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1

Corporealities

The project of theorising disability, of enquiring into its status as a dangerous discourse, throws up from the start some intriguing conundrums. On the one hand it is the site where body theory, that most vibrant of recent academic pursuits, has made some substantial and highly creative advances, and on the other it is still widely and dismissively seen as a minority concern of real interest only to those who are themselves disabled. It may certainly be the case at present that the majority of scholars within the field live with a disability, but my own passionate contention is that what the project tells us about being human is of high significance, both to every one of us on a personal level, and across the disciplines. A similar point could undoubtedly be made about feminist theory, postcolonial studies, or queer theory, those other areas of enquiry that deeply unsettle personal and academic conventions. What follows in the case of disability is that the object of study is simultaneously one that attracts widespread disinterest and even derision and yet has the capacity to change the way in which we think about human embodiment in the contemporary world. When David Mitchell and Sharon Snyder suggest that disability as the figuration of materially unfit bodies can be understood ‘as the master trope of human disqualification’ (2000: 3), their rhetoric is well-supported by the texts they address. That gloomy assessment, however, is rapidly offset by an acute appreciation that what is at issue is not some inherently negative state of being, but one that crystallises the vulnerability of embodiment in general. As Michael Bérubé succinctly notes, ‘the instability of disability (is) a device for destabilising all categories of identity’ (2002: *x*). That realisation is the ground for an ensuing tension between the implicit fears that would silence or evade disability and the optimistic hope for change that is not about ending the multiple insults to disabled people – although

that would be a by-product – but about opening up the discourse to the very instability that disability embodies. My purpose here in addressing the central concern of corporeality is to begin that process by pushing the terms of the debate along some less-travelled, but potentially productive, paths.

For all the common usage of disability as a universal category, the multiple differences and variations that it encompasses are usually overlooked in the interests of maintaining what is taken to be a primary distinction between bodies themselves: those that conform to normative parameters and those that do not. Certainly many disabled *bodies* do transgress the morphological conventions of western modernity and thereby disturb entrenched socio-cultural determinations of proper bodily form, but that is too limited in scope to explain the anxiety that disability evokes. I prefer instead to widen the terms of reference to the mode of corporeality which accommodates not simply the materiality of the body, but the manner in which it is experienced and lived by an embodied subject. Where visible appearance remains the privileged determinant of what it is to be disabled (although it may in fact disconcertingly offer no indication of difference), the notion of corporeality speaks to the instantiation of subjectivity itself, where – in postmodernist accounts at least – binary thinking is far more difficult to sustain. It is not that the visual can be superseded for it continues to underpin all manner of damaging modernist assumptions, but that any analysis of the relation between disabled and non-disabled must attend to less overt points of anxiety. The discursive construction and maintenance of the ubiquitous stereotypes of disability that effect a devaluation of some specific aspects of bodily difference, and thus of many disabled people themselves, are displaced in contemporary theories of embodiment that uncover instead the uncertain nature of *all* embodied selfhood. And at the same time that the modernist focus on the boundaries of bodily difference gives way to a fuller recognition of the dimensions of embodiment – which is taken to include affect, emotion, and not least, sexuality – corporeality itself segues into the notion of intercorporeality. In going beyond the constitution of a supposedly secure and relatively fixed subjectivity – instantiated through the exclusionary strategies of bodily abjection, separation, and distinction – the insights of phenomenology suggest how the hierarchy of the ablebodied/disabled binary that marks out which bodies are to matter might be productively disrupted by a perception of being-in-the-world-with-others. In such a relation between self and other, where the viability of the atomistic and self-referential experience of each

individual is put in question, the mediating factor is often, though never exclusively, touch. I shall return shortly to that aspect, but want first to recall briefly how the normative economy of self and other functions within western discourse.

To be a self – and more significantly a subject – with effective agency is, in every sense of the word, to be capable of exercising autonomy. Because the western *logos* privileges the freedom and rationality of the putatively disembodied mind as the irreducible marker of the sovereign subject, it follows that the body itself is relatively unimportant, so long as it falls within normative parameters that pose no hindrance to the implementation of self-determination. In short the ideal body's neutrality with respect to autonomy is assured by its normativity in terms of morphological form and function. Once the body is deemed to fall short, however, or suffers some loss of function, it attracts unwelcome attention and becomes the locus of a devaluation that extends far beyond the materiality of any real or perceived deficit. The whole range of emotional and social meaning and significance that is directed to agency and autonomy becomes fully apparent not in relation to the body that passes as normative, but in the response to impairment and disability. What may be taken for granted in non-disabled subjects – the assumption of self-sovereignty – becomes a matter of doubt or denial in the matter of the differently embodied subject. It is perhaps no chance contingency that the wheelchair is taken to symbolise disability universally, for as Lisa Cartwright and Brian Goldfarb note: 'Purposeful mobility, like speech and gesture, is a key signifier of human agency and personal expression' (2006: 139–40). One might think, too, of the biblical marker of the human as opposed to the mere animal as upright, erect, and those ubiquitous images of the evolutionary process that depict the move from the swamp-dwelling reptilian form of early life, through progressive stages of crawling on all fours to the final achievement of standing straight-backed on one's own two legs. The attainment of independent being is clearly linked to control over the body, which having apparently reached its developmental zenith remains a static and relatively insignificant entity unless beset by disease or disability. Yet the focus of attention here – the physical body – is in neither case coincident with the phenomenal body as it is lived in all its rich and varied experience. And what the turn to phenomenology insists on is that body and mind are always inseparable: that corporeal changes are inextricably reflected in changes to the embodied subject, and moreover that embodiment is a matter of process for every one of us.

