of wellness accomplishments: "I'll tell [the Ministry] about how you were the first lifer to give up running, even before the high-impact advisory came out. I'll tell them about the way you split your Nutripaks into half-hourly portions to ensure optimal nutrient release through the day. I'll tell them about the two hours you spend meditating each night, the daily morning stretches you've never missed a single time."²⁸² Todd's cataloguing of Lea's wellness routines in his attempts to comfort her reveal unrelieved labor disguised as self-care. Lea's days are bookended by extensive wellness routines and filled with micromanaging the nutritional paste (i.e. "Nutripaks") that serves as her meals. After inserting Lea's demanding job and mandatory "maintenance" appointments with her doctors into the routines described by Todd, it becomes clear that Lea's life is a cyclical process of living to work and working to live—one she maintains as a centenarian. Details provided later in the novel show this is not exclusive to Lea but rather the default mode of existence for lifers. Lea observes one evening on her way home from work, "It was just after rush hour, and people would be at home, downing their daily nutrient rations or working out in their condominium gyms."²⁸³ Like Lea, returning

²⁸² Ibid., 34-35.

²⁸³ Ibid., 275.

home from work for a lifer means a quick ration and a trip to the gym before getting to sleep in time “so as to ensure optimal circadian rhythm compliance.”²⁸⁴ In short, wellness is the organizing principle of Lea’s life, structuring it at every turn. By showing how Lea is praised for devoting all of her spare time to her body—how endless labor on the self is disguised as virtue—Heng interrogates the myriad ways wellness has come to structure time for knowledge workers and how these regimens go largely unquestioned as a social good. The volume of activity may be greater for Lea and her fellow lifers, the routines that structure their lives bear a common resemblance to the present culture of wellness Heng’s novel aims to critique.

In this way, Heng’s dystopia is only vaguely foreign. It recalls Mark Fisher’s claim in the introduction to *Capitalist Realism* that “Once, dystopian films and novels were exercises in such acts of imagination—the disasters they depicted acting as narrative pretext for the emergence of different ways of living,” whereas dystopia in capital realism is “more like an extrapolation or exacerbation of [our world] than an alternative to it.”²⁸⁵ The near future Manhattan of the novel’s setting is often more familiar than it is strange, feeling like an exaggerated present rather than a complete science fictional reimagining. Absurd as some of the novel’s conceits may be, much of its narrative resembles wellness culture of the present.

Take for example an early scene of Lea meeting with her Tender²⁸⁶ Jessie shortly after the accident that lands Lea on the Observation List. Lea is first immersed in a “cocoon,” a meditation machine in the corner of the room that “plung[es] her into an inky darkness” before she has her biometric data uploaded and analyzed by Jessie. In the prescription that follows, Jessie recommends that Lea take “a couple of extra cleanses, some months of intensive

²⁸⁴ Ibid., 126.

²⁸⁵ Mark Fisher, *Capitalist Realism: Is There No Alternative* (London: Zero Books, 2009), 2.

²⁸⁶ Tenders are responsible for facilitating the maintenance of replacements and for conducting tests and tracking the biometrics of lifers.

meditation” in order to once again be at optimal health.²⁸⁷ This short scene does not imagine new ways of participating in wellness culture so much as it recalls the sensory deprivation tanks found in Dave Asprey’s Upgrade Labs in Santa Monica and the banalities of wellness lifestyle posts found on his Bulletproof blog. In this way, Heng does not attempt to reinvent wellness in *Suicide Club*. Instead, by situating the wellness culture of the present in a dystopian future remade in its image, Heng is able to uncover the strangeness of wellness as an ideology, rendering the insidious aspects of this otherwise familiar, “commonsense” discourse in a more tangible way. Thus, the novel can be understood as functioning in two main movements. The first half of the novel is dedicated to showing how New York—and the U.S. more generally—has been reorganized by the advent of the body; the second half, meanwhile, takes up the consequences of this reorganization.

The novel relies on a number of formal strategies to create its dystopia beginning with the ways in which wellness pervades the settings of the novel, allowing Heng to show that the ideology of wellness is not just something one practices or consumes but literally *inhabits* as well. Approaching a juice bar, for example, Lea observes “its solid pine counters, white Zen paintings, and paper lanterns were all designed to soothe.”²⁸⁸ In yet another scene, during Anja’s first visit to Lea’s apartment, Lea explains how relaxing music is automatically played after she arrives home: “Rainforest Medley Number 235 . . . It’s automatic. The latest technology. Detects our moods as we walk in through the door, and then picks the right track for optimal oxidative replenishment.”²⁸⁹ Yet not all the environments characters inhabit in *Suicide Club* are designed to cultivate states of wellness; they are also designed to reinforce government control. In perhaps

²⁸⁷ Heng, *Suicided Club*, 40, 42.

²⁸⁸ *Ibid.*, 38.

²⁸⁹ *Ibid.*, 144.

the most striking example, seemingly innocuous food items like sugary fruits are placed on the bottom shelves at grocery stores in compliance with “Ministry Directive 477B: Facilitation of Healthful Consumption,” requiring customers to stoop and pick them up in a moment of engineered public shaming.²⁹⁰ Characters also contend with ubiquitous public health warnings. For example, in the same scene where Lea meets with her Tender Jessie for treatment after the accident, she is surrounded by PSAs in the form of posters: “A fat-encrusted artery stretched out like a sock (‘Meat kills’); a raw, torn joint (‘Switch to low impact today’); the ubiquitous glowing red eyeball (‘Fruit—#1 cause of diabetes-led blindness’).”²⁹¹ Such warnings scare the novel’s lifers into maintaining their wellness regimens in order to prevent any potential deviation that might jeopardize the Ministry’s investments. The Tender’s waiting room becomes a microcosm for understanding how the Ministry uses a precisely calibrated formula of engineered wellness and fearmongering to create an environment in both public and private spaces intended to manipulate lifers into compliance.

In *Suicide Club*, social settings and cultural touchstones are reimagined in the language of wellness. The lavish, socialite parties of lifers are populated with “various bubbly greens” and virgin cocktails like a “Spirulina Spritz” while fine dining is reduced to “coiffed, polished lifers, sipping daintily at their flavored Nutripaks.”²⁹² Common sights like patrons at a restaurant are transformed into a ravenous crowd “sipping flavored protein mixes and sucking in oxygen shots as if their lives depended on it.”²⁹³ And, in one of the novel’s more tongue-in-cheek moments, the imagery of the classic run-down diner of Americana lore is reconfigured with the sights and sounds of wellness when during one of Anja’s shifts the cooks begin reading incoming orders

²⁹⁰ Ibid., 92.

²⁹¹ Ibid., 16.

²⁹² Ibid., 5, 234-235.

²⁹³ Ibid., 48.

aloud: “Three vegburgs, two nutrishakes, four sides of boiled chips!” One frustrated cook complains of having “four bowls of kale wafers wilting in their own juices” before resuming the work of “flipping a row of cabbage patties”; the scene culminates with Anja arguing with a customer over carb-free buns and the difference between arugula and baby wild arugula.²⁹⁴ Most significant about this latter scene is that it shows wellness extends beyond the privileged realm of lifers and has also transformed the segregated boroughs of the sub-100s as one server makes clear when being questioned by the police later in the novel: “This is an Outer Boroughs diner, officer, not some fancy Borough Two veggie bar.”²⁹⁵

In being attentive to and exaggerating the ways in which wellness structures the settings of the novel, Heng gestures toward its inescapability and ubiquity; even when characters are not actively pursuing or engaging in wellness-related activities, they operate within its sphere of influence. In these examples, Lea must consider her wellness even when crossing the threshold into the supposed privacy of her own apartment. Such details further emphasize the dissolution of the boundaries separating public and private spaces and recall Cederström and Spicer’s concept of the wellness command wherein “wellness is not just something we choose” but something to be considered “at every turn of our lives.” As these scenes exemplify, “this [wellness] command is also transmitted more insidiously, so that we don’t know whether it is imparted from the outside or spontaneously arises within ourselves.”²⁹⁶

Like its dystopian interlocutor *Brave New World*, the inhabitants of Heng’s world manage themselves through a government-sponsored subconscious conditioning; instead of the subliminal messaging or direct genetic engineering found in Huxley’s novel, characters are

²⁹⁴ Ibid., 224-226.

²⁹⁵ Ibid., 255.

