

Anaesthetization

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In the beginning, insensibility reigned, and Adam was anaesthetized:

And the Lord God caused a deep sleep to fall upon the man, and he slept; and He took one of his ribs, and closed up the flesh instead thereof. And the rib, which the Lord God had taken from the man, made He a woman, and brought her unto the man.
(*Genesis 2:21–22*)

In the second creation myth in the Book of Genesis, God performs a proto-medical procedure on the work of His hands after inducing in him a deep sleep, a numb and insensate slumber. Upon the ground of anaesthesia, He enacts a paradigmatic transformation: Adam is transformed from a *singular* being to the *first* human. He is then given sex and becomes the founding member of a species: he is distinguished from the female created from his rib, and destined to become the father of humankind, his initial singularity is thus converted into primacy, generality, and potential collectivity. Adam's privilege—privilege, in the sense of a private law—not to feel pain while Eve is crafted from his flesh, prefigures in the biblical text the punishment later meted out to Eve for eating from the Tree of Knowledge: she and her daughters will henceforth feel the pain of childbirth, generation after generation, as new humans are formed in and emerge from their wombs.

The story of Adam's sedation and anaesthetization delineates the connection between sensation and its absence as a political apparatus composed of relations of control, primacy, and superiority. It lays anaesthesia at the foundation of the very possibility of moving from singularity to multiplicity, while hinting at a "distribution of the sensible": a distinction between spaces and times assigned to feeling or not-feeling, which casts differentiations in power, access to it, and its usage into social and political strata. This "partage du sensible"—a term coined by French philosopher Jacques Rancière—returns the aesthetic to its original Greek meaning: that which pertains to perception, or is available to the senses. It is this "primary aesthetics," Rancière argues—sensation in its most elemental sense—that divides the political space and determines who may participate in it, who may see what happens in it, hear it, and make their voice heard within it. This sensory competence in relation to what is shared and what is exclusive constitutes the political dimension of our world as an aesthetic regime, a regime that functions through the sensory. In Rancière's aesthetic regime, sensory faculties are granted to or withheld from subjects, distinguishing them by "delimitation of spaces and times, of the visible and the invisible, of speech and noise, that simultaneously determines the place and the stakes of politics as a *form of experience*" (Rancière 2004:13), as a way in which sensory experience congeals into memory, knowledge, and the potential for action.

In contrast, the uniqueness of the *anaesthetic regime*—whose principles and short history of imagining and emergence I outline in the pages that follow—lies in assigning political values through *forms of non-experience*, of absence of sensory encounter, and therefore the different inscription of consciousnesses, bodies, and spaces.

Anaesthetization has come to signify two related meanings in the medical realm: the first is the suspension of sensation, which more closely follows its original definitions of this term's composites: *an-aesthesia* (literally, "without-sense"). Specifically in medical contexts, this signification is associated with local anaesthesia and pain relief (*analgesia*). The second signifies general anaesthesia, a deeper plunge to the threshold of death than sleep. The pharmacological mixtures used for general anaesthesia typically include agents to suppress sensation, relax muscles, and induce loss of consciousness and memory. Together, these components bring about a reversible suspension of awareness, pain, and autonomous movement—sometimes to the point of respiratory depression requiring artificial ventilation.

Yet my central proposal in this essay is to think anaesthesia and more generally insensitivity beyond the medical, benevolent horizon: through a traversal of their metaphorical and physiological significations, and a conceptual, visual, and historical investigation of their appearances, I will lay out in the following pages several chapters in the history of the anaesthetic regime—whose founding principle is the delineation of the negative border of sensation, the rendering of the anaesthetized and numbed the initial point of reference. I will move from this regime's mythological prefigurations, through several choreographic representations—historical and contemporary—of the anaesthetized body adheres to it, to its catastrophic realization in Israel/Palestine during the 2023–2025 Israel–Gaza war.

Apart from Rancière's thinking on the aesthetic regime, the ideas I unfold here draw on the article by philosopher and historian Susan Buck-Morss, "Aesthetics and Anaesthetics: Walter Benjamin's Artwork Essay Reconsidered." In this article, Buck-Morss carved out the space of sensory dulling and granted it the status of an object rich in potential for speculative political thought and for imaginative cultural critique. The force of her theoretical analysis lies in her articulation of modern anaesthetics—the sensory numbness imposed on the factory worker, the affective blurring of phantasmagoric spectacles, the neural and cognitive manipulation produced by various drugs and anaesthetic substances—as that which binds together two senses of "aesthetics": on the one hand, its original Greek meaning as "that which is perceptible to the senses," and on the other, its modern development as "aesthetics" through Alexander Baumgarten and Immanuel Kant, in the sense of the faculty for judging the beautiful, and from there to what would eventually be shaped as belonging to art, entertainment, and design. In other words, Buck-Morss posits a dialectical structure in which the negation of the sensory is what stretches the relation between the physiological capacity to sense and the conditions of sensory experience that characterize modern times (Buck-Morss 1992).

Following Benjamin, and the coinage of the politicization of the aesthetic and the aestheticization of the political, Buck-Morss seeks to set forth a political-aesthetic configuration of modernity composed of three axes: art, aesthetics, and politics. One sentence in her article fuses these three into a sharply critical insight: "the crisis in cognitive experience caused by the alienation of the senses [...] makes it possible for humanity to view its own destruction with enjoyment" (Buck-Morss 1992:37). "The crisis in cognitive experience"—this is the conclusion of her political observation; this crisis "makes it possible for humanity to view its own destruction with enjoyment"—this is the essence of artistic pleasure in the modern age; and their source is the "alienation of the senses"—the aesthetic condition underpinning Buck-Morss's analysis of modernity. The alienation of the senses is not the formalist estrangement of the artistic object from the senses, but the estrangement of the senses themselves from the world: their dimming, their paralysis, their numbing. Modernity, then, is organized around an aesthetics of anaesthetics—sensing by way of the negation of sensation, by way of insensitivity. And this

anaesthetics, let us already say, is multivalent: it is that which blunts the ability to feel, stuns and debilitates the perceptual apparatus, isolates it from sensation, erects a wall, fence, or barrier between the sensory system and the world—whether through an anaesthetizing drug or a pair of sunglasses, nerve-deadening television broadcasts or the sensory overload of a mass demonstration. The aestheticization of the political, Buck-Morss argues— the danger Benjamin warned against at the end of “The Work of Art in the Age of Its Technological Reproducibility”— passes in modernity through the anaesthetization of social and material existence in the society of spectacle and shock. It stretches from the factory to the battlefield, from the hospital to the opera house, where mechanical technological innovations create life-like stage scenery, dazzling backdrops of reality that flood the senses to the point of total stupor.

