1.   In the first act,

At the beginning, I am describing, that is after the fact, aware of what has been various conditions of present acute allocations. I prepare an outset more or less dramatically, an arc, of which the progression can then, slowly, steadily embark and or proceed on. To be determined. Does its momentum accelerate slowly in "progress" 0 to 100…or is its beginning a full fleshed performance within that set universe.
I mourn my own various absences
and describe my shortcomings by means of living up to a set parameter of
inconsistencies. whether self-regulating can be considered self-care.

2. Dear superior, Dear subordinate,

My body as an individual to correct, is prosthetically dematerialized and displaced: Today's brief ungraspable extension, a single history defined as limited and defective by bio-technological devices, ensure the need to continually enhance my own ability, functionality and structure.
Fluctuating towards a minor awareness, yet highest sense of consciousness. A pulsing, everyday, needled thread, morphing into a at times banging rope. Poled around piled up frozen, extrinsic body parts. Responding to various impulses you'd usually feel carried away: 'Onward and ...On-...ward' - A 'Up-' will be as far as ever; the 'Down-' the weakest platitude:
"The culturally valorized mode of living that corresponds to this notion of wellness entails closely watching one's bio-levels and adjusting pharma-cocktails at any sign of slipping above or below ever-shifting thresholds of normality."
Following up on the list of <u>unlearned abilities</u>: Moving on, from recite-ment to forward scripture:
A Ticking cult of computation, perpetual reckoning: et cetera. Artificial parts are seen as a way to rehabilitate bodies and social identities: a complimentary response to the notion that we are all potentially impotent-ly sick in which wellness depends on the continuous collection, analysis and management of personal data through digital sensor. Prosthetics were powerful anthropomorphic tools that reflected contemporary fantasies about ability and employment, heterosexual masculinity. The post-

3. And if you're wondering,

That convincing able-bodies that convalescence was not a problem.
I here, illustrate the technical achievement of accurate, consumer-grade signal processing.
I resume:
Does its momentum accelerate slowly in "progress" 0 to 100. The closer the index is to 1.0 (*i.e.*, a round chest dimension) the more severe the deformity.
And so if I reduce myself to just a number. A number based on statistic, a baseline, I can live forever. Continuously tracked + packed within a digital repository. A structural difference not a lack of artifice. I facilitate the aggregation. A digital trace that is uncovered and reflected back. A doppleganger, a surrogate,

I present a dividual, I suppose: "endless sub dividable collections of data points. Moving through a networked web of continuous assessment, monitoring and modulation."

4. She,

 If she observes her double and she doesn't like what she sees, she worries that the reflection might be more real than her perception of her actual self. In this state, order and structure is provided.

Her body is monitored to fit perfectly above the baseline—

to remotely track her but to also keep her on track, interrupting the flow of her experience to prompt her – when an algorithmic analysis of her own real-time data deems it necessary – to eat, drink, or rest.

– to __, ____, or ____.

*A post-

she is a somatic individual that aspires to be autonomous. Embraces responsibility for her body and the choices she makes for it. Short-circuited responsibility: the more time she spends with her data doppelgänger, the more familiar she becomes.

She builds herself a picture of what it is she's really doing. Letting herself see and understand the choices she thinks she's making on a daily basis. This of course is a picture of who she really is. She imposes onto herself an intimate modulated surveillance, in the name of self-care

*(It's important, she continued, to remain in constant touch with her data profile, so as to grasp "how her choices are impacting her now – see how the gauges are moving as you make choices ...". one that is "not possible with ordinary senses" in that it does not correspond to a phenomenological self (temporally and spatially located) but to a database self whose truth lies in scattered points, associations and dynamic accretions.) The goal is to…be as productive and efficient as possible.

5. I want to make references to the band around the chest. The monitor,

But this is only a partial transparency. "one of the reasons." Such transparency is insidious because it uncovers some uses while further obscuring others. This gap is important. The congenital chest wall deformity, absent. A default, a dismissing of the other, the importance of a welltimed intervention towards a 28 inch cavity.

I have an endless desire to supplement an absence, a lack: A longing for an autonomous self-completion coming from an image of the other, is at the root of self-tracking. It's a structural difference not a lack of artifice, a two finger difference. The awareness of this gap, that lack of- provides data. A total absence of information about a given subject usually solicits no curiosity: without an awareness of its existence,
we can't possibly care about it. (from my interview piece) The remains of them but not of them. Both the producer and the produced.

Symptoms commonly described include breathlessness, chest pain on exertion, palpitations, an inability to perform physical activities at the same level of intensity as the other and occasionally, syncope or pre-syncope during exercise. An aversion to undressing.

My body is apprehended and assessed remotely from the space and time of my body. It is an epistemology that concerns itself with time-series data rather than immediate experience; correlation rather than causation.