²⁹⁶ Carl Cederström and André Spicer, *The Wellness Syndrome* (Cambridge: Polity, 2015), 5-6.

conditioned through the public health campaigns of the Ministry, exemplified by the warning posters found in the Tender's office and expressed through characters' repetition of the mantra "Healthy Mind, Healthy Body" whenever they are reflecting upon their own wellness practices or justifying the Ministry's policies.²⁹⁷ This internalization of the wellness ethos is found in character dialogue to an almost absurd extent as characters communicate in a medicalized jargon. One common example is the repetition of "cortisol" throughout the novel as characters describe events, feelings, or even pets along a paranoid spectrum of cortisol production.²⁹⁸ Characters think and describe the world in the same manner as well such as when Lea notices her boss frowning and, given "how bad anger was for oxidative degeneration," wonders "if she should suggest some breathing exercises."²⁹⁹ Health and the body are the first language of Heng's dystopia and is the primary axis along which communication takes place.

Nowhere is this more evident than in the novel's treatment of food. One early example comes when Kaito and Lea have their first interaction at a bar outside her maintenance clinic. After initially being served a "pale green cucumber slush," Kaito asks the bartender for a vanilla milkshake instead. Met by the bartender's confusion, Kaito rephrases his request in the novel's lingua franca of health: "An artery-clogging, LDL-rich, triglyceride-packed concoction of sugary, artificially flavored vanilla ice cream and whole milk."³⁰⁰ Echoing this subversive spirit, the Suicide Club frequently throws extravagant dinner parties where contraband "trad food" or traditional food—such as animal protein and sugary desserts like ice cream—are served. Attending her first Suicide Club dinner later in the novel where they are serving foie gras, Lea is mortified by the prospect of eating animal fat and once again finds herself conducting a mental

²⁹⁷ Heng, *Suicide Club*, 6, 24, 34, 90.

²⁹⁸ See pages 8, 16, 22, 24, 30, 74, 85, and 196.

²⁹⁹ *Ibid.*, 19.

³⁰⁰ *Ibid.*, 49.

inventory of the impact this meal will have on her body: “She tried not to think of the triglycerides, the LDLs, the carcinogens and telomere-shortening preservatives.”³⁰¹ Food has been evacuated of all pleasure and reduced to a set of biological calculations, of managed risk. Characters understand food only in terms of its impact on their health and well-being. Again, one can read these interactions and moments of self-scrutiny as further manifestations of the wellness command, the constant feeling that “you owe your body thought and care, and if you neglect that duty you should feel guilty and ashamed.”³⁰² Heng’s characters are conditioned to not only understand and speak the minutia of nutrition, but to feel guilt and shame when deviating from it.

Perhaps more than any other component of wellness culture, Heng’s novel is preoccupied with food. She relies heavily upon transforming food and drink into their health-conscious opposites to reinforce the fact that her characters are indeed inhabiting a dystopian world remade in the image of preventative health. This reliance on food to communicate the novel’s dystopian critique is a curious choice that can be understood partly as driven by Heng’s commitment to satirizing the widespread cultural imperative to eat healthy. In turning grapefruits and junk food into scandalous contraband, Heng foregrounds the hysteria surrounding food choice and the extent to which healthy eating is fetishized as a symbol of virtuous, moral living. Her point is not to rally against healthy eating but rather to exaggerate what happens when it becomes an end to itself; true to their namesake, lifers’ entire existence is just that: striving to live for as long as possible. Eating and drinking healthy is a public way of signaling their commitment to long life as telos whereas consuming junk food is a mark of shame for consciously undermining that culturally (and governmentally) prized pursuit. So while we are invited to laugh at the absurdity of a weekend brunch crowd downing oxygen shots, we are also prompted to consider what is

³⁰¹ Ibid., 239-240.

³⁰² Cederström and Spicer, 46-47.

exchanged in the pursuit for radically extended lifespans or health for health's sake. In a world where health is the supreme value and organizing principle for public and private life, characters like Lea are left striving to live at the cost of the pleasures that make life worth living to begin with. Food becomes the clearest and most obvious symbol of this sacrifice. Nutripaks being the most striking example of health over pleasure as eating nutritional paste for most meals is a standard, accepted practice. However, the novel is filled with countless other examples. Nearly all forms of pleasure are evacuated from characters' lives as they willfully comply with bans on running, hiking, and traveling, confined as they are to their parochial worlds of office work, maintenance clinics, and the other various sites where wellness related services are rendered. Through the examples of Anja and her mother, we learn art is either banned, censored, or discouraged for causing too much stress. With all forms of living stripped away, Heng's dystopia leaves only life.

At stake in the demonizing and devaluing of pleasure is how the mandate to live healthfully means an absence of choice. To keep her job, apartment, and government subsidies, Lea must maintain her health at all times. Because she and the other lifers in the novel are under constant surveillance, they must also perform "live-loving" behavior at all times as well. Characters lack the basic freedom to harm themselves even in the most minor of ways like eating a food high in cholesterol or listening to a stirring piece of music. Hence why the Suicide Club becomes the most extreme form of protest necessary to combat this lack of freedom as its members fight for control over their bodies and their right to die on their own terms. In populating her dystopia with characters forced to live healthfully and left advocating for their right to self-harm, *Suicide Club* offers its most direct critique of the imperative of self-directed healthcare; in an overly medicalized culture, the novel suggests, the expectation and need to

manage one's health leads to a stigmatizing of pleasure and hinders one's ability to live in ways where health is not at the center of all pursuits. Valuing wellness above all else entails a degree of lost freedom and pleasure. It is, in the words of one reviewer, "the tyranny of wellness."³⁰³

This argument is further developed through the reappearance of Lea's estranged father Kaito who disrupts her previously outlined wellness routines and allows Lea—for what is assumed to be the first time since her childhood—to question the assumed virtue of a life committed to wellness. Despite his appearance to the contrary, Kaito is also a lifer and 170 years old upon being reunited with his daughter, blessed as he is with "an ancestral advantage he'd brought with him from the small mountain town in central Honshu to America, all those years ago."³⁰⁴ It is later revealed that Kaito is newly misaligned and has reemerged to set the record straight on his disappearance before seeking the assistance of the Suicide Club to end his life as to avoid the same fate being experienced by Anja's mother. Through Kaito, we learn that Lea had a younger brother Samuel who was born without the superior genetic makeup of his lifer parents and dies prematurely of lung cancer. Samuel's death occurs alongside the arrival of the Second Wave³⁰⁵ and it is how Lea's father and her mother Uju respond differently to these events that leads to Kaito's disappearance. Most germane to the novel's critique of wellness, Lea's parents' philosophical differences over the arrival of the Second Wave and their differing grieving processes for Samuel, "how it solidified her mother's new convictions, her father's

³⁰³ See Rosa Inocencio Smith, "'Suicide Club' Takes On the Tyranny of Wellness," *The Atlantic*, August 31, 2018, <https://www.theatlantic.com/entertainment/archive/2018/08/suicide-club-takes-on-the-tyranny-of-wellness/568936/>.

³⁰⁴ Heng, *Suicide Club*, 52.

³⁰⁵ *Ibid.*, 56. The Second Wave is described in the novel as the moment "when a whole raft of new Medtech measures were approved for mass distribution: first-generation SmartBlood™, an early prototype of what would later become DiamondSkin™, the first truly functional replacements. And with the new technologies, a whole host of new Directives, aimed at keeping the Ministry's biggest investments—lifers—safe and healthy."

disillusionment,” serve as allegorical representations of the different approaches to health, the body, and mortality.³⁰⁶

Kaito is the antithesis to the dogmatic worldview of the novel. Described variously as deadbeat, corpulent, non-life-loving, and “antisanct”—the novel’s harshest and most politically damning term for those who reject the state’s mandated wellness directives—Kaito functions as the lone voice of reason in the novel. Despite looking as “svelte and toned as any top-decile lifer” well into his fifties, it is after the arrival of the Second Wave and his son’s death that Kaito begins to gain weight, “his wrists and ankles thickening with rolls of flesh . . . his jowls [growing] prosperous,” a development in contravention to the newly established mandatory monthly maintenance requirements and the addition of nutritional scales in grocery stores. Lea notes how he stopped playing tennis and hiking with her mother, instead opting for “the burger joints and fried-chicken diners that were slowly closing down,” scoffing at the notion of living forever without steak. He begins working overtime at his job as a pharmaceutical salesman as part of his ongoing efforts to willfully neglect his health.³⁰⁷ However, Kaito’s embrace of pleasure and work over his health is more than hedonism. Having watched his son die and the world he knew be transformed by the Ministry’s policies, Kaito finds no reason to strive for wellness for its sake alone. His desire to live a free life on the margins of society outside of the Ministry’s purview is what ultimately drives Kaito to abandon his family.