From the mandrake, which was widespread across Eurasia, to the Native American curare, plants with anaesthetic and sedative properties were known to human cultures since antiquity. But the possibility of sensory and cognitive absence from the living body received a technological-medical stamp within Western science only in the middle of the nineteenth century. Anaesthesia officially entered the stage of history on 16 October 1846, when a surgical operation under the influence of ether was publicly demonstrated at Boston General Hospital. The German philosopher Peter Sloterdijk wrote that if 14 July 1789 marked the possibility of overcoming political tyranny, that day in 1846 marked the cracking of pain’s tyranny over humankind and the establishment of the right to unconsciousness (Sloterdijk 2013:379). Yet if we look beyond a liberal rights-based politics, we might say that it also marked the actual possibility of an anaesthetic regime: a political mechanism in which numbness is not merely mythologically placed at the core of the society under its sway, but one that is capable of governing through the manipulation of sensation— turning sensation into the very instrument through which political, social, and economic classes are differentiated.

In the first chapter of the article, I turn to one of the most significant extra-medical appearances of the term “anaesthesia” and its derivatives: another cosmogonic mythology— the one narrated in Plato’s *Timaeus*. Through the words Timaeus delivers to his listeners, Plato attributes a foundational role to three forms of sensory negation within a metaphysical, physical, and physiological doctrine of the world and of the human being within it. From a reading of these three anaestheses, I will outline the dialectical relationship between sensation and non-sensation that accompanies the analysis throughout the article. Compared with the Jewish creation myth with which I opened, one might say that Scripture tells us that in the beginning *the human was put to sleep*, whereas Timaeus contends that in the beginning *the world was anaesthetized*.

In the second chapter, I show that modernity’s thinking of the body, as structured by the anaesthetic regime, is tied to the Western art of dance from the eighteenth century onward and its submission to choreographic practice— that is, to bodies moving non-autonomously, to the choreographer’s command according to which the dancer moves. Through the connection choreographic practice created between the relaxation of the will and the control of movement, the German writer and philosopher Heinrich von Kleist was able to understand something about the corporeality of anaesthesia when he wrote *On the Marionette Theatre* several decades before medical anaesthesia appeared on the stage of history. Against the background of contemporary choreographic theory, I discuss the manifestations of the slackened body in Kleist, the imagistic dimension of hypnotic psychiatry from the late eighteenth to the late nineteenth century, and the civil sphere of recent decades, in which it appears as *dead-weight*, a non-violent resistance practice. My claim is that this practice channels the anaesthetized body— the body collapsing under its own weight— into a political gesture whose full meaning emerges within the anaesthetic

regime, for this body succeeds in exposing the choreographic activation that rules spaces of numbness and anaesthesia.

In the third chapter, I propose to understand the Israel–Gaza war as a case study of anaesthetic biopolitics, which is based on the allocation of sensation and non-sensation. This will be an attempt to provide handrails and warning protrusions within the blinded space and muted time of the anaesthetic regime. In contemporary Israel–Palestine, anaesthesia and awakening, pain and numbness, are not merely political slogans but also control mechanisms requiring bureaucratic and logistical effort. In this section I will attempt to avoid soporific metaphors (for example, the claim that the months of civic “awakening” around the judicial reform stuffed Israeli–Jewish society with intra–Jewish politics and in fact put it to sleep for nine months, from early 2023 until the birth of the war in October), and instead focus on events that illuminate how the war is shaped as a battle over perception and cognition, among other things through the damage inflicted on medical infrastructure in the Gaza Strip. From the mythology of language to choreographic representation to the examination of a concrete political configuration, this renewed attention to numbness and stupor will help us identify territories differentiated by the possibilities of sensation and non-sensation they permit. And accordingly, we may perhaps find, in the absence of sensation and awareness, a refuge from the tantrum-like assault that the Israeli government and military have been carrying out for almost two years— an assault that appears, at the very least, sovereign, decisive, unrestrained, and beyond repair.

Mythological Slumber: Numbness in the Natural Philosophy of the *Timaeus*

After learning of the first public demonstration of surgery under anaesthesia in 1846, the physician and poet Oliver Wendell Holmes proposed naming the new medical technique *anaesthesia*—a word that had circulated from the writings of Hippocrates through generations of physicians and medical teachers into the nosological lexicons common in the 19th century, where it mostly denoted a symptom of loss of tactile sensation (Sanchez 1996; Haridas 2016). *Anaesthesia*, then, composed of sensation and its negation, thus oscillates between a pathological symptom and the clinical precondition for healing.

In addition to the Hippocratic corpus, derivatives of *anaesthesia* appear in the work of the historian Thucydides to describe failures of strategic judgment or a lack of awareness in military contexts, and in the writings of Plato—particularly in the *Timaeus*—where it becomes a weighty, richly meaningful linguistic pivot. There, it binds together the edges of Plato’s account of natural philosophy across its metaphysical, physical, and physiological dimensions.

One of the first concerns in the lecture that Timaeus delivers to Socrates and the other listeners is the distinction between two foundational elements of the world: the sensible—the world of becoming, whose existence is transient and unstable—and the intelligible—the world of being, which is firm and enduring, and serves as the model upon which the sensible world is patterned. This intelligible realm is accessible only to reason, not to bodily sensation; thus it is insensate, *anaisthēton* (ἀναίσθητον) in Greek.

Plato likens the intelligible to a father and the sensible to a mother, but this initial binary is soon softened by the introduction of a third element: “another kind,” obscure and elusive, a formless and featureless receptacle in which the sensible world comes to be according to the intelligible model. This receptacle has no distinguishing qualities; its entire nature is to be neither father nor mother, but rather a “nurse” of all generation. For lack of a better term, Plato, through the mouth

of Timaeus, calls it “place”—in Greek, *chōra* (χώρα): “the space which always exists and cannot be destroyed; it provides a seat for all becoming.”