Returning to the convention, a further and equally important feature is that both the self and the corresponding other should be fully independent, closed and secure in his or her own integrity, and invulnerable to extraneous influences. In consequence the proper relation between the two is characterised as one between equal and autonomous agents whose coming together is negotiated through implicit contract – a setting out of rights and duties for example – into which each may freely enter without compromising their own independence. To be a subject in a world of others, even to attain full personhood, devolves, then, on maintaining the interval of distinction. The problem is that although this familiar model is the cornerstone of liberal humanism, it clearly does not correspond to the everyday reality of most encounters between self and other. Not only does it ignore the operation of asymmetrical power, but it elides all forms of experiential difference, and fails to acknowledge the significance of differential embodiment. Whenever corporeality does intrude into the self–other relation, as it surely must, the one whose embodiment escapes the putative neutrality of the normative is seen as potentially compromised, as less than self-complete, and not to be counted as a full subject. In such a scenario – in any instance in which someone is defined by a form of anomalous embodiment – she ceases to be an equal, and becomes the lesser term in a hierarchical binary in which the unmarked self is dominant. Nonetheless, that dominance is maintained only at a cost, not only to the devalued other, but to the one who appears secure in her personhood. Whether it is couched as postconventional theory or as a matter of everyday experience, it is clear that the inherent instabilities of the body always threaten to disrupt the possibility of any fixed relation between self and other. What strategies then must be in place in order to ensure an illusory security, and how may they be contested?

What is at stake in the determined defence of the ideal integrity of the embodied subject is that difference should be held at bay lest it mark the subject with its own shortcomings. As I have argued in more detail elsewhere (2002), such an impossible task inevitably generates ontological anxiety that can be alleviated only by disavowing any body that fails to display the attributes of self-control, and predictability. In failing to reproduce the ideal image of corporeal invulnerability, disabled bodies are not positioned, however, as *disempowered*; on the contrary they signal threat and danger insofar as they undermine any belief in the stability and consistency of bodies in general. Paradigmatically, such bodies elicit anxiety for they remind the others of their own vulnerability

and precariousness. The feminist philosopher, Susan Wendell, who has chronic fatigue syndrome, makes the point:

If we tell people about our pain, for example, we remind them of the existence of pain, the imperfection and fragility of the body, the possibility of their own pain, the inevitability of it. . . . They may want to believe they are not like us, not vulnerable to this; if so they will cling to our differences, and we will become 'the Others'.

(1996: 91–2)

The self-protective desire for mastery in relation to those others has different guises that may appear far apart or even opposed, but it is not clear to me that any distinction can be made between mastery as *power over* another, and mastery as a *defence against* anxiety. Whatever the surface logic, it is the motivation of the desire that concerns me and that marks the variant operations as two sides of the same coin. There are further complications, however, for if one way to deal with anxiety is by the exercise of power and control, that undisguised mode of domination is matched by the more subtle rubric of protection or benign concern for others. Although the latter may be superficially preferable, a lot of what is justified as caring behaviour tends towards limiting the autonomy of those with disabilities. Taking responsibility for another, even claiming empathy, is rarely straightforward, but potentially masks an unwillingness to engage person to person. And at the other end of the spectrum, in the worst cases, the vulnerability elicited in those who would see themselves as 'normal' can invoke a *disengagement* expressed as real violence: Margaret Kennedy (1996), for example, claims that people with disabilities are up to four times more likely to experience sexual abuse than the general population. In short, although the evident operation of power 'over' should never be discounted, it invariably masks a more fundamental insecurity that could just as easily result in disavowal.

Most scholars of disability are acutely aware that the damaging consequences of the imperfectly hidden insecurity associated with able-bodiedness may manifest in a need for mastery over the supposed threat of disability to the normative order; what is less well-recognised is that it may take the form of a denial that calls to mind Julia Kristeva's account of abjection (1982).¹ Having in previous work (Shildrick 2002) explored in some detail the link between abjection and the monstrous as an umbrella category that certainly encompasses disability, my remarks here will be brief. Suffice it to say that what the subject must abject in order to secure her own being is some part of herself that cannot

be owned. Once disavowed, that element – the abject itself – does not become the oppositional other as such but remains in a suspended location between self and other, posing always the risk of a return that would disrupt the originary subject. In Kristevan terms, any form of anomalous embodiment – and particularly that which overtly contests the discursive ideal – is highly productive of anxiety, insofar as it threatens to overflow the boundaries of ‘the self’s clean and proper body’ (Kristeva 1982: 71). The specific and semi-conscious fear that haunts the subject – which I have identified with a socio-cultural and psychic horror of, and fascination for, the monstrous (Shildrick 2002) – is that the extra-ordinary body’s putative lack of self-containment, and its failure to occupy a delimited space, signal the disturbing possibility of engulfment and contamination. The normative subject, in other words, implicitly fears that it will be overwhelmed. As Kristeva’s concept of the abject makes clear, the issue is not so much that the body of the other is horrifying in and of itself, but rather that it might infiltrate the space of my own body and effect the very transformations that would unsettle my claim to autonomous selfhood. For all that our embodied subjectivity depends on a phenomenological interface with a world of others, there remains, then, a powerful desire for, and expectation of, clearly delineated bodily limits and boundaries. In seeking to maintain the self-possession and control that the modernist ideal of embodiment demands, we must continually make the distinctions – between self and other, and between categories of others – that enact both psychic and cultural assessments of safety and danger. Given that no interaction is entirely without risk to our fragile sense of self, the relations between self and other operate largely within a scopoc economy that privileges the spacing – the interval – of separation.