This abandonment is given more context when counterbalanced by Uju’s backstory. For both Lea and Kaito, Uju becomes a proxy for the Ministry’s social control. Once a mechanical engineer “working for a social enterprise . . . designing portable toilet systems for informal settlements,” Uju leaves her humanitarian focused work to join a human resources firm. Uju’s

³⁰⁶ *Ibid.*, 149.

³⁰⁷ *Ibid.*, 56-57.

motivation to change careers is rooted purely in the fact that the new job is linked to the Ministry. Uju eventually becomes a senior official in the firm and reaps the benefits of a Ministry-related job, being placed “onto Talent Global’s company-wide maintenance plan for executives,” and growing “leaner, stronger, taller” as a result.³⁰⁸ Lea recalls how her mother treats their family like a “newly formed corporation responding to impending regulatory change, rather than the broken, grieving remains of what had once been a unit of four.”³⁰⁹ Even more telling, Lea tells her fiancé Todd that her mother “had always felt more like an employer than a mother” and that Lea felt like “an employee in the corporation of their family, subject to regular performance reviews that determined her worth.”³¹⁰ Through the figure of Uju, Heng reinforces the link between wellness and corporate human resources departments, dramatizing how this rhetoric extends beyond the office into and the privacy of the home. In other words, wellness is revealed not as a discourse of well-being but as a corporate logic exported to the culture at large that prioritizes efficiency and optimal performance. While this development causes Kaito to leave, it conditions Lea as a child to be the ideal corporate citizen prepared to thrive in the Ministry’s new economy.

Uju helps frame the novel’s critique of transhumanist wellness. Namely, that more wellness leads only to more work—more living but not more *life*. Even for those privileged recipients of Third Wave technologies that will bestow upon them their deserved immortality, the gift of everlasting life means only everlasting work; as much as *Suicide Club* presents a world where biotechnology has reached unprecedented heights, the dreariness of office work remains, and the immortals spend their time investing in, trading, and accumulating capital via

³⁰⁸ Ibid., 57; 149.

³⁰⁹ Ibid., 58.

³¹⁰ Ibid., 212.

the same synthetic medical technologies and human organs responsible for their extended lifespans. In its most complete sense, lifers live to work; when not on the clock, they spend their time undergoing mandatory maintenance and wellness routines, fulfilling their obligations to second fulltime careers disguised as optional self-care. Therefore, the dystopian center of Heng's novel is located in the figure of the worker who cannot die. They are the inverse of the zombie: beautiful, healthy, unkillable, with an insatiable appetite not for devouring bodies but for preserving and cultivating them in the service of unending work. An eternity of unrelieved office work and self-maintenance is the nightmare Heng invites her readers to imagine.

Heng also complicates the transhumanist future imagined by Silicon Valley as the subversive actions of the Suicide Club, it is later revealed, are organized and funded by the same billionaire creators responsible for the life extension technology. This includes a character named Mrs. Jackman, a member of one of the largest Healthtech families responsible for the synthetic replacements keeping the lifers alive. Having fulfilled the transhumanist vision of radically extended lifespans and finding themselves trapped by the technology they helped create, the wellness command becomes inverted as the billionaires no longer look to maintain their health but to undermine it, undoing their work—or at least their own investment—in the process. One of the Club's most viral suicides belongs to a member of the Musk family, another Healthtech founder.³¹¹ As he reminds the viewers of his video before committing suicide, “I have a diversified portfolio of organs, dutifully invested, enough to last me several lifetimes.” For the ethically minded Musk, however, wealth and eternal life is problematic; the issue goes beyond enforced living and into the ethics of the stratified world Healthtech has helped construct: “But try as I might, I couldn't ignore it. It just doesn't seem right. It's not right that these—these

³¹¹ Given the context, it is hard not to read Heng's choice here in using the last name “Musk” as being inspired by biohacker extraordinaire Elon Musk even if it is a little on the nose.

numbers are assigned at birth, that an algorithm decides who lives and who doesn't . . . Do you think sub-100s truly are, as we say, sub-100? Who decides who gets the SmartBlood™, the replacements, the maintenance sessions?"³¹²

Musk's rhetorical questioning can be understood as an affirmation of the progressive claim "that health is a fundamental human right and not a commodity to be traded and sold in a marketplace" as it has so clearly become in the world of *Suicide Club*.³¹³ Musk's epiphany thinly conceals the novel's critique of the transhumanist reconfiguration of wellness as an extension of the inherent inequality of American healthcare more generally. Musk himself is emblematic of a dystopia starkly divided between a privileged class of near-immortals desperate to die and a marginalized class of precarious workers struggling to live and be resurrected from their state-sponsored social death. Through Musk, Heng articulates the problematics undergirding the transhumanist-wellness movement as an extension of the fundamental inequalities endemic to the U.S. healthcare system. In having Musk question the validity of the algorithms themselves, Heng undoes the façade of neutrality and assumed social good associated with technology and in doing so echoes the findings of recent scholarship that has uncovered bias in everything from Google searches to computer programs designed to help allocate healthcare services.³¹⁴ Far from being a rational way of rewarding those with the most genetic potential, Musk calls into question the objectivity of the Ministry's genetic testing, casting it as a facilitator of inequality rooted in a biased algorithm. Moreover, in asking who decides who receives the life extension technology, Musk draws attention to the arbitrary nature of who ends up as a lifer and who ends up as a sub-

³¹² Ibid., 116.

³¹³ Ansell, *Death Gap*, 13.

³¹⁴ See, for example, Safiya Umoja Noble *Algorithms of Oppression: How Search Engines Reinforce Racism* (New York: New York University Press, 2018) and Ziad Obermeyer et al., "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations," *Science* 366, no. 6464 (October 25, 2019): 447, <https://doi.org/10.1126/science.aax2342>.

100 working in a diner on the outskirts of town. While Heng uses the Musk suicide to mobilize her critique of the inequitable distribution of healthcare resources in the U.S., his line of rhetorical questioning also brings to mind the arbitrary nature of the winner-takes-all digital economy represented by the billionaire entrepreneurs and investors discussed earlier. When Musk asks who decides who receives the life extension technology, the answer is clear: whoever was luckiest to receive the right number at birth. In other words, the Ministry's high stakes but ultimately arbitrary system for deciding who receives life enhancing technology dramatizes the caprice and privilege that help determine the allocation of healthcare services in the United States.

Kaito alludes to the fact that you can travel outside the city for hundreds of miles without seeing anyone; similarly, Lea recalls how more space was needed for the unretired and for Healthtech companies, which resulted in urban expansion and marginal populations pushed even farther to the fringes of society. Despite the novel offering no definitive explanation of the U.S. beyond Manhattan, its characters gesture toward a vast emptiness outside of the urban citadels ruled by the biotechnology companies and the lifers that adds an apocalyptic tenor to the dystopia's polished surface. Globally, we are told, characters are restricted from traveling to countries that don't "respect the Sanctity of Life Act" and border sanctions make it impossible to return to the U.S. after traveling abroad.³¹⁵ While other countries have started their life extension programs, as Kaito later explains to Lea, they remain substantially behind the U.S. To leave the country is both a logistical nightmare and, as Kaito implies, a death sentence. While the novel never develops the greater geopolitical implications of these facts, they position the novel's dystopia as one that is only possible within an American context. Other countries may be

³¹⁵ Heng, *Suicide Club*, 87, 315-316.

following the United States' lead, but the phenomenon of privatized bodies, radical life extension, and tyrannical wellness is, the novel suggests, first and foremost a U.S. obsession. In this regard, Heng is clear to foreground her critique of wellness within the parameters of the United States.