Chōra, with its gendered (maternal) and class-related (nurse) implications, has drawn feminist critique, notably from Luce Irigaray and Judith Butler. In her reading of Irigaray’s analysis of Plato’s *chōra*, Butler shows how Plato reinforces the distinction between the masculine intelligible and the feminine sensible through the insertion of a feminized container into what had been a binary metaphysical scheme (Butler 1993; Irigaray 1993; see also Kristeva 1984; Derrida 1995). Yet when we follow the textual traces of numbness in the *Timaeus*, we find that in terms of how it is to be grasped, *chōra* actually resembles the intelligible masculine realm, insofar as it is accessible only *anaesthetically*: “And it is apprehended—without sensation [ἀναισθησίας, *anaisthēsias*]—by a kind of reasoning not innate in us; but it can scarcely be regarded as a proper object of belief.”

If there is merit to extrapolating backward from a third-millennium political theory to a classical metaphysical system, then *chōra* is the pre-distributive space, where distinctions between the sensible and the insensible, the masculine and the feminine, have no coherent meaning. Indeed, Timaeus affirms that to grasp something through the absence of sensation is to engage in a kind of bastard logic. And as the Greek implies, *nothos* (νόθος) carries a double sense: illegitimate or hybrid offspring (usually in inter-class inter-ethnicity contexts), and elusive or deceptive. Through the blending of opposite elements (us and them, citizens and subjects, men and women), the non-division within the anaesthetic illusion-space of *chōra* is made legible: a space where one senses through non-sensation, like in a dream:

[...] for when we regard this [*chōra*] we dimly dream and affirm that it is somehow necessary that all that exists should exist in some spot and occupying some place, and that that which is neither on earth nor anywhere in the Heaven is nothing. So because of all these and other kindred notions, we are unable also on waking up to distinguish clearly the unsleeping and truly subsisting substance, owing to our dreamy condition, or to state the truth [...] (Plato 1925: 52b-d)

The existence of the transparent receptacle, lacking form and properties, is revealed as a dream and *within* a dream, and the dreamer cannot grasp this understanding as he leaves sleep and returns to wakefulness. The dream is both the way of knowing the *chōra* and its mental reflection, for it is the bastard sensation-knowledge of an anaesthetic bubble, a formless darkness from which a sensory manifestation will break forth.

As Susan Buck-Morss shows, this was deeply understood in the 19th century—the cradle of the anaesthetic regime—by the artists of the *Gesamtkunstwerk*, most notably Richard Wagner: the theatre must be darkened and the audience silenced to permit the surge of sensory simulation. Here, the insensate does not model the sensate, but enables it: just as sleep requires the curtain of closed eyelids for the projection of dreams, so too does the sensuous realization of the world demand a base of *chōra* free of qualities or impressions.

Finally, a third meaning of anaesthesia emerges toward the end of the *Timaeus*, in a description of the divine creation of the human body:

All the bones, then, that possessed most soul He [godly deity] enclosed in least flesh, but the bones which contained least soul with most and most dense flesh; moreover, at the junctions of the bones, except where reason revealed some necessity for its existence, He made but little flesh to grow, lest by hindering the flexions it should make the bodies unwieldy, because stiff in movement, or else through its size and density, when thickly

massed together, it should produce insensitiveness [ἀναισθησίαν], owing to its rigidity, and thereby cause the intellectual parts to be more forgetful and more obtuse. (Plato 1925: 74e)

This divine entity, as Plato teaches through the voice of Timaeus, shaped the body with wisdom so that each bone was covered with the measure of flesh appropriate to its flexibility and its readiness for movement. From this it follows that dulling or absence of sensation, as a physiological state to be averted, exists in varying degrees at every point in our body as a precondition of sensation—a dormant potential whose restraint enables perception.

One may then ask: Why do both the Jewish myth of creation and the cosmology of the *Timaeus* require anaesthesia or numbness to narrate the beginning? Does the idea of numbness serve as a convincing bridge between non-being and being—a way to soften the abrupt leap into existence, that resembles an on-off switch, with the dimmer switch of gradual creation? And regarding the human body: what is the relationship between anaesthesia as a stage in the creation of sexual difference in *Genesis*, and the anaesthetized physiological substrate of the human organism?

The answer may lie in a synthesis of the three roles Plato assigns to the insensate in relation to the sensory: model, medium, and potential. The insensate is the external condition (as the idea that structures the visible world), the enveloping condition (that enables the visible world to take place), and the internal core (around which sensation is organized). These three relations—when understood together through their shared linguistic lineage—allow us to begin tracing the devouring dialectic of insensitivity within sensation within insensitivity, a structure that will unfold later in this article: alertness may itself culminate in Muselmann-like numbness, the very edges of anaesthesia lie in neurotic spasms of sensation.

Choreographic Relaxation: The Patient, the Marionette, and the Activist

As part of my thesis research on anaesthesia in medical, erotic, and choreographic contexts—written for the M.A. program in Cultural Studies at the Hebrew University (Dolev 2022)—I arrived at Hadassah Ein Kerem Hospital in early 2022 to participate in a clinical anaesthesia course designed for fifth-year medical students. I sought to observe the ways bodies move and are moved in the operating room, thinking that the anaesthetized body—obedient, offering no resistance to any movement or posture imposed by the medical team (the surgeon, the nurse, the anaesthesiologist, the intern, the medical student)—is a perfect object for choreography: a dancer.

This idea may initially seem implausible, as we are accustomed to thinking of dance as an art of the living body, the sensing body. The highly attentive self-activation of the sensing body has gained momentum since the rise of “somatic practices,” a term coined in the 1970s to describe a range of methods for practicing and learning movement and dance that developed from the early twentieth century in North America and Europe (Eddy 2009). These methods direct the learner’s or dancer’s attention to bodily sensations and to the potential for movement inherent in them. They represented a decisive departure from the trajectory dance had followed since the choreographic practice came to be privileged over other modes of dance-making. One of choreography’s founding moments is Raoul Auger Feuillet’s 1701 *Chorégraphie ou l’art de décrire la Danse*, a work that not only coined the term “choreography” but also defined it as a relation between the dancer and their body that was largely emptied of interiority. So radical was this

emptiness that, as dance scholar Bojana Cvejić observes, “choreography was to be conceived in writing first, without the presence of a dancing body, before it was to be danced, if at all” (Cvejić 2015: 18). The relationship between choreographer and dancer was then mediated by the choreographic text: a collection of written signs outlining instructions that the dancer’s body was to reproduce—the command to move.

