

Possibilities Of Which I Am:
Disability, Embodiment, and Existentialism

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Forthcoming in

The Routledge Handbook of Contemporary Existentialism

Edited by:

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This is a pre-print.

Please update any citations relative to the final print version.

Abstract: Drawing upon the life and work of S. Kay Toombs, I explore the impact and import of phenomenological accounts of disability for the existentialist tradition. Through the case of multiple sclerosis, a noncongenital, late-onset, and degenerative disability, I show how the general structures that emerge from its lived experience support a mere-difference view of disability and highlight the need for an equitably habitable world. I further argue that phenomenological accounts of disability demonstrate *accessibility* to be the defining feature of what it means to be embodied as we are. I conclude with a more general discussion of the relationship between disability, embodiment, and existentialism.

A rare snow hits the fall ground, capping the Douglas-firs of Sacred Heart Hospital in Eugene, Oregon, Willamette Valley's soul.¹ Fifteen years before the turn of the century, I come into the world calm, almost uncannily so. Melodic acoustic guitar and the devout, haunting tenor of John Michael Talbot, a Roman Catholic monk, reverberates off four sterile walls. A low hum, perhaps sonorous devotions, perhaps the cassette player's clawing, or perhaps one of the many medical devices measuring beats, pressures, and saturations pierces through the tranquility as everyone notices that something is wrong. My right leg directly faces my left. It is turned all the way inward. I do not cry. I do not fuss. But that does not change the fact of the matter: I am born with a club foot.

To correct this congenital "defect" requires a simple and unremarkable "fix": a surgery and a cast. Six months later, my right leg is in fact *right*, as it should be and should have been in the eyes of all who care for me. I remember none of this.

Yet, it haunts me.

Whether a club foot or a "corrected" foot, both mark possibilities of *which I am*—both mark possibilities of my singular being, a being that carries not just with how things have gone, but with how they could be. For much of human history, such a possibility, understood as bodily data reducing one's worth, ensured hasty death. Exposure, the practice of leaving infants with congenital disabilities out in the wilderness to die, is attested across millennia and across cultures. Excepting those utilitarians who lack the capacity to differentiate between the economic and the moral, most people today find infanticide reprehensible for any reason except palliation of suffering in the face of impending, inevitable death. But this reprehension misleads.

At bottom, nothing has changed. We still practice exposure. We still judge the worth of a person, or even entire groups, based on their bodies. We

still do so to the point of death. We just talk about it and carry it out differently.

This should worry us for many reasons, but the most important can be stated simply: disability is an essential part of human existence. Variation across form, mode, and function is neither a tragic fault, nor a bare fact, but a sparkling feature of human existence. Whether by birth, accident, aging, or any other vagaries of life, without disability there simply wouldn't be organisms like us.ⁱⁱ

To better appreciate the stakes of disability as it relates to embodiment, social life, and, ultimately, human existence, consider the work of disabled phenomenologist S. Kay Toombs. In a seminal 1995 article entitled, "The Lived Experience of Disability," she writes that "for the person with a tremor, a bowl of soup is not simply 'something to be eaten.' It is a concrete problem to be solved. How does one get the liquid on to the spoon and then the spoon to one's lips without spilling the contents?" (13). Toombs is not making a claim about perception; she is not saying that one person perceives the bowl of soup as ready-to-hand, as an object for use to provide sustenance, and another perceives it as in-the-way, as a problem to be overcome to achieve sustenance. Her claim is that the bowl of soup *is* different in its very being for these two people. To reduce this difference to perception and to reduce the point of this passage to a banal defense of perspectivalism would be a misinterpretation. Toombs is making a claim about the meaning—the meaningfulness—of the particular thing we call a bowl. At the level of lived experience, the stereotypically able-bodied person encounters a fundamentally different "bowl of soup" than one disabled through tremors or the like.

Earlier in the essay, Toombs writes, "I am embodied not in the sense that I have a body – as I have an automobile, a house, or a pet – but in the sense that I exist or live my body." (Toombs 1995: 10). My body is my

“orientational locus in the world,” and “the surrounding world is always grasped in terms of a concrete situation” (Idem: 10, 11). Toombs here riffs off of Simone de Beauvoir’s claim in *The Second Sex* that “the body is not a *thing*, it is a situation: it is our grasp on the world and the outline for our projects” (2011: 46). On this view, the body is neither something we “have” and from which we act only insofar as we carry or inhabit it, nor is the body something we can shake off and ignore, as sophomoric brain-in-a-vat futurists assume. My bodymind is the ground of the possibilities of which and for which I am.ⁱⁱⁱ My bodymind is the foundation of that which *is* and *can be* for me. This is why significant bodily change provides such novel insights into how things are, have been, and could be.