Beyond these details, however, the novel is scant in terms of thinking about wellness outside the context of the U.S. Although it is briefly mentioned that Lea and her brother Samuel are children of immigrants—Lea recalls how “Uju and Kaito gave them what they thought were good American names, names that signified a new beginning for their family—the novel has little to say about how these experiences shape characters’ relationships to wellness.³¹⁶ Anja, for her part, represents Sweden as “Winter, pancakes, [and] universal healthcare”³¹⁷ and not much more. The key exception is found in an early description of Anja’s mother’s obsession with American biomedical technology upon arriving in the United States. Paralleling Uju’s spiral into wellness following her new position with the Ministry, Anja’s mother experiences a similar freefall into what is depicted as a uniquely American addiction to life extension technology:

But the thought of living forever was a slow-burning disease she’d caught from the moment they took those tests. Her mother started living like the Americans, no longer eating meat or even fish, her hefty bulk dwindling into an efficient, gym-honed leanness. She stopped running because of what it did to her knees. Eventually she sang less and less, because they’d told her about her heart, how it was the weakest link in an otherwise immaculate genetic makeup. There was also all that excess cortisol production involved in being a musician. Occupational hazard, as they called it. Her mother became obsessed with enhancements, and then repairs. First it was the skin, regrafted every fifteen months;

³¹⁶ Ibid., 38.

³¹⁷ Ibid., 113.

then the blood, souped up with microscopic smart particles, nanobots that cleansed and repaired and regenerated. The day they replaced her heart with a high-powered synthetic pump, Anja practiced the violin till her fingers turned purple and raw. At the clinic, she searched her mother's face for clues as to where this would end.³¹⁸

This lengthy description of her mother's encounter with American healthcare is useful for a variety of reasons. First, it is the novel's only comprehensive account of what happens to a foreign body upon entering the United States *and* passing the genetic testing with the right forecast. Word choice is telling in this description in that living forever is cast as a "slow-burning disease" and "living like the Americans" means giving up forms of exercise associated with freedom (running) and acquiring the disciplined body that foregoes "heft" in favor of "efficient, gym-honed leanness." Here one also finds the previously discussed repetition of "cortisol" used this time in the context of describing the "occupational hazard" of her career as a musician. Running and singing become high-risk behaviors that are replaced by an "obsession" with biohacks or synthetic replacements. The final image, however, of Anja searching pleadingly for signs her mother's newfound addiction will stop affirm the novel's critique of wellness as a pursuit without end.

Anja bearing witness to her mother's transformation from the embodied Scandinavian welfare state into the privatized body emblematic of the transhumanist reconfiguration of wellness captures the novel's critique in corporeal form. Specifically, Heng draws a stark contrast between two distinct cultural and political approaches to the body. Although Anja's mother arrives to the United States in good health, the American system of profit and biotechnological excess paradoxically works to create a pathological addiction to preventative

³¹⁸ Ibid., 30.

healthcare that makes her ill—literally and metaphorically taking her heart. Her mother’s pursuit of immortality leads to poverty once the treatments are no longer subsidized as well as to her half-life after acquiring black market replacements.³¹⁹ Recasting this pursuit of immortality as an addiction that results in a rock-bottom descent into poverty and near death serves as a corrective to the unquestioned social good of self-directed healthcare.

The example of Anja’s mother is a reminder of the need to situate wellness on a global scale to better understand the local idiosyncrasies of these dystopias and American wellness more broadly. Here, Ling Ma’s 2018 dystopian novel *Severance* offers more opportunities to think about wellness in these terms. It helps to reinforce how the transhumanist pursuits of living forever detailed in *Suicide Club* remain dependent on a functioning, thriving, and exploitative form of global capitalism; in this way, *Severance* is a reminder of how concern for wellbeing is reserved for particular types of bodies.

Candace witnesses this lack of concern for the laboring bodies of the global workforce firsthand while coordinating with suppliers for her job as a senior product coordinator of the Spectra Bibles division. After informing a client that a Chinese supplier is closed after workers were discovered to be suffering from widespread incidents of lung disease, Candace is met with indifference and frustration. In an effort to placate her client, Candace goes on to emphasize that the supplier closures are a workers’ rights and safety issue and elaborates that the workers had been operating in substandard conditions breathing in dust and other particulates that are “tearing up their lungs.”³²⁰ Despite her efforts, Candace is met only with the threat of losing business: “You need to pull every string you can, call in every favor. Because, honestly, if you can’t

³¹⁹ This explains why Anja, despite having the genetics to be a lifer, lives as a sub-100 on the outskirts of Manhattan.

³²⁰ Ling Ma, *Severance* (New York: Picador, 2018), 24.

produce this, then we're going to look elsewhere, maybe even in India."³²¹ The dying workers in Guangdong fail to register on the client's spectrum of well-being because their inability to work threatens profit. If, in other words, *Suicide Club* attempts to show how wellness is everywhere, *Severance* allows us to see where it is not. The consequences for failing to consider health and wellbeing outside the context of profit and national borders is, of course, Shen Fever.

Conversely, Candace's trips to Hong Kong do affirm that the wellness ethos can be found outside of the United States through its consumer form. The same products that were part of Candace and her mother's skincare routine in the United States are purchased by Candace on her first trip to Hong Kong: "I took out my credit card and paid for the cleanser, along with other products that completed the regimen, Phyto-Black Lift Radiance Boosting Lotion and the Phyto-Black Lift Smoothing Anti-Wrinkle Emulsion. I didn't have wrinkles, the saleslady clarified, but it was a preventative regimen."³²² The need for a "preventative regimen" remains and is one Candace is willing to get into debt for. Shortly after purchasing her skincare products, Candace notices a billboard advertising "skin-whitening creams for women" with "A Eurasian-looking model with black hair and blue eyes delicately strok[ing] her cheek in a paean of self-care."³²³ The billboard and Candace's perpetuation of her mother's preoccupation with skincare highlight two central points germane to the novel's critique of wellness: first, these examples highlight the biomedicalization of aging. In discussing the marketing for anti-aging skincare products, Amina Mire observes "The subtly coercive imperative that women should always aim to attain and remain ageless is promulgated through the rational choice marketing discourses within the

³²¹ Ibid., 25.

³²² Ibid., 101.

³²³ Ibid., 102.

framework of the neo-liberal healthcare discourse of self-responsibility.”³²⁴ Maintaining perfect skin is an obligation and a signifier of responsibility. Far from denoting a natural process of aging, imperfections in the skin signal irresponsibility. To appear well—to practice proper self-care—is to have an unmarked body, purged of any visible signs of history or lived experience.

Secondly, the billboard in particular speaks to the larger issue of what Mire has described as the “discursive conflation of anti-ageing wellness with the skin-whitening industry,” one that “is deeply implicated in ageism, sexism and the pathologizing of women’s bodies and skin.”³²⁵ In positioning smooth white skin as the paradigmatic example of young, healthy femininity, biotechnology companies reinforce whiteness as a consumer product. The consequences are thus found in the “the global promotion of unregulated skin-whitening and anti-ageing products to nonwhite consumers in the Global South for the purpose of acquiring lighter skin tones.”³²⁶ More than simply exporting the wellness ethos and emphasizing the superficial responsibility of maintaining one’s skin, the billboard helps to export the problematics of wellness *as* whiteness. Despite the scene’s brevity, it is instructive for thinking about the ways the wellness industry participates in the ideology of white supremacy through the marketing of skincare products that rewrite self-care as achieving lighter skin.

Destruction as Solution

Both novels suggest, paradoxically, that wellbeing starts with death—or, at the very least, destruction. Writing about *Severance*, Jane Hu and Anjuli Raza Kolb observe “that *Severance* is not timely, but in fact historical, in the sense that it records what has to happen — the pure

³²⁴ Amina Mire, *Wellness in Whiteness: Biomedicalization and the Promotion of Whiteness and Youth among Women* (New York: Routledge, 2019), 23.

³²⁵ Ibid.

³²⁶ Ibid. 24.

catastrophe, the loss of life, the racism, the violence — in order for [new] world-imagining to take place.”³²⁷ Similarly, one can say that *Suicide Club* must take wellness to its absolute transhumanist limits—to imagine a world created in the image of biotechnology wherein a chosen class of immortals operate under the moral imperatives of wellness codified into the dictates of a totalitarian state—in order to understand how wellness is failing us in the present and to inspire conversations about truly equitable, alternative forms of wellbeing. As one member of the Suicide Club reminds attendees at a gathering, “Someone once said death was the best invention life had to offer, and I know I’m preaching to the choir here, but I think it always bears remembering.”³²⁸ In these novels, violence is a recuperative act needed to salvage and save human life from the exploitive systems that undermine wellbeing and perpetuate human suffering. Instead of being antithetical to wellness, violence becomes a path to it.