Choreography, as the historical bearer of this command, has been a familiar target of social critique in dance and performance theory, and beyond. We are acted upon through acquired and inherited habits, and our modes of movement are dictated by a long chain of images and remembered impressions. Technological products that have become extensions of our bodies renew our movements with updates to their models and versions, while our pathways are already drawn by architects and urban planners. This critique appears in various forms in the work of Pierre Bourdieu, Richard Schechner, and Judith Butler, and in choreographic theory in André Lepecki and Andrew Hewitt, who emphasizes choreography’s social and political function when understood as the “the enactment of a social order that is both reflected in and shaped by aesthetic concerns” (Hewitt 2005:11). This article continues the line of articles previously published in *Mafteah* addressing the politics of movement—Hagar Kotef’s article on the foundations of the liberal idea of movement (Kotef 2011), and Avital Barak’s *Resistant Movement* (Barak 2021)—yet choreography, when understood through anaesthesia, is neither liberal nor resistant. What is achieved through an anaesthetic is acquired through great effort in the dance studio, since the dancing command and the consent to be danced were instilled through choreographic heritage, which transformed movement into propulsion and dance into consent to be moved.

The questions of being moved by another versus self-propulsion, of heteronomy versus autonomy of the dancing subject, are given a brilliantly articulated theoretical framework by Cvejić. According to her, the two pathways through which body and movement were linked in the early twentieth century are “subjectivation of the dancer through personal expression (linked to emotion), and objectivation of movement through the physical expression of the dancing body,” (Cvejić 2015:20) or in maximal coding: “subjectivation of the body through movement and objectivation of movement through the body.” Both “create the organic regime of dance” (ibid). Cvejić sketches two ideological coordinates between which dance unfolds as bodily experience, as image, and as discourse: the attempt to see the body as a vessel through which the subject emerges—an approach associated with pioneers of modern dance from Isadora Duncan to Martha Graham—and the attempt to see movement as an object that exists through the dancing body and its expression. Cvejić identifies this objectivation in the early stages of choreography, in Arbeau and Feuillet, as well as in modern and contemporary choreographers such as Merce Cunningham, Yvonne Rainer, Trisha Brown, and Lucinda Childs, and in the choreographic mechanisms they developed to erase the influence of personal expression on performing choreography, or even on its composition. Thus, the anaesthetized body, as a de-subjectivized body, embodies the extreme manifestation of the ideological coordinate that transforms movement into an object passing through the body.

These insights echo one of the key distinctions in contemporary dance theory, that of André Lepecki, between choreopolitics and choreopolice. Following Hannah Arendt’s notion of political action and Rancière’s distinction between *police* and *politics*, Lepecki writes that whereas choreography was traditionally understood as a practice of policing (*choreopolicing*), the political experiment in dance is a practice of freedom (Lepecki 2013). In another article, through his

discussion of what he terms “the choreographic critique of the object,” Lepecki demonstrates different modes of critical engagement with the choreopolice pole:

The figure of the “manipulative subject” is powerfully linked to the authoritative figure of the choreographer, to his to her authoritative function in dictating steps, controlling gestures, and directing moves to the minutest details. [...] within this specific choreographic economy, the dancer’s subjectivity is seen as always ready for manipulation. (Lepecki 2012: 77)

In operating rooms, I observed a variety of habits, techniques, and instruments through which “manipulative subjects”—surgeons, anaesthetists, and nurses—monitor and move the anaesthetized body. Using an adjustable table, attached shelves, pillows, and blankets, the medical team arranges the anaesthetized body in the most suitable position for the expected surgery. During surgery, the anaesthetized body’s heartbeat and breathing are monitored and displayed on a screen. Other techniques, such as a shoulder dislocation assisted by a lever and, of course, cutting into living flesh, exert on the anaesthetized body a form of controlled violence devoid of pain. From a choreographic perspective, the anaesthetized body resembles a dancer practicing release technique, developed in the early 1970s to create a body available for movement with minimal muscular activation. If the surgeon rotates the patient’s torso and positions it on the left shoulder, the tension generated in the shoulder propagates in a chain reaction to the right arm, and then the right hand, until the surgical position is fixed and movement ceases.

During these observations, I recalled Heinrich von Kleist’s 1810 essay *On the Marionette Theatre*, in which the figure of a dancer-intellectual argues that the ideal dance is not realized in the skilled ballerina but in a marionette on a string:

Each movement [...] had a centre of gravity; it was enough to govern this one point within the figure; the limbs, which were no more than pendula, followed along mechanically, without any extra help, of their own accord. [...] every time the centre of gravity is displaced in a straight line, the limbs move in curves [...] (Kleist 2015:1)

Kleist’s ballerina dances with awareness, exercising constant critical reflection that renders her movement artificial, effortfully seeking to please. The marionette, by contrast, whose limbs move as they may—dead pendulums—perfectly obeys the choreographic commands of its operator and gravity. The marionette is controlled through tension in threads external to its limbs, yet this tension is embedded in the bodies of the anaesthetized patient and the release-technique dancer. In its quasi-human body, the marionette embodies what exceeds human capacity: to dance without subjectivity, awareness, or distorted adherence to choreographic instruction; to dance as pure dance, unconditional responsiveness.

In the choreographic event of the operating room, one could witness anew the tension that, for Kleist, constituted movement’s beauty: responsiveness to choreographic activation through muscular relaxation. Postmodern dance artists precisely released this tension, teaching the dancer the act of release, both from muscular effort and external command. While release technique was originally framed as an emancipatory act with cognitive-political undertones, the anaesthetized body, in its non-liberating relaxation, still holds Kleist’s stretched puppet strings. Therefore, *On the Marionette Theatre* constitutes a landmark in the history of the anaesthetic regime: Kleist anaesthetized dance, sedated and the dancer, some thirty years before the medicalized anaesthetized body appeared on the stage of history.