In that regard, it is perhaps significant that the medical model of disability – which promotes an image of individual pathology – should have held sway for so many decades. Against the supposition that the privileged authority of biomedicine simply overrode other accounts, an alternative explanation could be that it served to both legitimise, and settle, socio-cultural anxieties about the disruptive potential of disabled bodies.² Even in those contemporary clinical encounters which are hands-on, there is a lingering anxiety about any breach in the implicit *cordonsanitaire* that surrounds and is assumed to protect the subject. Healthcare professionals are expected to maintain control and to recognise vulnerability only as a quality of the other. Moreover – and here the interrelated roots of psychic recoil from the abject and the avoidance of touch, as an aspect of phenomenological intercorporeality,

become clear – the bodies of the healthcare providers are supposedly irrelevant to their practice. Although many healthcare interactions are ones in which touch may be an integral part, the apparent risks to the dominant subject continue to underlie a characteristic refusal to recognise the mutually engaging existential status of both parties. Yet where the authorised narrative may suggest that the procedure is one-way, the clinical examination is always in fact ‘contiguous and therefore ambiguous: bodies that touch are also touched’ (Diprose 1998: 37). In the biomedical encounter – at least within the western allopathic tradition – touch is most often intended as utilitarian and non-affective, belying its expressive nature as a mode of intersubjectivity; and with some notable exceptions that are more likely to adhere to nursing than physician care (see Dongen and Elema 2001), it is not about bringing bodies into proximity but about attempting to establish a distinction that holds them apart. Nonetheless, it is my contention that regardless of the power relations that are supposed to manage bodily contact within acceptable parameters, the encounter – which I take as a template for all interpersonal contact – disrupts the usual notion of subject/object that marks the distinction between doctor and patient. Instead neither body is closed, or self-contained, but becomes open to the world of the other.³

What is at issue, then, is the anxiety occasioned when the safe distance enacted by the scopic economy gives way to actual or anticipated physical contact. Above all anxiety demonstrates the continual failure of autonomy and self-sovereignty to adequately inscribe embodiment. That the body is porous and excessive to its own boundaries is unsettling in its own terms, but the phenomenological model goes further in showing how the intercorporeal encounter is about a mutual crossing of boundaries that enacts the very means through which embodied subjects are both constituted, and undone. To touch another is in some sense always to compromise control, for even where the intent is outward – whether aggressive or palliatory – we are also touched in return. It is an undecidable moment of exchange, a transgression of corporeal boundaries, that troubles the dimensions of the embodied self for all participants. The point is not that such contacts are necessarily unwelcome – after all, affective life in particular depends on the closeness of others – but that they are openings which inevitably risk vulnerability. Certain forms of affectivity are clearly more risky than others, and in particular, as the point at which the body’s lack of closure and self-sufficiency is powerfully displayed, sexuality is a highly significant site at which the constitution of the embodied subject

is fraught with both pleasure and danger. To minimise such risks at the substantive level, we are wary of physical contact in general, and have well-developed strategies of avoidance when faced with the unpredictable or putatively dangerous. At the same time, the psychic anxiety implicit in any actual corporeal interaction must be alleviated: it may be condensed and projected outward on to those abject others whose bodily disconformity unsettles the ideal of embodied selfhood. In other words, the socio-cultural mores that conventionally regulate tactile exchange intersect with the interiority of psychic investments.

The discursive association of anxiety and psychic investments will be more fully developed in subsequent chapters, but for now I want to focus on some of the more substantive phenomenological aspects of corporeal interaction. To utilise the work of Maurice Merleau-Ponty to think through the meaning of embodiment and its effects on the economy of self and other is to provide a bridge that links theoretical insight to specific practices. At the heart of the issue is a radical critique of the normative dynamics of the self–other link that seeks to jettison separation and distinction in favour of an *intercorporeality* across differences in which the privileged mediator is touch. The question, then, of how to formulate – without falling back into modernist notions of atomistic individuals – the relation between self and other when a real geographic distance intervenes is not inconsiderable, and will be addressed in due course through feminist philosopher Ros Diprose’s notion of corporeal generosity (2002).⁴ Nonetheless, even in an initial exploration, it is clear that touch is not limited to the terms of its physicality – the skin on skin contact – but extends into the mode of ‘being in touch’ rather than separate and distant, and ‘being touched’ in the sense of emotionally moved. In other words, touch is already an interweaving of mental and material attributes. More importantly, it is, in both its literal and metaphoric sense, that which brings the embodied subject into being. The phenomenological mode that I favour here, and which is becoming increasingly influential in critical disability studies as a counter to the givenness of the body and of the subject in the social model, intends far more than a simple recovery of the hitherto neglected notion of embodiment as an irreducible element of all being. Where that initial move merely rewrites the privileged relation of self–other in a form that relies on the mapping of the boundaries between *embodied* selves and *embodied* others that preserves difference and distinction, a more complex approach introduces the notion of intercorporeality as the fundamental structure of being-in-the-world – or rather, as I prefer to put it, becoming-in-the-world. It reinstates both intentionality

and subjectivity to corporeality itself, and understands sensibility as 'the interface of mind, body and the world' (Corker 2001: 40). Where Corker is relaxed about exploring the insights of poststructuralism, a slightly earlier article by Paterson and Hughes (1999) makes similar points about agency, sentience, and sensibility, but engages with a more clearly phenomenological approach to counter what they see as the (then) 'arid materialism of disability studies' (1999: 599). The paper has been an influential beacon, perhaps in part because they indicate an intention to mobilise 'an emancipatory politics of identity' (598) and endorse a 'quest for citizenship' (604). For my own part such terms are perhaps too firmly rooted in modernist paradigms, and I prefer always to explore the overlaps between phenomenology and poststructuralist/postmodernist approaches.