Violent scenes are thus interpolated throughout the otherwise banal day-to-day occurrences of office work and exercise in *Suicide Club*. For members of the Suicide Club, violence against the self begins in minor, subversive ways as the origins of the club attest to: “A long time ago, they were simply a collection of disillusioned lifers who’d decided they had had enough with the maintenance sessions, the HDL competitions, the self-denial. They organized forbidden performances of live music, trad meals of the worst, most artery-clogging kind, irresponsible orgies.”³²⁹ However, when such minor transgressive acts no longer suffice as a means of protest, the severity of the violence is increased. This violence is primarily expressed through the recurrent destructive symbolism of fire. Given the resilience of lifers’ bodies due to their biotechnical replacements, fire or self-immolation is one of the few options for those

³²⁷ Jane Hu and Anjuli Raza Kolb, “Right Time, Right Place,” *Post45*, October 13, 2020, <https://post45.org/2020/10/right-time-right-place/>.

³²⁸ Heng, *Suicide Club*, 167.

³²⁹ *Ibid.*, 68-69.

looking to end their lives prematurely. In their viral videos, suicidal characters consume a “clear liquid” before bringing a match to their open mouths, engulfing themselves in flames, the one guaranteed way to bypass the extensive life technologies keeping them alive. Self-immolation becomes the novel’s primary symbol of resistance to wellness and the transhumanist imperative to live forever.

Violence is the principle means of developing Lea and Anja’s characters with both of their trajectories marked with increasing levels or acts of violence. Through her interactions with Kaito, for example, Lea’s lifelong penchant for violent acts is slowly unveiled. In one particular gruesome scene, an elementary-school aged Lea, as “the flame in her belly flared, purple and hot,” crushes the class pet—a small white rabbit named Domino—in her hands until “everything was loose and crunchy” and Lea’s “fingernails were tipped with red.”³³⁰ An even more shocking scene of school-aged violence follows later in the novel when an eleven-year-old Lea beats a boy named Dwight nearly to death, leaving him in a coma. The incident is later referred to as a “Reactive explosive episode” that nearly brands Lea as an irredeemable Antisanct.³³¹ It is thanks to Uju’s connections at the Ministry that Lea is able to salvage her reputation and her life through a renewed commitment to “life-loving” behavior.³³²

After Kaito’s return, Lea once again becomes aware of her repressed need for violent acts, “the tiny light that burned within her each and every day, a light that threatened to flare up at any moment, to scorch the unblemished surfaces of things and people around her.”³³³ She finds small moments to rejoice in destructive acts, like slicing off a sliver of her finger while

³³⁰ *Ibid.*, 101.

³³¹ *Ibid.*, 183.

³³² Although this is never directly stated in the novel, one assumes this is why the Ministry reacts so swiftly and aggressively to Lea’s accident at the beginning of the novel. Because of her violent history, such an “antisant” act like suicide, at least according to the Ministry, seems entirely within the range of possible behavior from Lea given these prior incidents.

³³³ *Ibid.*, 186-187.

preparing a salad or attempting to strangle Todd.³³⁴ By novel's end, Lea's full embrace of this side of herself becomes a total rejection of wellness and the state of perfectionism she and other lifers must inhabit. As Lea later explains, "It wasn't often, these days, that things broke anymore. Everything was toughened, reinforced, enhanced. You really had to try to break something."³³⁵ In other words, Lea's embrace of the "tiny light" affirms the need for things to break, for fragility and frailty as the counterbalancing forces necessary for equilibrium in a world consumed with perfection. It is a trait Kaito affirms in his final moments with Lea before he departs to die on his own terms: "He told [Lea] about his daughter. About how she was smart and strong and different, how she thought there was something wrong with her because she sought the messy, sprawling innards of life, the flesh beneath the skin, the breakages. That she felt, deep within her, the violence of what it meant to live forever. He told her that she was not wrong; no, she was right. She had been right all along."³³⁶ Rather than pathologizing her violent tendencies as psychopathic or arbitrary, Heng is careful to show through Kaito's sentimental description of his daughter that Lea's deeply repressed gravitation toward destruction holds the subversive potential necessary to liberate her, Anja, and, one assumes, the novel's dystopian population from the tyranny of enforced living and the Ministry.

Although this claim may seem like too generous of a reading of Lea's violent characterization—after all, how can murdering a class pet and beating a boy into a coma be construed as a social good?—it is through Anja that the novel provides the outlet and validation needed to place Lea's violent history in its proper subversive context. Despite the fact that Anja spends much of the novel looking for a way to end her mother's suffering, she is unable to act on

³³⁴ *Ibid.*, 98; 282.

³³⁵ *Ibid.*, 132.

³³⁶ *Ibid.*, 323.

opportunities to do so out of an understandable apprehension of being the one responsible for her death. With Lea's help, however, she is able to liberate her mother from the slow violence of her biohacked body.

In the novel's final violent scene, Lea surprises Anja at her apartment only to find that she is in the process of deciding whether or not to kill her mother by using a knife to cut her open and forcefully remove the synthetic replacements responsible for her state of enforced life. Unable to follow through with the act, Lea takes the knife from Anja only to hand it back her. Anja immediately notices its "handle was still warm from the heat of Lea's grip," and feels "that something was different," now possessing the strength necessary to finally end her mother's life.³³⁷ It is this small moment where Lea transfers her subversive energy to Anja—the power needed to kill these cruel synthetic technologies—that Lea's violent nature is redeemed. In doing so, Heng completes Lea's transition from the paradigm of wellness and state control to the embodiment of the corrective needed to undo the excesses of biotechnology. The final act of violence she is complicit in is not an act of murder but a liberation of an alien body as made clear by the description of Anja's mother's body as it is destroyed: "The windpipe, the heart, the blood. It was never her mother at all. Suddenly she saw them for what they were—alien and cruel. They weren't saving her mother any more than Anja was killing her."³³⁸ The novel ends with the gruesome killing of Anja's mother, the description of which evokes more of the murder of a zombie than a human: "The blood seemed stickier now, seemed to already be congealing. It would heal over in minutes if she allowed it to . . . the windpipe between her hands was like the neck of a violin, the cold metal ridges like strings cutting into her fingers . . . She thought of the windpipe her mother used to have, a soft, natural thing that would bring such beautiful sound

³³⁷ Ibid., 332.

³³⁸ Ibid., 333.

from her depths of lungs and heart out into the world. This was no such thing. This windpipe only wheezes and crackled, only kept her music trapped inside her.”³³⁹ It is with the extraction of the alien windpipe that Anja’s mother mercifully dies.

It is the alien description of Anja’s mother’s body that prevents this scene of extreme violence—Anja plunging her hands into her mother’s throat to pull out her windpipe—from being read as a murder. On the contrary, it evokes the familiar trope of the zombie genre wherein a beloved friend or family member is bitten, infected, and eventually must be mercy-killed despite the protagonist’s hesitation. Heng stages a similar scene but in lieu of an arcane force animating the undead body one finds instead the machinations of biotechnology. Also key in this scene is the language of nature, the “soft, natural” windpipe that brings music into the world versus the “cold metal ridges” of the replacement windpipe that silences it; like Lea, Anja’s violence is recast as a restorative act, replacing the excesses of science with a natural order. Put simply, Anja’s brutal killing of the biohacked body is the novel’s rejection of the transhumanist claim “that what makes us human isn’t tied to a particular material embodiment.”³⁴⁰ The destruction of the modified alien body becomes a symbolic recuperative act to restore Anja’s mother to her natural state.

One also finds nature as a destructive and correcting force in *Severance* although once again the scale is enlarged. Whereas the battle of nature versus biotechnology and the advanced capitalist system that fuels it is waged on the microlevel in *Suicide Club*, Ma’s dystopic world is a macroscale testament to how these systems can be overcome by natural forces. Candace says as much in the prologue of the novel, musing that “If the End was Nature’s way of punishing us so that we might once again know our place, then yes, we knew it. If it was at all unclear before, it

³³⁹ Ibid.