Kleist's descriptions enrich the contours of the mythological anaesthetized body of *Timaeus* with volume, connection, and weight, as in his puppet converge both the concept of the unconscious (*das Unbewusste*) that developed in German Romantic philosophy and the choreographic idea of external dance propulsion that emerged in the early modern period:

Man is wholly incapable of attaining the puppet's highest grace. In this domain, only God can compete with matter; and here the ends of the world, like a ring, meet. [...] In the organic world, the weaker and murkier the thought, the greater and more radiant the grace. [...] Thus grace appears in its full purity in the human body devoid of consciousness, or in a body with infinite consciousness; that is, in a puppet—or in God.

Kleist stretches an infinite range—puppet, human, God—only to bind its ends into a ring with the human at one point and the puppet and God at the opposite. At the centre of this circle lies the question I sought to explore through choreographic observation of anaesthesia: what kind of subject is the anaesthetized person? What does the temporary suspension of will, intention, and sovereignty over the body generate? What is the nature of subjectivity dancing within the anaesthetized body?

A significant choreographic work in this context is American choreographer Trajal Harrel's *Tickle the Sleeping Giant #9* (2009), in which six dancers who had taken sleeping pills were positioned on white mats for eight hours and barely moved. Lepecki notes that only occasionally they were "twitching, trembling, or turning according to physiological forces" (Lepecki 2012: 82). Lepecki's attention focuses especially on the moment when the dancer becomes incapable of performing the choreographic task, the moment when the dancer risks "losing all aesthetic 'utility.'" Lepecki finds that this moment is the source of choreography "composed solely of pure metabolic (a-subjective) velocities." In my observations in the operating room, several non-authored bodily choreographies appeared precisely at the opposite threshold: the delicate moment of awakening. The gentle touch of the body at the sensory threshold before consciousness re-forms is, in Lepecki's terms, the moment of the return of aesthetic utility, appearing before me in full terror: at the end of an orthopaedic shoulder surgery on a young patient, the anaesthetist ceased the administration of anaesthetic. Shortly after, the breathing tube stimulated the nerves in his throat, and his body contorted in pain of which he was likely unaware. As with the dancers in Harrel's work, this spasm was a choreography of pure neural accelerations, an anaesthetic choreography.

In other cases of awakening, the anaesthetist had to remind the waking body how to breathe, to wean it from reliance on the breathing apparatus. In these cases, the ventilator senses fragments of independent breathing and adjusts the airflow into and out of the lungs accordingly. Here, the command to move is acute with respect to life: through propulsion, the body learns to return to being a living body, a breathing organism, a human – a second genesis. It is commonly thought today that dancers train themselves through sensation, yet my observations helped me understand that we train at the shifting threshold between insensitivity and sensation, moving between peaks of pain (muscular effort, stretching) and practicing the numbing of pain or its transformation into pleasure or ecstasy. In the tension between muscular release and contraction, the tension between the relinquishment of internal subjective will and the dancer's interpretation of externally delivered choreographic commands is already embedded.



It is difficult to determine the precise origin of Kleist's image of the drooping, eventually anaesthetized body, yet the collapse of limbs is imprinted in numerous illustrations of animal magnetism (*Lebensmagnetismus*) performances, drawn from the late eighteenth century. Animal magnetism—also known as mesmerism, after its inventor, the Austrian physician Franz Mesmer (see Figure 1)—was a paranormal healing method in which the practitioner moved their hands near a person's body, generating changes in their “magnetic fluids” up to a trance-like sleep causing the collapse of limbs. It was widespread across Europe in the last quarter of the eighteenth century and the early decades of the nineteenth. Historian Alison Winter explains that in the 1840s, hundreds of practitioners demonstrated mesmerist anaesthesia and numbing in public events, where the healer and audience members brought aromatic salts to the anaesthetized patient's nostrils (rarely a male patient), inserted needles into the skin, or even fired pistols near the ear to test sensory paralysis. Winter attributes great significance and dissemination to mesmerism, to the extent that, in Victorian Britain, the enthusiastic adoption of medical anaesthesia in the late 1840s was linked to the scientific community's desire to overcome the threat posed by mesmerism and paraphysical healing techniques to institutional medicine.

It is interesting to observe the prone posture shared by illustrations of mesmerist treatments and André Brouillet's painting *A Clinical Lesson at the Salpêtrière*: the body shaped by a chair or held by another person, hands relaxed backward, eyes closed or vacant. The maidens that were anaesthetized in public mesmerist demonstrations evolved into the representation of hysterical patients, who collapsed hypnotized during clinical demonstrations conducted by Jean-Martin Charcot. Another twist links the anaesthetized hysteric not only to anaesthesia but also to numbing: Stephen Connor argues that the absence of sensation in specific body parts was the defining feature of the hysterical stigmata, not only because many psychiatrists interpreted localized numbness as a metaphor for gaps in the patient's consciousness but also because patients who displayed localized numbness were astonished to find that larger areas of their body were likewise insensible (Connor 2004:126). Viewed rapidly here from hysterical symptom to

therapeutic platform, hysteria was understood as a transition from numbness caused by illness to anaesthesia of the body for the sake of mental healing.



The anaesthetized figure was embedded not only in the stages of clinical spectacle but also in dance from the late nineteenth century: the mechanized *Coppélia* (1870), modelled on Olympia from Hoffmann's *Sandman*, and Petipa's ballet *Sleeping Beauty* (1890); in early twentieth-century modernist ballet *Petrouchka*, three puppets—a ballerina, the ragdoll Petrouchka, and an orientalist figure—appear with drooping limbs before the magician-choreographer's spell animates them; and in Pina Bausch's *Café Müller* (1985), the choreographer positions herself close to the wall, hands still groping for something, in a manner resembling anaesthesia. The gendered dimension apparent here resonates already with Kleist's text, yet in both psychiatric performances and dance, we can see how Adam's privilege became Eve's burden – without discounting her punishment: “and he shall rule over you” (Genesis 3:16). Cressida J. Hayes seeks to trace the (female) experience of the absence of experience through phenomenological discussion of sexual assault and rape in the absence of awareness, when the victim is “dead to the world.” When rape is barely a “lived experience,” it “exploits and reinforces any victim's absence from intersubjective life, and exposes her body in ways that make it especially difficult for her to return to the shared world as a subject” (Hayes 2020:20). In this context, it is worth noting that from the early days of medical anaesthesia, there were patients who complained that their physicians sexually exploited them while anaesthetized, whereas other doctors claimed that some anaesthetic agents tend to induce erotic dreams. In any case, professional regulations quickly emerged to prevent a doctor and anaesthetized patient from being alone in a room (Snow 2008).