In introducing the notion of 'becoming' rather than 'being', my more general project is not only to reclaim the body, but to uncover its inherent fluidity and lack of completion. Becoming signifies a process that shifts and flows just as the body itself undergoes changes and modifications, not in the sense of wholly foreseeable developments over a life course, but as the irregular and contingent transformations and reversals that unsettle subjectivity – and identity – itself. It is not then that the bodies of disabled people are especially, still less uniquely, untrustworthy in their refusal to conform to normative expectations, but that any mode of corporeality just is porous and provisional. Moreover, as Merleau-Ponty's approach indicates, the phenomenological understanding is that the biological, social, and discursive bodies are equally unfixed and mutually constitutive. None is complete in itself, nor operates independently of the other. How we come to know both ourselves and others, and the world itself is a matter of material engagement, often through the direct contact of flesh and blood encounters that do not simply *affect* us at a surface level but *effect* the very constitution of embodied becoming. What this implies is a significant shift in epistemological and ontological conventions that insist on the traditional split between subject/object and self/other. Instead, the body and the world are inseparable, and the sovereign self of postEnlightenment thought is not only decentred, but rendered unintelligible. In place of a claim to independent subjectivity, I recognise myself as, at very least, sharing an 'intermundane space' with other putative subjects engaging in the world through their own specific bodies. And it is precisely this immersion of our own bodies in what Merleau-Ponty calls the flesh of the world, and our interweaving with other bodies, that actualises our social and personal identities. The flesh of the world implies both the viscosity of our

environment – we are of it rather than in it – and a fundamental unity of existence. What might be called the matter of living-in-the-world-in-our-bodies-with-others belies the closure of the subject, and makes clear that I must rely on ‘other landscapes besides my own’ (Merleau-Ponty 1968: 141). Instead of multiple, but separate and discrete, corporealities, then, there is a tissue of intercorporeality in which each body is open to and affected by the others. Accordingly, our lived experience with others is the basis of our being (or becoming)-in-the-world at all, and the autonomy and sovereignty of the subject are continually undone, even as they are enacted, by intercorporeal encounters.

On a less abstract level, it is plain to see how bodies are constituted and fashioned through contact with those around us, those with whom we are in touch, both literally and metaphorically. As Janet Price writes:

Partners start to mimic each other’s gestures or patterns of speech; friends learn the response to hugs and the touches of hands, carried out in a smooth choreography, which stutters and perhaps fails when meeting strangers. We daily remake the ways we move through public spaces: the young woman delighting in her body but wary of the gaze of workmen on the building site, unconsciously shifting her gait; the wheelchair user changing her speed and style as she scoots past curious children in their pushchairs; the older woman with osteoporosis who walks tentatively through the bustle of commuters, wielding her stick like an offensive weapon.

(Shildrick and Price 2005–2006: ¶9)

All speak to a phenomenological mode of embodiment in which it is through the visual, tactile, and aural contact between flesh-and-blood bodies that we both perceive and are perceived by others. As Ros Diprose puts it: ‘it is because my body is given to others and vice versa that I exist as a social being’ (2002: 54). One consequence of this way of understanding embodied lives is that the binary division that would separate the categories of disabled and non-disabled makes little sense. We are affected by all those whom we encounter regardless of their sameness or difference. When I, as a putatively able-bodied woman, push a friend’s wheelchair and develop my own arm muscles, more clearly articulate my words when meeting with deaf colleagues, or verbally describe the visuals of my presentation to a mixed audience, I am modifying both my bodily comportment and my sense of being-in-the-world. What may start as conscious adaptations quickly become habituations that speak to my embodied subjectivity which cannot be extracted from the

relationships and connections I engage in. It is not that any change will solidify and remain static; on the contrary, we constantly remake ourselves, fashioning new forms of self-perception and performance. And although the notion of performativity does not escape constraint – I can run for a bus where someone less mobile cannot, but I am at a loss to communicate effectively with a group of sign-language users – it does make clear that our forms of embodiment are dynamic and to a strong degree not simply other-responsive, but other-constructed. There is no place in this model for either the atomistic subject of modernist thought, or for the belief that some forms of embodiment are more settled and unified than others.

Merleau-Ponty's own concentration is firmly on the phenomenology of human-to-human interaction, but where he uses the term 'the flesh of the world', he opens up, perhaps, even more possibilities than he intended. Certainly if intercorporeality in the phenomenological mode engages with multiple differences, then there is no reason that its application should be limited to the intermeshing of *human* persons. One of the most engaging – touching – accounts of becoming as a process dependent on the other is given by Rod Michalko (1999) in his reflections on his interrelationship with his guide dog, Smokie. Although Michalko does not speak directly of becoming, his account exemplifies precisely how the mutually constitutive nature of all intercorporeality radically contests a number of entrenched conventions peculiar to the binary structure of modernist thought. He writes:

Whatever Smokie and I do, whatever kind of life we experience together and whatever else we mean to each other, we are 'person and dog' sharing a life together. We are 'human and animal' living in the world and moving through it together. Smokie's presence in my life has reminded me that 'nature' is as much a cultural construction as 'blindness' is, and that distinctions like human/animal, society/nature, nature/nurture are themselves human inventions.