³⁴⁰ Frodeman, *Transhumanism*, 27.

was not now.”³⁴¹ We are also told in the prologue that in the End “Google would not last long” and that “The internet had caved into a sinkhole.”³⁴² Even before the outbreak of Shen Fever causes the world’s modern infrastructure to collapse, one chapter details a storm that floods and shuts down much of New York. As one character informs Candace and Jonathan shortly before the storm hits: “a storm, you know, these forces of nature, they put things into perspective.”³⁴³ In showcasing the destructive, humbling power of nature through examples like the storm and Shen Fever, Ma highlights the vulnerabilities of these seemingly invincible man-made systems the novel is intent on critiquing. In the case of wellness, it is rendered obsolete and absurd in the context of the apocalypse. Wellness symbols like the Zen serenity fountain at Spectra or the skincare products Candace has invested in no longer have value in a world where survival—not mindfulness or youthful skin—is paramount. In one of the more striking examples of this, the health and beauty retailer L’Occitane functionally serves as Lea’s prison toward the end of the novel.

Severance also ends with a moment of violent encounter that can be seen as a final destructive act required to permit true change. Echoing the scene where a young Lea beats a defenseless Dwight into a coma, Candace’s assault on Bob is relentless: “I shove Bob and the force pushes him back. Again and again, until he topples backward, skidding across the floor . . . The idea is to quickly snatch the keys, but instead I kick him in the ribs, in the stomach, in the groin, in his face, in all of his soft parts. It’s a fury of kicks and blows, quickly, furiously accelerating before he even has a chance to react, if he can react . . . I spit on his face, on his eyes that don’t even blink. The sounds this kicking makes, squelches and crunches, are unreal video-

³⁴¹ Ma, *Severance*, 6.

³⁴² *Ibid.*, 4.

³⁴³ *Ibid.*, 202.

game sounds.”³⁴⁴ This violent scene at the end of the novel not only signals Candace’s liberation from Bob’s tyranny but also from the white patriarchal systems his character embodies. While serving as Bob’s prisoner, Candace recognizes that “as long as I’m pregnant, Bob is invested in my well-being.”³⁴⁵ Candace is aware that her wellness is inextricably linked to her reproductive labor, her ability to produce and nothing more. To reclaim her well-being and to save her unborn child from a similar fate, Candace must destroy Bob to free herself from the oppressive, exploitive systems he represents.

In the wake of their violent final scenes, both novels end with calm scenes of protagonists driving away from the centers of their respective dystopias. Lea and Anja find themselves driving away from the city “on an ocean road that stretched on for hundreds of miles, teetering on the edges of mossy cliffs,” hoping it “might lead to where the green disappeared and ice took over.”³⁴⁶ In fact, the final moments of *Suicide Club* are overwhelmed with natural imagery where “all around them was rolling green and crashing ocean and lighted sky.”³⁴⁷ The novel ends with Lea noticing “the reckless shifting beauty all around them” and her and Anja laughing as the wind rushes in through the open windows of their car. Meanwhile, in *Severance*, the novel ends with Candace driving away from the Facility passing a landscape of “corporate parks, auto-parts stores, new housing developments with colonial-style homes, public storage compounds, a Benihana, pancake houses, crab shacks.”³⁴⁸ She eventually ends up in Chicago stopping only when her car eventually breaks down. The final scene has Candace standing in front of “a massive littered river, planked by an elaborate, wrought-iron red bridge. Beyond the bridge is

³⁴⁴ Ibid., 282.

³⁴⁵ Ibid., 243.

³⁴⁶ Heng, 335.

³⁴⁷ Ibid., 336.

³⁴⁸ Ma, 284.

more skyline, more city,” deciding simply to “start walking.”³⁴⁹ While the ending of *Severance* can be read as Candace once again involving herself with the systems and routines of the city instead of truly escaping it, I argue that the bridge across the littered river serves as a more hopeful symbol. Coming as it does after Candace’s uprising against Bob and her subsequent decision to raise her daughter in Chicago—the city she associates with Jonathan’s anticapitalism and idealism—contains a subversive potential that at the very least gestures toward the possibility of renewal or an alternative vision for the future outside the systems she and Jonathan talked of escaping back in New York.

The final scenes are ones of forward momentum toward an unknown horizon. They relocate wellness within the boundaries of nature, a feat that is only accomplished and made possible via the destruction of the advanced global capitalist systems undergirding it. Destruction creates the path toward new forms of well-being, and the protagonists of these novels can be seen as moving toward these new futures. It is no coincidence that all three protagonists of these novels—Lea, Anja, and Candace—are artists: a painter, violinist, and photographer, respectively. They document and respond to their dystopian worlds through art, finding new ways of seeing and articulating what is around them. Thus, as much as these novels offer a critique of wellness as an ideology and consumer industry, they do so as part of interrogating fundamental metaphysical questions about what constitutes well-being and what the substance of a live well lived is—what are we supposed to do with wellness once we attain it? If we read both texts as “novels about living,” one can see that Heng and Ma use their artist-protagonists to start the process of answering this question; what remains clear, however, is that the answer must begin not with wellness but with destruction.

³⁴⁹ Ibid., 291.

CONCLUSION

Given the year this manuscript was finished, it is likely evident to my readers that most of it was written before and during the coronavirus pandemic. As the manuscript neared completion, I made the decision to forego retroactively adding mention of the pandemic to the introduction or the chapters; this absence is perhaps most acutely felt in my discussion of *Severance* whose fictional rendering of a global pandemic is now more resonant and prescient than ever. The coronavirus pandemic throws into stark relief many of the issues discussed in these chapters. For example, the untenability of dependency on employer-provided healthcare became increasingly clear as millions suddenly found themselves unemployed or unable to work. In yet another striking example, the death gap spoken of by David Ansell revealed itself through the disproportionate effects of the coronavirus on vulnerable populations and people of color. The pandemic made the issues animating these chapters visible on an unprecedented global stage and, consequently, it is now impossible to discuss *wellness* without first situating it in the context of the coronavirus and its aftermath. Future analyses of wellness will need to take this into account and the critical points raised in this dissertation can be further enriched by what we have learned about public health and well-being in the last two years. In demonstrating the limits of self-directed healthcare, one silver lining of the pandemic may be its potential to renew critical conversations about care and well-being, imbuing them with a deserved sense of urgency.

Along these lines, this dissertation is my attempt to make the case for how critical discussions of wellness can contribute to our understanding of the crises of the present moment. This claim is driven by my conviction that certain literary genres—the office novel, the Millennial novel, and the dystopian novel, respectively—are uniquely suited to represent and engage with the wellness ethos. I am struck, however, by the fact that my readers may desire still

more explication on just what wellness brings to the novel as a form. What does the novel form bring to critiques of wellness that other cultural forms do not? Approaching this from the perspective of genre, I have avoided making broad genre claims given the modest selection of novels present here, opting instead for a more local analysis. My hope is that in gesturing toward these genres' potential for critiquing wellness, a larger and more extensive investigation may be possible, one that tracks wellness' presence in specific genres across multiple works beyond the strict ten-year period documented here. But this need to probe further applies beyond just genre. Why, for example, do literary critiques of wellness happen in the register of satire? While I do address this question, it remains a rich and compelling one deserving of more sustained attention going forward. There is also the crucial importance of gender to discussions of wellness and care that must be developed further. Why is it, after all, that many of the protagonists and writers discussed here are women? In what ways can the dynamics of gender reveal more about the zeitgeist of wellness and its problematics? A greater attendance to gender as well as the classed and racial dimensions of wellness is necessary to move our understanding of it forward.

This dissertation is therefore the first step in a more comprehensive critical and literary undertaking. For now, I hope these chapters have successfully persuaded my readers that these lines of inquiry are worth pursuing further. In drawing attention to the capaciousness of wellness, I also hope to inspire in my readers a sense of its many possibilities, including how it may yield new discoveries for literary criticism and beyond. If nothing else, the dissertation's insistence on the ubiquity of wellness culture and the centrality of self-directed healthcare to our present notion of well-being underscores how impoverished public discussions of care have become. Perhaps through literary discussions of wellness we may truly begin to articulate what it means to care for ourselves, our communities, and our planet.