Returning to Kleist: although for him the marionette's instantaneous collapse to the ground is part of its movement, in human collapse there is, in his view, no dance:

What's more, he declared, these puppets have the advantage that they *antigrav*. They know nothing of the inertia of matter, that most contrary of all physical properties as far as dance is concerned [...] Puppets, like elves, need the floor only in order to *skim* it, so as to give new vigour to their limbs by its momentary resistance; we need the floor to *rest* on and recover from the strain of the dance; as instant that itself is clearly not dance and

with which there is nothing more to do than to have it, as far as possible, disappear. (Kleist 2015:3)

Kleist exemplifies dance's inclination toward policing, what Lepecki calls choreopolice: not only does this kinetic system of obedience appropriate certain forms of movement while excluding others from the signifier "dance," but it also seeks to blur and erase them from view, even potentially applying actual policing force. In the civil space of protest, the anaesthetized body appears as a nonviolent resistance practice called "dead-weight," used by political and social activists to prevent or delay removal by security forces. Sometimes it is termed "wet noodle" or "potato sack": the elimination of all sovereign movement from the activist's body makes it heavier, as no internal muscle participates in bearing her weight. Whereas bodies are typically expected to act according to order, to choreopolice themselves, complete collapse expresses hyper-readiness to be acted upon, entirely opposite to the ballet lift: the hand-lifted ballerina contracts her muscles and holds them, organizing her body mass and distributing it so that she is easier to support.

In a Newfoundland police manual on the use of force, *dead-weight* is categories as passive resistance. It is the second category in a five-level scale from white to black, ranging from cooperation (a person complying with police instructions) to active resistance (including attempts to escape):

Passive Resistance (light gray) - this individual does not physically interfere with an officer's attempt at control, but does nothing to assist. Common examples of this resistance would be "dead-weight", a protest "sit-in", and the body going limp, refusing to leave an area and not obeying a lawful order. (Newfoundland Police 2017:10)

The last two levels involve violence (punching, moderate violence, or violence intended to cause serious injury or death). Hence, the following advice, taken from a social-activist resource on *dead-weight*:

Try not to curse [...] speak softly, avoid threatening gestures, do not make sudden movements near police/horses/dogs/opposition, and keep your hands open (not in fists). Do not act as if you are going to throw, hit, or shake anything. If possible, smile instead of appearing angry. (direct action movement website)

These recommendations are not self-evident, for when a civil protest intensifies and contact with security forces becomes liable to escalate, the body reacts. Complete collapse of the body—and this is an open secret in dance studios—must be practiced: resisting the body's reflexive opposition, neutralizing the natural jump of muscles in response to danger, surrendering entirely to muscle relaxation and relinquishment of bodily sovereignty, even if such surrender, unlike medical anaesthesia, may cause pain from falling, stretching skin or muscle, or scraping against asphalt.

Avital Barak argues in her article *Resistant Movement* that the political gesture emerges when movement encounters limitation. She demonstrates this through parkour practice, particularly by Palestinian parkour groups, noting that parkour occurs when

movement encounters an obstacle and must change direction, breaking the path to continue. [...] The language of parkour is based on a dialectic of progress and halt, obstacle and movement; without the obstacle, the movement cannot develop; changing direction allows its continuity. (Barak 2021: 250)

Compared with parkour's resistant movement, *dead-weight* places non-movement, stillness, in the space. From this difference, roles are reversed, and the political gesture is transformed. In parkour, one jumps, floats between rooftops, bends, and changes direction according to stationary obstacles posed by urban architecture (and in this sense, it can also be seen as a complementary, contrary version of "walking through walls" described by Eyal Weitzman (Weizman 2006)). In contrast, *dead-weight* occupies the stationary obstacle role, causing the political gesture—born when movement meets limitation—to appear among security forces. Thus, the anaesthetized body becomes the medium through which a choreopolice gesture is enacted: as security forces arrange and move the bodies, they become a choreographic force, assistants in a mesmerist event, hysteria therapists, impromptu marionette operators.

The difference between movement resistance and stillness resistance raises a class question. Whereas parkour practitioners train in stealth (from terrain conditions and security forces) and in invisibility (from security forces and surveillance cameras), who can afford to remain in public space for extended periods, risking arrest instead of fleeing? And which bodies are trained in stillness? One can imagine yoga and meditation practitioners, training body and mind to repel sensation in hope of enlightenment. If there is, perhaps, a crack in the anaesthetic regime, it is here: in the possibility of passing on the political gesture as the moment of exposing the choreopolicing gesture. When the non-movement of the anaesthetized, heavy body also manifests as hyper-readiness to be acted upon, it is exhibited in space as a choreographic parody of the anaesthetic regime's mechanism. In other words, in a space policed through the negative limit of sensation, where the numbed and anaesthetized are marked as the initial point of reference, the resistant body's collapse is received with resonant significance.

War Against Sensation: Israel–Gaza, 2023–2025

Almost prophetically, Yonathan Levy's play *Awake, Brothern* was staged at the Seminar HaKibbutzim College of the Arts in September 2023, just a few weeks before the outbreak of the war. Together with the students and director Amir Farjun, Levy imagined the Israeli-Palestinian conflict through the medical practice of anaesthesia. In the play, a hunger strike by a thousand Palestinian security detainees prompts the political cabinet to order their anaesthetization. Levy substitutes the controversial practice of force-feeding with the most routine practice of modern medicine, to remove the threat of death to the detainees and replace it with a liminal state that is neither life nor death. From here, the plot presents the horrifying and sometimes comical developments of this bio-sovereign experiment, through which Israel could:

- Prevent their physical liberation through non-release
- Prevent their mental liberation through non-trial
- Prevent their spiritual liberation through non-death. (Levy 2019:14)

In holding people anaesthetized between life and death, between detention and release, and between conviction and acquittal, I saw an extreme absurdity of the oppression inherent in administrative detentions, which allow prolonged incarceration without legal proceedings. Beyond this practice of control by the military regime in the occupied territories, anaesthesia in Levy's work reflects the liminality of the Israeli occupation: to let live without life and to kill without death is analogous to unincorporated occupied territories and Palestinian autonomy whose borders are controlled by Israel. When I watched the play in September, I could not have imagined

that anaesthetic materials would be withheld from the displaced population of Gaza throughout the months of the war that was to begin within weeks.