(1999: 9)

In normative terms, guide or assistance dogs are simply functional prosthetic devices that compensate for a loss or lack of sightedness, and the success of the relationship between dog and owner would devolve not on the smooth interlocking of mutual dependency, but on the extent to which autonomy was restored to the human partner. But the very intimacy of Michalko and Smokie belies the promotion of sovereignty, both *of* the human self and *over* the animal, and speaks instead to

an affirmation of becoming-together that goes beyond bounded bodies. It might even be said that a phenomenological understanding of the intercorporeal connection swiftly shades into something even more challenging to normative conventions. To a Deleuzian, the intermeshed mode of life signals just that form of assemblage that circumvents the blockage of rigid subjectivity and opens on to productive new ways of becoming in the world. The step from Merleau-Ponty to Deleuze is by no means self-evident, but as I shall suggest in later chapters, the perspective of the latter offers equally exciting, and more importantly viable, challenges to the modernist devaluation of anomalous bodies, whilst greatly extending the possibilities of embodiment whatever form it might take. For present, however, I want to take up further aspects of the phenomenological approach that are deeply significant to the rethinking of the meaning of disability and its affective states.

Given my interlocked themes, it is instructive first to review how sexuality adheres with subjectivity and disability within modernist thought. As I have indicated, the very notion of disability alone seems to be a dangerous insult to subjectivity in general, but it is considerably more damaging when linked to sexuality. Given that most forms of sexual expression speak to intercorporeality, they already – at a psychic level – carry a threat to the autonomy of the normative subject. What is at stake is a quasi-intentional merging of bodies and agency, a transmission of what would in other contexts count as abject matter, an openness of the self to the other that invites vulnerability, and an encounter that is unpredictable and indeterminate. As Michael Warner notes: ‘sex is a disgrace . . . the possibility of abject shame is never entirely out of the picture’ (1999: 2). That a sexual partner should be disabled merely serves to amplify the putative danger to the supposedly sovereign self. To that uncomfortable scenario, phenomenology brings new insights and perhaps initially a heightened anxiety. In a general and somewhat abstract sense, the basis of the phenomenological model of embodied subjectivity speaks not to a settled self but to a lifelong process of becoming *with* others in an open encounter that constitutes both self and other. In turning to the context of sexual relationality, however, Merleau-Ponty’s notion of intercorporeality and, more specifically, the reversibility of touch (1968), takes on a concrete materiality that figures both an indistinction between the limits of one body and another, and, thereby, the potential for the transfer of impurity. It is for these reasons that devolve on the putative risk of losing autonomy, self-definition, and corporeal integrity that the domain of the sexual is so highly policed – both literally and metaphorically – and so overdetermined by performative

constraints.⁵ It is scarcely a surprise, then, that where the embodiment of the other is dis-ordered and inherently challenging with respect to the regularities of normative corporeality and its outward affect, that the moment of contact, the touch of flesh on flesh, should indicate not simply the need for self-interested caution, but an intimation of danger, amounting even to self-dissolution. As exemplars of non-normativity, those with disabilities cannot but disrupt and contest the modernist subject's illusion of purity, containment, and self-control.

Although his explicit remarks are relatively limited, Merleau-Ponty's own approach to what he calls 'the body in its sexual being' (1962) already exceeds the traditional purview of philosophy. In elaborating what he means by the subject's 'opening out upon another' (1962: 194), Merleau-Ponty claims that the phenomenon is found everywhere, but most specifically within the development of sexuality. As he understands it, our mode of being in the world – what I am designating 'becoming' – is projected through the sexed body to the extent that sexuality is a modality of existence (Merleau-Ponty 1964). As Judith Butler (1989) has noted in an early essay, Merleau-Ponty's notion of sexuality makes a break with the Freudian theory of drives and instincts, and positions it as 'co-extensive' (Merleau-Ponty 1962: 196) with life itself. The incarnation of the subject is inextricable from its sexuality. What is somewhat troubling, then, is that when it comes to considering contexts beyond the mainstream, it becomes clear that Merleau-Ponty has a distinctly normative – and, as Butler fully recognises, masculinist – approach to what constitutes sexuality. In his exposition of the case of Schneider – a man who had suffered a wound to the head occasioning a degree of brain damage that seemingly obviated his sexual desire – Merleau-Ponty both reiterates the rupture between sexual responsiveness and instinct, referring instead to an erotic perceptual schema, and fails to recognise that what is lacking in Schneider represents a very limited view of sexual subjectivity. Just as feminists such as Butler (1990) and Grosz (1994a) stress the failure to accommodate the differential sexuality of gendered bodies, disability theorists will find little to develop the specific experiences of that other category of morphological difference, disabled people. In tacitly valorising just one mode of corporeality and sexual becoming, Merleau-Ponty leaves too much unaddressed. As Liz Grosz puts it: 'The question of what other types of human experience, what other modalities of perception, what other relations, subjects may have with objects is not, cannot be, raised in the terms he develops' (1994a: 110). Nonetheless, what may be taken from Merleau-Ponty and elaborated is his insight into the non-biological

aspects of sexuality, the perceptual opening of one body to another, and an affective sensibility that communicates between bodies, transforming and transposing behaviours, intentionalities, and sensitivities. The sexuality of the embodied subject is no longer a matter of internal drives, but of mutual becomings.