BIBLIOGRAPHY

- Ali, Syed Mustafa. "'White Crisis' and/as 'Existential Risk,' or the Entangled Apocalypticism of Artificial Intelligence." *Zygon* 54, no. 1 (2019): 207–24. <https://doi.org/10.1111/zygo.12498>.
- Ansell, David. *The Death Gap: How Inequality Kills*. Chicago: University of Chicago Press, 2017.
- Armitstead, Claire. "Sally Rooney: 'I Don't Respond to Authority Very Well,'" *The Irish Times*, December 4, 2018, <https://www.irishtimes.com/culture/books/sally-rooney-i-don-t-respond-to-authority-very-well-1.3719669>."
- Aschoff, Nicole. *The New Prophets of Capital*. Verso: London, 2015.
- Assoc, Wellness. *Wellness Resource Center with Dan Rather on 60 Minutes*, 2008. <https://www.youtube.com/watch?v=LAorj2U7PR4>.
- Bex, Sean, Stef Craps, Dave Eggers, and Mimi Lok. "An Interview with Dave Eggers and Mimi Lok." *Contemporary Literature* 56, no. 4 (2015): 544–67.
- Big Think. *Biohacking: Why I'll Live to Be 180 Years Old | Dave Asprey | Big Think*, 2019. <https://www.youtube.com/watch?v=7qJPf5O9kxc>.
- BlueCross Blue Shield, "The Economic Consequences of Millennial Health," November 6, 2019, <https://www.bcbs.com/the-health-of-america/reports/how-millennials-current-and-future-health-could-affect-our-economy>.
- BlueCross Blue Shield, "The Health of Millennials," April 24, 2019. <https://www.bcbs.com/the-health-of-america/reports/the-health-of-millennials>.
- Bostrom, Nick. "A History of Transhumanist Thought." *Journal of Evolution and Technology* 14, no. 1 (April 2005): 25.
- Bowles, Nellie. "Why Is Silicon Valley So Obsessed With the Virtue of Suffering?" *The New York Times*, March 26, 2019, sec. Style. <https://www.nytimes.com/2019/03/26/style/silicon-valley-stoics.html>.
- Brody, Bruce E. "Employee Assistance Programs: An Historical and Literature Review." *American Journal of Health Promotion* 2, no. 3 (December 1, 1987): 13–19. <https://doi.org/10.4278/0890-1171-2.3.13>.
- Bureau, US Census. "Health Insurance Coverage in the United States: 2018." The United States Census Bureau.
- Butler, Halle. *Jillian*. New York: Penguin, 2015.
- Butler, Halle. *The New Me*. New York: Penguin, 2019.

- Care Collective. *The Care Manifesto: The Politics of Interdependence*. London: Verso, 2020.
- Carroll, Aaron E. “The Real Reason the U.S. Has Employer-Sponsored Health Insurance.” *The New York Times*, September 5, 2017, sec. The Upshot. <https://www.nytimes.com/2017/09/05/upshot/the-real-reason-the-us-has-employer-sponsored-health-insurance.html>
- Cederström, Carl and André Spicer, *The Wellness Syndrome*. Cambridge: Polity, 2015.
- Clarke, Adele, Laura Mamo, Jennifer Fosket, Jennifer Fishman, and Janet Shim. *Biomedicalization: Technoscience, Health, and Illness in the U.S.*, 2010.
- Cottrell, Patty Yumi. “I, a Novelist: An Interview with Halle Butler.” *The Paris Review*, March 5, 2019. <https://www.theparisreview.org/blog/2019/03/05/i-a-novelist-an-interview-with-halle-butler/>.
- Crawford, Robert. “Health as a Meaningful Social Practice.” *Health* 10, no. 4 (October 1, 2006): 401–20. <https://doi.org/10.1177/1363459306067310>.
- Crawford, Robert. “Healthism and the Medicalization of Everyday Life.” *International Journal of Health Services* 10, no. 3 (July 1, 1980): 365–88. <https://doi.org/10.2190/3H2H-3XJN-3KAY-G9NY>.
- Dimock, Michael. “Defining Generations: Where Millennials End and Generation Z Begins.” Pew Research Center, January 17, 2019. <https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/>.
- Ditum, Sarah. “Private Citizens by Tony Tulathimutte Review – ‘Middlemarch for the Millennials’?” *The Guardian*, October 14, 2016. <http://www.theguardian.com/books/2016/oct/14/private-citizens-by-tony-tulathimutte-review>.
- Dowling, Emma. *The Care Crisis: What Caused It and How Can We End It?* London: Verso, 2021.
- Ducharme, Jamie. “Millennials Love Wellness. But They’re Not as Healthy as People Think, Report Says.” *TIME*, April 24, 2019. <https://time.com/5577325/millennials-less-healthy/>.
- Dunn, Halbert. *High-Level Wellness*. Arlington: Beatty, 1961.
- Eggers, Dave. *The Circle*. New York: Vintage, 2013.
- Ehrenreich, Barbara. *Natural Causes: An Epidemic of Wellness, the Certainty of Dying, and Killing Ourselves to Live Longer*. New York: Twelve, 2019.
- Eldridge, Scott D. “The Circle [Book Review].” *IEEE Technology and Society Magazine* 34, no. 1 (March 2015): 4–16. <https://doi.org/10.1109/MTS.2015.2395964>.

- Field, Marilyn J., and Harold T. Shapiro. *Origins and Evolution of Employment-Based Health Benefits*. Washington: National Academies Press, 1993.
<https://www.ncbi.nlm.nih.gov/books/NBK235989/>.
- Fisher, Mark. *Capitalist Realism: Is There No Alternative*. London: Zero Books, 2009.
- Frank, Priscilla. “The Selfie-Help Guru Healing Millennials On Instagram.” Huffington Post, February 1, 2018. https://www.huffpost.com/entry/bunny-michael-selfie-help-guru_n_5a625d79e4b0dc592a08a171.
- Frodeman, Robert. *Transhumanism, Nature, and the Ends of Science*. New York: Routledge, 2019.
- Fry, Richard. “Millennials Are the Largest Generation in the U.S. Labor Force,” April 11, 2018. <https://www.pewresearch.org/fact-tank/2018/04/11/millennials-largest-generation-us-labor-force/>.
- Gonsalves, Kelly. “Wellness Doesn’t Belong To White Women.” The Cut, August 11, 2020. <https://www.thecut.com/article/wellness-doesnt-belong-to-white-women.html>.
- Global Wellness Institute, “History of Wellness,” <https://globalwellnessinstitute.org/industry-research/history-of-wellness/>.
- Global Wellness Institute. “What is the Wellness Economy?” <https://globalwellnessinstitute.org/what-is-wellness/what-is-the-wellness-economy/>.
- Hamblin, James. “The Art of Woke Wellness.” *The Atlantic*, November 19, 2018. <https://www.theatlantic.com/health/archive/2018/11/wellspring-festival-woke-wellness/576103/>.
- Harris, Aisha. “A History of Self-Care.” *Slate*, April 5, 2017. http://www.slate.com/articles/arts/culturebox/2017/04/the_history_of_self_care.html.
- Harris, Malcolm. *Kids These days: Human Capital and the Making of Millennials*. New York: Little Brown, 2017.
- Heng, Rachel. *Suicide Club: A Novel About Living*. New York: Henry Holt, 2018.
- Hoffman, Beatrix. *The Wages of Sickness: The Politics of Health Insurance in Progressive America*. Chapel Hill: University of North Carolina Press, 2001.
- Horton, James S., and Nicholas K. Priest. “Silicon Valley’s Quest for Immortality – and Its Worrying Sacrifices.” The Conversation. <http://theconversation.com/silicon-valleys-quest-for-immortality-and-its-worrying-sacrifices-101405>.
- Hu, Jane, and Anjuli Raza Kolb / 10.13.20. “Right Time, Right Place.” *Post45*, October 13, 2020. <https://post45.org/2020/10/right-time-right-place/>.