Both medicine and warfare have undergone, in recent decades, a process of anaesthetization—becoming anaesthetic, intangible. Technological developments related to unmanned, automatic, or remotely operated weapons have also contributed, at varying levels, to distancing the human body and the ability to inflict pain from the battlefield. Yet the Israeli army's ground incursions into Gaza and Lebanon, and the casualties they inflicted on both sides, proved that close combat still plays a role, not only in Hamas's attack on October 7, 2023, but also in the ongoing campaign (Setter 2024). And although the war opened that morning with extremely close, highly sensory combat, terrifying and very much *felt*, the wall of Israeli sensation was reconstituted through the distance of aerial bombings, the relative security provided by the Iron Dome system, the filtering of information by Israeli propagandist mainstream media, and the marked increase in the use of sedatives and sleep medications among Israelis since the start of the war (Israeli Centre of Addictions 2024).

One feature of this war is the focus on the hospital as an institution, which was introduced as early as November 2023 and intensified in March 2024 deep into the physical and communicative battlefields. Israeli media reports on the hostage and prisoner exchange in November 2023 noted that the Israeli hostages released in the deal were immediately flown to hospitals across the country, where their families waited. The same was true in the rescue operation of hostages Fernando Simon Herman and Luis Her. Yocheved Lipschitz (who also shook the hand of her doctor upon her release) spoke to the media from Ichilov Hospital—an event that led to the dismissal of the hospital spokesperson. Another example of media manipulation in the hospital institution is Al Jazeera's report on an Israeli bombing of Al-Ahli Hospital in the Al-Zaytoun neighbourhood of Gaza City on October 17, 2023, which later proved to be a failed launch by the Islamic Jihad. The impersonation by IDF soldiers on January 30, 2024, as medical staff at Ibn Sina Hospital in Jenin in the West Bank, in order to assassinate three activists affiliated with Hamas, was widely considered a moral low point worldwide.

This article was written and edited during the second year of the war, between October 2024 and July 2025. In October 2024, a lockdown was declared in northern Gaza, threatening the functioning of the Indonesian, Al-Awda, and Kamal Adwan hospitals (Médecins Sans Frontières 2024); at the end of December 2024, Israeli forces destroyed Kamal Adwan Hospital and captured its director, Dr. Hossam Abu Saffieh; on March 23, 2025, soldiers executed 15 Palestinian paramedics and rescue workers and concealed their bodies in a mass grave in Tel al-Sultan in Rafah. The picture that emerged over the months of writing became increasingly horrifying. However, looking back at the first months of the war, when most hospitals were still standing, it was clear that the most significant difference between them and hospitals in Israel—and this was discussed extensively even in South Africa's appeal to the International Court of Justice (ICJ-CIJ 2023)—was that Gaza hospitals had almost no anaesthetic materials. This means that, in addition to hunger, thirst, disease, and lack of shelter, Palestinian victims of Israeli combat technologies did not benefit from one of the defining miracles of the modern era—the ability to overcome pain, sensation, and conscious suffering: they were awake and feeling, and only the neurological shock of pain from surgery and amputation could throw them, as it did for many patients and wounded individuals in the Western world until the mid-nineteenth century, beyond sensation and consciousness. The anaesthetic aspect of the current campaign, then, lies in the prevention of the absence of sensation, in a way that turns sensation itself and awareness of it into a weapon and a means of oppression.

From a historical perspective, the emergency and urgency of war, as well as the fact that thousands of young, healthy men conscripted into the military became experimental and control groups, exemplify the development of military and medical technologies—and anaesthesia technology is no exception. Shortly after the use of ether as an anaesthetic in 1846 was demonstrated, it was employed on the battlefield, where it had previously been clear that both combat and treatment of the wounded involved intense human suffering, which was also a source of masculine pride. Already in early 1847, American forces used ether as an anaesthetic for treating casualties of the war with Mexico; on the other side of the Atlantic, victims of gunfire in civil uprisings of the late 1840s across Austro-Hungary, France, Italy, and Germany were treated with chloroform, whose anaesthetic properties were discovered a year after ether (Snow 2008: xii); in the Anglo-Sikh war in Punjab, British doctors used chloroform to treat British and Indian casualties; and in Russia, military medicine gained experience with ether in treating soldiers wounded in suppressing revolts in the Caucasus (ibid:101).

However, it was the Crimean War in the first half of the 1850s that prompted an extensive professional discussion regarding the use of anaesthetic substances in military-medical contexts. Beyond the knowledge accumulated among military doctors and medics concerning anaesthesia's effects and the proper methods of its use in cases of shock, injury, and anxiety, the use of anaesthetics and analgesics also increased the presence of nurses and female medical support staff in treating the wounded, thanks to the idea that these substances could soften the terror of bloody war (ibid:108). Historian Stephanie J. Snow argues that among French doctors, the most permissive attitude toward chloroform was recorded, documented in the protocol written by surgeon Gaspar Scrive concerning three modes of use: use for charity, to ease the suffering of the dying; necessary use, for amputations and bullet extraction; and use as a precaution (*chloroformisation de prudence*), to sedate patients suffering from severe injuries (ibid:111).¹ The knowledge and experience gained in Eastern Europe during the Crimean War were significant both for Union and Confederate forces in the American Civil War, during which approximately 80,000 soldiers were treated with anaesthetics. The Union blockade of Southern ports in May 1861 illustrates the importance already attributed to developing anaesthesia technology, as this action deliberately prevented not only the entry of food but also ether and chloroform, produced mainly in the northern United States, prompting the Confederacy to raid Union supply trains in search of these substances (ibid:113-117).

This last episode is crucial for understanding the anaesthetic aspect of the Israel-Gaza war: what does it mean to conduct a campaign between a nation possessing anaesthetic means and a nation from which anaesthetic substances are withheld? In the case of Israel and Gaza, the Israeli blockade, which created the Gazans' dependence on medical supplies from Israel, adds another layer to the question: what does it mean to wage a campaign between a nation possessing anaesthesia and analgesics and a nation that the first either supplies or withholds them from?