In his final and unfinished work, *The Visible and the Invisible* (1968), Merleau-Ponty greatly develops his understanding of the reversibility of the sensations that flow between us. As he sees it, the unity of our mutual existence is woven together by the reversibility of such binaries as perceiver/perceived and subject/object. In other words, my own expressive body is not just interactive, but finds itself in a chiasmatic relationship with other bodies to the extent that as I see and touch, I feel myself being seen and touched. I experience a reversibility such that, he claims, 'the world of each opens upon that of the other' (1968: 141), and it figures what Liz Grosz calls: 'being as reversibility . . . , being's dual orientation inward and outward, being's openness, its reflexivity . . . ' (1994a: 44). Put another way, it is not that my existing body is caught up in an exchange of sensation as that the exchange itself constitutes my mode of embodiment. Moreover, given the inherent reversibility of sensation, it is difficult to distinguish clearly between the active and passive mode. To take the example of touch, it is clear that the hand is both sentient (able to feel the other) and sensible (able to be felt by the other), and insofar as touching/being touched is simultaneously both continuous and differentiated, a certain ambiguity always remains. What this suggests is that the boundaries of the embodied subject are highly uncertain, but while Merleau-Ponty does implicitly contest the viability of binary structure, he does not entirely leave it behind, preferring to maintain a pragmatic distinction between self and other. Nonetheless, his account of touch at very least frustrates the hierarchy of subject and object, and shows the experiencing body crossing boundaries rather than creating distance and division. In any case, the grammatical structure of our language is such that it is extremely difficult to avoid terms such as self and other, and perhaps it is always best to imagine them in the phenomenological form, just as in fully poststructuralist accounts, as under erasure.

Although touch is rarely given the same privilege as sight, developmental psychologists (Montagu 1971; Anzieu 1989) tell a different story. Even before birth, in the foetal stage, touch is the primal sense and it remains paramount throughout early infancy. It is only when the growing child enters into symbolic relations as an essentially singular, unified and bounded subject that touch loses its privilege in relation

to other senses, and that sight in particular becomes the most valued attribute.⁶ By adult years, most people have become extremely cautious about the circumstances in which touch is acceptable, precisely, I would surmise, because an unwelcome or unexpected touch seems to threaten both the integrity of the self, and the ontological separation of self and other. So powerful are the prohibitions of unconsented touching that in law, it constitutes the tort of battery. If touch always has the capacity to evoke unease, that anxiety is noticeably heightened in some very specific contexts. It is especially provoked, for example, by adults with developmental disabilities in that they may hug and touch unselfconsciously and 'inappropriately', where that word intends precisely a contestation of the boundaries that are proper to one's own body. They may explicitly cross the interval of separation that marks out the protected domain of the subject. Staring does something similar, but its violation of the proper never quite erases the distinction between self and other, nor threatens the wholeness of the self. It is significant that in both instances what is deemed improper for the one who is anomalously embodied may be an acceptable mode of behaviour for the one who is normative. It is a short step to the objectifying gaze or the violent or possessive touch that characterises dominant practices like biomedicine. Although the interval of separation may be contested, then, by the possibility of a reversibility that directly relates us to the existence of others, and to our mutual constitution, the relationality of the intercorporeal may be far from unproblematic. In effect, the phenomenologically grounded potential of reversible engagement with the world is undercut by a differential take-up of the possibilities, which relates both to different forms of embodiment, and to the issues of power that may lay behind them. We do not all engage with world on an equal basis, and some of us experience greater restraints on touching than others.

A great deal of work has already been done by feminist scholars (Young 1990; Irigaray 1993; Grosz 1994a; Weiss 1999) in uncovering the lacunae of standard phenomenological theory with respect to sexual difference and in rethinking it to take account of sexed and gendered bodies. The outcome has been deeply productive for feminist theory and strongly suggests that disability studies could benefit in a similar way. What is somewhat surprising is that the take up of phenomenological approaches should be relatively recent there, although the model has already been widely used in relation to the experience of illness. In that context, the critique, and indeed the stepping stone to a way forward, relates to the theoretical claim of mainstream phenomenology

that despite the self-evident web of corporeal connections that we all experience, most of the time we exhibit low consciousness (almost a forgetting) of our own bodily engagement, unless, that is, something goes wrong and our bodies are contingently frustrated in their normative functions. That may possibly be plausible for those few people whose bodies rarely deviate from the norm, but it does not fully engage with the notion of intercorporeality as I understand it. At very least, it is clear that the specific bodily competencies of each individual will mean that everyone experiences – or forgets – their corporeality differently, and indeed some are forced into an acute corporeal awareness insofar as their bodies do not coincide with normative morphology. In assuming a norm of inattentive bodily habituation, mainstream phenomenology implies that those who do not seamlessly intermesh with the world as embodied subjects experience bodily discontinuities as interruptions or blockages to their own self-possession. In other words, the body becomes an unwelcome presence that signals limitation and vulnerability. The consequence is that within mainstream phenomenology, issues like illness, ageing, or disability tend to get treated as problems, and are therefore often medicalised in an attempt to re-establish corporeality as controlled and forgettable. The operation of conventional health-care seems directed to once more cover over the presence of the body as uncertain and in flux, and to restore the illusion of self-completion and invulnerability. But this surely cannot fulfil the deeper promise of the phenomenological critique. Not only does it seem to reinstitute a devaluation of certain morphological conditions like physical disability, but it fails to carry through the implications of the phenomenological understanding of the mutual constitution of embodied subjects. By re-exploring two major points of the model, however, it is possible to push it in an alternative and far more productive direction.