- Humanity+. “Elevating the Human Condition - What Does It Mean to Be Human in a Technologically Enhanced World.” <https://humanityplus.org/>.
- Humanity+. “Transhumanist Declaration,” 2009. <https://humanityplus.org/transhumanism/transhumanist-declaration/>.
- Huxley, Julian. *New Bottles for New Wine*. London: Chatto & Windus, 1957.
- Independent, The. “Why Wellness Is the Millennial Self-Help,” August 19, 2019. https://www.independent.co.uk/news/long_reads/health-and-wellbeing/wellness-millennial-self-help-self-care-love-fear-a9056946.html.
- Ingram, Matthew. *Retreat: How the Counterculture Invented Wellness*. London: Repeater, 2020.
- Juvin, Hervé. *The Coming of the Body*, ed. and trans. John Howe. London: Verso, 2010.
- Keep, Elmo. “President for Life.” The Verge, 2015. <http://www.theverge.com/a/transhumanism-2015>.
- Kirkland, A. “What Is Wellness Now?” *Journal of Health Politics, Policy and Law* 39, no. 5 (2014): 957–70. <https://doi.org/10.1215/03616878-2813647>.
- Krishna, Priya. “Tibetan Butter Tea Is the Cold-Weather Breakfast of Champions.” *Food & Wine*, May 24, 2017. <https://www.foodandwine.com/tea/tibetan-butter-tea-cold-weather-breakfast-champions>.
- Lau, Kimberly. *New Age Capitalism: Making Money East of Eden*. Philadelphia: University of Pennsylvania Press, 2000.
- Leary, John Patrick. *Keywords: The New Language of Capitalism*. Chicago: Haymarket, 2018.
- Levit, Katharine R., Gary L. Olin, and Suzanne W. Letsch. “Americans’ Health Insurance Coverage, 1980-91.” *Health Care Financing Review* 14, no. 1 (1992): 31–57.
- Lorde, Audre. *A Burst of Light: and Other Essays*. New York: Ixia Press, 1988.
- Lorentzen, Christian. “Tony Tulathimutte’s Private Citizens: Finally, Millennial Heroes and Heroines in a Great American Novel.” *Vulture*, February 25, 2016. <https://www.vulture.com/2016/02/first-great-millennial-novel.html>.
- Markoff, John. “Elon Musk’s Neuralink Wants ‘Sewing Machine-Like’ Robots to Wire Brains to the Internet.” *The New York Times*, July 17, 2019, sec. Technology. <https://www.nytimes.com/2019/07/16/technology/neuralink-elon-musk.html>.
- Masterson, John. “Floods, Fortresses, and Cabin Fever: Worlding ‘Domeland’ Security in Dave Eggers’s *Zeitoun* and *The Circle*.” *American Literary History* 28, no. 4 (December 12, 2016): 721–39.

- Mattke, Soeren, Christopher Schnyer, and Kristin R Van Busum. “A Review of the U.S. Workplace Wellness Market.” RAND Health, 2012.
- Metzl, Jonathan M., and Anna Kirkland, eds. *Against Health: How Health Became the New Morality*. New York: New York University Press, 2010.
- Mire, Amina. *Wellness in Whiteness: Biomedicalization and the Promotion of Whiteness and Youth among Women*. New York: Routledge, 2019.
- Miller, James William. “Wellness: The History and Development of a Concept.” *Spektrum Freizeit*, no. 1 (2005): 84–102.
- Monroe, Rachel. “The Bulletproof Coffee Founder Has Spent \$1 Million in His Quest to Live to 180.” *Men’s Health*, January 23, 2019. <https://www.menshealth.com/health/a25902826/bulletproof-dave-asprey-biohacking/>.
- More, Max and Natasha Vita-More, *The Transhumanist Reader: Classical and Contemporary Essays on the Science, Technology, and Philosophy of the Human Future*. Oxford: Wiley-Blackwell, 2013.
- Murray, John E. *Origins of American Health Insurance: A History of Industrial Sickness Funds*. New Haven: Yale University Press, 2007.
- Nermoe, Katie. “Millennials: The ‘Wellness Generation.’” *Sanford Health News*, September 12, 2018. <https://news.sanfordhealth.org/sanford-health-plan/millennials-wellness-generation/>.
- Packer, George. “No Death, No Taxes.” *The New Yorker*, November 21, 2011. <https://www.newyorker.com/magazine/2011/11/28/no-death-no-taxes>.
- Petersen, Anne Helen. *Can’t Even: How Millennials Became the Burnout Generation*. Boston: Houghton Mifflin, 2020.
- Petrzela, Natalia Mehlman. “When Wellness Is a Dirty Word.” *Chronicle of Higher Education*, May 1, 2016. <https://www.chronicle.com/article/when-wellness-is-a-dirty-word/>.
- Melia Robinson. “Bulletproof CEO Dave Asprey Has Spent over \$1 Million on Biohacking - Business Insider.” *Business Insider*, April 13, 2017. <https://www.businessinsider.com/bulletproof-dave-asprey-biohacking-spending-2017-4>.
- Regis, Ed. “Meet the Extropians.” *Wired*, October 1, 1994. <https://www.wired.com/1994/10/extropians/>.
- Rooney, Kathleen. “‘The New Me,’ the New American Dream: Halle Butler Captures the Millennial Experience.” *Chicago Tribune*, March 14, 2019. <https://www.chicagotribune.com/entertainment/books/ct-books-halle-butler-0324-story.html>.

- Rorabaugh, W.J. *The Alcoholic Republic: An American Tradition*. Oxford: Oxford University Press, 1981.
- Rushkoff, Douglas. "Survival of the Richest." Medium, July 5, 2018. <https://onezero.medium.com/survival-of-the-richest-9ef6cddd0cc1>.
- Schwartz, Oscar. "My Journey into the Dark, Hypnotic World of a Millennial Guru." *The Guardian*, January 9, 2020, sec. World news. <https://www.theguardian.com/world/2020/jan/09/strange-hypnotic-world-millennial-guru-bentinho-massarao-youtube>.
- Smith, Rosa Inocencio. "'Suicide Club' Takes On the Tyranny of Wellness." *The Atlantic*, August 31, 2018. <https://www.theatlantic.com/entertainment/archive/2018/08/suicide-club-takes-on-the-tyranny-of-wellness/568936/>.
- Starr, Paul. *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform*. New Haven: Yale University Press, 2013.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 2017.
- Stewart, James B. "Looking for a Lesson in Google's Perks." *The New York Times*, March 15, 2013, sec. Business. <https://www.nytimes.com/2013/03/16/business/at-google-a-place-to-work-and-play.html>.
- Sudjic, Olivia. "Darkly Funny, Desperate and Full of Rage: What Makes a Millennial Novel?" *The Guardian*, August 17, 2019, sec. Books. <https://www.theguardian.com/books/2019/aug/17/what-makes-a-millennial-novel-olivia-sudjic>.
- Thomas, Alexander. "Super-Intelligence and Eternal Life: Transhumanism's Faithful Follow It Blindly into a Future for the Elite." *The Conversation*, July 31, 2017. <http://theconversation.com/super-intelligence-and-eternal-life-transhumanisms-faithful-follow-it-blindly-into-a-future-for-the-elite-78538>.
- Thomasson, Melissa. "Health Insurance in the United States". EH.Net Encyclopedia, edited by Robert Whaples. April 17, 2003. URL <http://eh.net/encyclopedia/health-insurance-in-the-united-states/>.
- Thomasson, Melissa A. "The Importance of Group Coverage: How Tax Policy Shaped U.S. Health Insurance." *THE AMERICAN ECONOMIC REVIEW* 93, no. 4 (2003): 14.
- Thomasson, Melissa A. "Why Do Employers Provide Health Care in the First Place?" *Harvard Business Review*, March 15, 2019. <https://hbr.org/2019/03/why-do-employers-provide-health-care-in-the-first-place>.
- Tolentino, Jia. "Halle Butler's 'The New Me' Is an Office Novel for a Precarious Age." *The New Yorker*, April 8, 2019. <https://www.newyorker.com/magazine/2019/04/15/halle-butlers-the-new-me-is-an-office-novel-for-a-precarious-age>.

Transamerica Center for Health Studies, “Millennials: Digital Natives Disrupting Healthcare,” 2019. <https://www.transamericacenterforhealthstudies.org/health-care-research/2019-millennial-healthcare-research>.

Travis, Trysh. *The Language of the Heart: A Cultural History of the Recovery Movement from Alcoholics Anonymous to Oprah Winfrey*. Chapel Hill: The University of North Carolina Press, 2013.

Tulathimutte, Tony. *Private Citizens*. New York: William Morrow, 2016.

Tulathimutte, Tony. “Why There’s No ‘Millennial’ Novel.” *The New York Times*, December 7, 2016, sec. Books. <https://www.nytimes.com/2016/12/07/books/review/why-theres-no-millennial-novel.html>.

Ullman, Ellen. “Ring of Power.” *The New York Times*, November 1, 2013, sec. Book Review.

“wellness, n.”. OED Online. March 2021. Oxford University Press. <https://www.oed.com/view/Entry/227459?redirectedFrom=wellness>.

Zernike, Kate. “The Hidden Subsidy That Helps Pay for Health Insurance.” *The New York Times*, July 7, 2017, sec. Health. <https://www.nytimes.com/2017/07/07/health/health-insurance-tax-deduction.html>

Zimmer, Ben. “Wellness.” *The New York Times*, April 16, 2010, sec. Magazine. <https://www.nytimes.com/2010/04/18/magazine/18FOB-onlanguage-t.html>.