¹ It is possible that the first of the three uses foreshadowed the role of anaesthetic substances in another kind of political death—executions. According to a 2006 report by Human Rights Watch, in execution procedures in the United States an anaesthetic drug (sodium thiopental) and a muscle-paralysing agent (pancuronium bromide) are used prior to the injection of the lethal drug (potassium chloride). The report claims that in the absence of a certified anaesthesiologist, the anaesthetic does not always function effectively, so that the severe pain of the lethal injection is not prevented, yet the subject's body cannot express it because of the muscle-blocking drug. Thus, the use of an analgesic and anaesthetic drug merely assists the appearance of humanity in killing under the auspices of the law (Fellner and Tofte 2006)

The negative image in Levy's play, where it is not anaesthesia itself but its prevention that is the tool of oppression, is at least as horrifying. From theatre and from reality, from dream and nightmare, these two examples represent two extremes in which Foucault's biopolitics and Mbembe's necropolitics are transformed into the politics of anaesthesia—an anaesthesio-politics: control through anaesthesia on the one hand, as Benjamin and subsequently Susan Buck-Morss discuss, which is the control over modern citizens, and on the other hand, control through the prevention of anaesthesia, which is the control over subjects relegated backward to the realms of premodern pain, suffering, and hunger, with no escape.

If anaesthesio-politics sharply distinguishes between Gaza and Israel, it is interesting to consider the transition from there to here. In December 2023, it was reported that Israeli hostages released in November were given Clonex sedatives “so that they would appear happy” prior to their release (Haaretz 2023). Like almost every action related to preparations for the hostages' release, this fact was presented in Israeli media as outrageous cynicism. However, it reveals something about how armed resistance movements in Gaza understand the difference between the dungeons of captivity and freedom in Israel: in order to move from the territory of bare life—exposed to pain, abuse, and suffering above and below Gaza's ground—into the territory of anaesthesia, medicinal assistance is required.

Yet there was a period when Gaza itself was anaesthetized. Despite Israel's land, sea, and air blockade of the Strip, its residents suffered an opioid crisis from the early 2000s (and more so since the 2008 conflict). Similarly to countries like the U.S. and Canada, among young residents of the Strip (ages 14–30), the number addicted to painkillers, especially Tramadol, increased. When the quota of medications entering the Strip via border crossings with Israel was exhausted, residents smuggled drugs through the Rafah tunnels connecting the Strip with Egypt, alongside food, clothing, furniture, and weapons. These were called the “life-vein of Gaza” (Awad 2010; McCarthy 2010)—a fitting medical metaphor in an anaesthetic context. The addiction of many young Gazans to painkillers, some would argue with the knowledge and encouragement of Hamas and Israeli authorities, should also be noted as a feature of the anaesthetic condition in the Strip.

Regarding Gazans' dependence on food supply from Israel, Alma Igra writes: “Gaza does not eat, Gaza is fed.” In an article published six months after the war began on the feeding politics of recent decades, she argues that Israel has managed hunger in Gaza for almost twenty years, showing how the bureaucratic mechanism of calculating caloric intake in the Strip keeps its residents at the edge of starvation (Igra 2024). Israel's method of “almost starving” resembles what Jasbir Puar calls “the right to maim.” Puar writes: “the Israeli state manifests an implicit claim to the “right to maim” and debilitate Palestinian bodies and environments as a form of biopolitical control and as central to a scientifically authorized humanitarian economy.” (Puar 2017:128). A clear implementation of this right is reported by medical personnel in Gaza and the West Bank regarding the phenomenon of “shoot to cripple”, which since around 2014 (and even after the publication of her book, in the Gaza Marches of Return between 2018–2021) replaced more traditional forms of crowd dispersal, such as tear gas and rubber bullets. Puar argues that shooting intended to cause disability “appears on the surface to be a humanitarian approach to warfare,” since as a practice of “letting live,” it is understood from a liberal perspective as less violent than killing (ibid: 129).

Death threshold, hunger threshold, and sensation threshold are three liminal points that together form a concrete biopolitical power structure: one who is shot but does not die requires medical treatment and analgesics, provided or withheld in the same manner as food. This anaesthetic

power structure inverts Jacques Rancière's concept of the "distribution of the sensible," turning it into a distribution of the insensible: the division between those who are given the opportunity to be anaesthetized and those upon whom sensory distress is imposed without escape. The routing of materials to create a territorial division between sensitivity and numbness establishes the anaesthetic regime, in which analgesia is differential, local. This differs from the total anaesthetized existence—the like of general anaesthesia—that Buck-Morss attributed to modern times. In this sense, the division of anaesthesia transforms the mythical anaesthetized body of Adam into a politically dispersed body in sensory conflict, fragmented between its parts: primacy, power, and status derive from lack of experience; the ability to avoid sensation and experience distinguishes citizen from subject. The choreographic reenactment of this division in the civil space of a protest occurring under an anaesthetic regime is therefore highly powerful and can expose the choreopolice gesture in its entirety: when the anaesthetized body is invited to participate in a nearly parodic expression of the distribution of anaesthesia, the difference between the anaesthetic regime and other forms of biopolitical control becomes visible, tangible.

Returning to the metaphor of the dimmer switch of anaesthesia in the acts of creation in Genesis and the Timaeus, the distribution of anaesthesia in Israel-Gaza illustrates the inversion of the sovereign creative act and exposes its draconian, consuming, destructive aspect. Cameroonian historian and theorist Achille Mbembe coded in the term necropolitics the idea that "the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who must die" (Mbembe 2003: 11). However, Israeli sovereignty over sensation engenders a sophisticated form of necropolitical control, since the distribution of anaesthesia Israel implements externally and internally shows that the extreme expression of sovereignty does not concern the poles of life and death, but rather the modes of their mediation through the regulation or amplification of sensation. The necropolitical sovereign's finger presses a switch to kill, whereas the anaesthetic sovereign turns the dimmer both here and there. Perhaps we have reason for concern given that its operation is identical toward both its citizens and its subjects: by modulating sensation, weakening it and enhancing it, it can determine how long it cradles its citizens in the embrace of anaesthesia and to what extent it posits its subjects in the trial of sensation.

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