First, the classic phenomenological account insists that the embodied self is always in a state of renewal and adjustment in the face of changing physical and environmental circumstances. On that basis, it seems clear that the normative body itself – the fully competent, healthy body – is faced with multiple everyday modifications to its comportment that will require ongoing and intentional maintenance strategies to avoid slippage beyond the norms. In other words, all of us – however we are individually embodied – are more or less conscious that our bodies demand attention. I am not denying that the performative awareness that imposes itself on normative embodiment is substantially different from the awareness of the body that experiences more radical signs of putative breakdown – as in illness, pain, disability, and so on – but the

point is that we should not suppose that the embodied self is ever in a state of static integration. On the contrary, we might reflect that it is disarticulation – both actual and potential – that marks every aspect of living-in-the-world. My suggestion is that when we experience anxiety in the face of overt corporeal disorder in the other, we do so not because such disorder is an unknown quality, but precisely because it is always already our own repressed experience of embodiment. In early infancy each one of us has experienced *le corps morcélé* – as Lacan (1977a) names it – the body in bits and pieces, and it is only in the process of becoming a subject in the Symbolic that that image is disavowed.⁷ In other words, the bodies that evoke anxiety and a fear of touch – those who are old, or sick, or disabled – are not so much strange as all too familiar. They are abject, but their disarticulation is that of the normative subject. In short, any unsettling phenomenological transformation to an individual's sense of self may cause all those in relationship with her to be brought face to face – according to the strength of their investments in a phantasmatic unity – with their own originary body 'in bits and pieces'.

The second, and related, point is that if phenomenological theory is taken at its word, then the concept of becoming-in-the-world-with-others implies that changes or transformations to the embodied self do not happen in isolation, but mobilise, as it were, a chain effect in the embodiment of contiguous others. Where it is straightforward to see that if I break my own leg, the nature of my corporeal being is quite fundamentally realigned, it is no less clear to me that if someone close to me breaks her leg, then some corporeal readjustment may occur in me. And nor does the modification have to be dramatic: I am suggesting that the same may be true of less radical changes in embodiment. Nonetheless our usual response is to act as though change could be individualised and contained. By way of illustration, I would cite my own long-term collaboration with a friend who has a serious and progressive disability which at first glance might simply position our respective forms of embodiment as profoundly different. Given a mutual commitment to theories of the body that speak to the instability of all corporeality, it has become increasingly apparent to us that the privileged form of disability writing – into which we endeavour to intervene – regularly enacts an occlusion that reiterates a binary split between disabled and non-disabled bodies that is at odds with the phenomenological reading I am proposing. Either a considered standpoint position is adopted, or, moving beyond theory, the characteristic account is an autobiographical one in which what counts is the experience of the disabled person alone.

As Mitchell and Snyder remark: '(a)utobiographical narratives demand that the disabled subject develop a voice that privileges the agency of a bona fide perspective of disability.... a specific and distinct perspective of its own' (1997: 11). What is the case more often than not is that the account of the narrator's own anomalous embodiment fails to recognise or acknowledge that difference and vulnerability are, to a greater or lesser degree, qualities of all of us. Instead such narratives encourage an image of the person with disabilities as not simply having very specific experiences of embodiment – which is incontrovertible – but as being distinctly other in her corporeal specificity. The problematic of bodily difference is situated as an issue for her alone, and the engagement of others, whether read as assistance, or interference and control, is positioned within a quasi-contractual relationship of distance and distinction. Her body is more likely to be acted on, rather than engaged with in terms both of mutual difference *and* commonality. The collaboration between Janet Price and myself has, we hope, taken a more productive approach, specifically because the medically deteriorating condition of one of us has provoked extended reflection on the disorder, vulnerability, and instability at the heart of *all* human becoming.⁸ Not only has the illusion of corporeal and psychic wholeness been thoroughly disturbed, but so too has any sense that the embodied subject can maintain separation from its others.

As I have already indicated, our everyday relation to tactility is so far from assured that it is hardly surprising that in many disabling conditions one of the most difficult transactions to renegotiate is that involving touch. It is not just that disabled people may find themselves being touched in a manner that exceeds normative constraint, but that the sense of touch itself may be disrupted. When in the course of a period of acute disability, Janet Price's tactile responses were chaotic and unpredictable, I also lost confidence in tactile interaction. In a subsequent joint paper (Price and Shildrick 2001), we wrote of our shared experiences during that period, with Janet eloquently addressing her own sense of touch and intercorporeality in relation to a number of friends and carers, while I reflected on the unexpected extent of my own uncertainty. As I wrote at the time, having no clear sense of Janet's own corporeal boundaries, I found it difficult to know whether a greeting hug, for example, would be experienced as a sign of affection, would be literally unfelt, or even would constitute a more or less painful assault. In the absence of meaningful response, my own bodily gestures felt clumsy and ineffective. In more regular circumstances,

and particularly where a relationship was functional rather than emotionally engaged, we might rarely need to reflect on the mutuality of touch. In the context which I am describing, however, being in touch had wider dimensions, and the corporeal disruption of the one spread to the self-experience and self-understanding of the other's body. Things that were habitually taken for granted – 'forgotten' in phenomenological parlance – became open to question: the interactive bodily skills that once learned are unremarkable and require little conscious thought to enact are revealed as reliant as much on the response of the other as on subjective agency. In specifics here, the disruption to the reversibility of touch troubles the mutual constitution of our embodied selves.

What this brief fragment of autobiography illustrates is that the instability of the disabled body, far from being peculiar to that putative category, is simply a more acute instance of the instability of all bodies. The coming together of anomalous and normative embodiment does not erase the recognition of radical and irreducible difference, but lays bare what is at stake in *every* encounter between self and other. It figures a very different approach to the question of limits and categorical boundaries that goes well beyond the recognition that any body can 'break down', and reveals instead that for everyone, the appearance and experience of corporeal unity is highly contingent and dependent on intercorporeality. In terms of modernist discourse, we may feel compelled to enact our transactions with others under the constraints of normative separation, but it could be otherwise. If the notion of becoming-in-the-world-with-others were taken seriously, the very sense that our own bodies are proper to us and are rightly protected by the interval of distinction, and that autonomous agency is the desired standard for all, would lose its grip. To substantiate an alternative ethic of relationality – that did not rely on the autonomy of the singular, detached and self-complete subject – would go at least some way towards forestalling the anxiety, and even hostility, evoked by proximity. Any encounter is a complex, but rarely acknowledged, mix of uncertainty, emotional and psychic investment (of which I shall say more later), and sensation, to the extent that each has what Ros Diprose calls, the 'structure of an indeterminate, ambiguous relation to the world of the other' (1998: 38). Proximity and touch are never without risk, but the move to deny them, to invoke the putative safety of the interval, is bound to fail. What phenomenology tells us is that we are always already exposed, already immersed in one another, and that in acknowledging

our intrinsic openness to the other – all the others – lies the best hope of overcoming the insistent hierarchies that strip some bodies of meaning and value.

The implications of using postconventional and specifically phenomenological approaches to rethink the way in which disability can be understood are potentially very significant and open up new social and ethical possibilities. The dis-integrity and permeability of bodies, the fluctuations and reversibility of touch, the inconsistency of spatial and morphological awareness, the uncertainty of the future are all features that may be experienced with particular force in the disabled body, but they are by no means unique to it. The stress on the instantiation of subjectivity through relationality – even as it remains ambiguous and in process – speaks to a model of the self that cannot be thwarted by disturbances to the body alone. Those who undergo changes to their sensory apparatus, or to their mobility, are undoubtedly changed at a very fundamental level, but they are not thereby in deficit. Within the terms of phenomenology, the embodied self incorporates difference and modification not as a pre-given subject adjusting to evolving constraints and possibilities, but in aligning or realigning one's whole being to whatever perceptual schema is available. As Merleau-Ponty notes, the blind man using a stick to guide his way is not making do in a utilitarian sense but entering into a new relation with his world: 'the stick is no longer an object perceived by a blind man, but an instrument *with* which he perceives. It is a bodily auxiliary, an extension of bodily synthesis' (1962: 176). The prosthetic enables a very different body image to that of a sighted person, but both partake in what Merleau-Ponty calls, a 'total awareness of my posture in the world' (1962: 100). To have a disability, whether congenital or acquired, varies, but does not break, one's immersion in the flesh of the world, and rather than being seen as negative, it might equally signal the opening up of new horizons. Even major trauma – such as spinal cord injury – in which the body undergoes sudden and radical change could be seen as an expansion rather than diminishment of one's becoming-in-the-world. I do not mean to suggest naively that anyone going through such bodily disruption would not experience loss, even despair, in the face of changed circumstances, but that as the new phenomenology of embodiment becomes familiar, different forms of perceptual awareness and interrelationship may become a site of unexpected possibility. The difficulty is that so long as we remain caught up in a modernist view of the world in which the invulnerability of the sovereign subject is paramount, such

insights are resisted or degraded.⁹ Yet however we are embodied, we remain immersed in the flesh of the world where experiencing and being experienced by others is not a formal encounter between self and other but a matter of intercorporeality. There is no transactional hierarchy.

Having now established the complex dimensions of corporeality in general and its specific significance to disabled people, it should be clearer why the social model of disability has met with increasing criticism. I am not sure that Mike Oliver would any longer repeat his now infamous dictum that disability has nothing to do with the body (1996), but it remains the case that to primarily underscore the external socially situated determinants is to severely limit and constrain what can be said about the experience of disability. As Helen Meekosha remarks: 'A proper focus of social analysis includes subjective experiences of suffering, pain, rejection, loss, grief, desire, joy and achievement' (1998: 167), and she goes on to note: 'Focusing only on the disabling affects of a prejudiced and discriminatory society with a political project geared to changing institutions, beliefs and practices leaves the impaired body as untouched, unchallenged; a taken-for-granted fixed corporeality' (175).¹⁰ There are, then, two important things going on around the notion of corporeality: the first that it grounds and continually interacts with the processes of subjectivity, and second that to absent the body from consideration implies an essentialist understanding of biology that is completely at odds with contemporary body theory. Many feminists in particular have been highly sceptical about any strategy that, in responding to the historical charge that the immanence of the body is supposedly the mark of a femininity unsuited to transcendence, has enacted its own devaluation of women precisely by bracketing out the corporeal dimensions of everyday life. In a move that may remind us of the SMD, early second-wave feminist texts are at very least ambiguous about the significance of embodiment, and see its gendered specifics as an obstacle to social and political liberation. More recent theory, however, has fully embraced corporeality in all its contingency, fluidity and messiness, and instead of trying to fit the feminist cause to the demands of the modernist *logos*, feminist scholarship has been at the forefront of the challenge to that convention and has insisted that corporeality be rethought.¹¹ The move has effectively opened up the original political impetus to questions of 'why' rather than simply 'how', and allowed for an extension into an analysis of the psychic structures that operate alongside the

traditional conceptions of external power. Something similar is gradually emerging in critical disability theory, and it undoubtedly provides a stronger base from which to understand the interplay of disability, subjectivity, and sexuality. In contrast to the SMD, there is no direct political programme at stake, yet to think together – for that is what phenomenology demands – and to think differently might just change everything.

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