Toombs’ scholarship focuses on her experiences of degenerative Multiple Sclerosis (MS), with which she was diagnosed in 1973. As she describes her own research career, she draws on the lived experience of MS to “reflect on issues relating to the experience of illness and disability, the phenomenology of the body . . . the care of the chronically and terminally ill, the challenges of incurable illness, the meaning of vulnerability, and the relationship between health care professionals and patients” (Toombs 2014). A primary feature of degenerative MS is fluctuation in bodily function. She writes that “what is peculiar about this ‘seeing through the body’ in the event of changed bodily function is that it renders explicit one’s being as a being-in-the-world. *A problem with the body is a problem with the body/environment.*”

I’ll return to this line below, for in many ways it captures the central claim of all disability activism and disability studies: because the bodymind is not an in-itself, is not a monolithic entity impermeable to the outside, it cannot be considered on its own. Nor can anything “out there” in the world. It’s all in the “/”; it’s all in relations.

In many ways, this line also captures the central claim of phenomenology. The twin ideas that (i) consciousness is always consciousness *of* something and that (ii) consciousness is necessarily embodied are core insights of the

existential-phenomenological traditions.^{iv} To appreciate that “a problem with the body is a problem with the body/environment,” as Toombs puts it, is to appreciate that there are no *pure* bodily facts or bodily problems or bodily values, and so on. There is no such thing as a body without a *mise en scène*, an environment, a world. And there is no such thing as a good, ideal body, just as there is no “bad, corrupted body” (*mochterou kai diephtharmenou somatos*), despite Socrates’ utter confidence to the contrary in Plato’s *Crito* (47e).^v Instead, there are bodies that find habitat and those that do not. There are bodies we care for and bodies we do not. The space of ethics *just is* the space between these two poles. This simultaneously metaethical and ethical insight offers a glimpse of the expansiveness towards which our embodied existence opens us as creatures defined by ἕθος.

Having outlined the general contours of Toombs’s account, I will now turn to examine her phenomenology of disability in more detail. Toombs’s description and reconstruction continually highlights the import and variability of *salience*. That which is noticeable, or has the potential to be noticeable, can be of a qualitatively different kind for one with disability/impairment X than one without. Both that to which one attends and also how one attends to multiple types of phenomena change based on one’s embodiment, one’s relationship to it, its interaction with a given environment, and others’ relation to and regard of it. Not just the scope, but also the meaning of one’s attention concerning bodily movement can be narrowed or widened. I call this feature of the general structure of the lived experience of MS *attentional* reconfiguration.

Attentional reconfiguration can occur when, for example, the salience of an action, desire, or possibility shifts from one’s body to the environment. When “I can’t walk” becomes “can I get there in my wheelchair?” When “I want to cross the street” becomes “are there curb cuts?” or “are there audible walk signals?”

With respect to the changed character of physical space, it is important to recognize that those of us who negotiate space in a wheelchair live in a world that is in many respects designed for those who can stand upright. Until recently all of our architecture and every avenue of public access was designed for people with working legs. Hence, people with disabilities (and those who regularly accompany them) necessarily come to view the world through the medium of the limits and possibilities of their own bodies. One is always “sizing up” the environment to see whether it is accommodating for the changed body. For instance, I well remember that my first impression of the Lincoln Memorial was not one of awe at its architectural beauty but rather dismay at the number of steps to be climbed. This bodily perception is, of course, not limited to those with disabilities. . . . What is peculiar about this “seeing through the body” in the event of changed bodily function is that it renders explicit one’s being as a being-in-the-world. *A problem with the body is a problem with the body/environment* (Toombs 2001: 250, my italics; cf. Toombs 1995a: 12–13; Toombs 1995b: 13–14).

In other words, when *access*, instead of pathology, impairment, or even accommodation, is the frame for one’s interpretation of corporeal difference and variability, one begins to more clearly perceive the complex contours of both built and “natural” inequality and injustice. Both personal (e.g., impairments that result in non-ambulation) and social (e.g., lack of elevators) factors will prove determinate for the purposivity of a life, but the causes, concerns, and complications each brings about are distinct, and distinct in socially, politically, and historically decisive ways. Humans could, point of fact, make a world where the use of wheelchairs doesn’t substantively limit one’s life opportunities (Hamraie 2017). Whether we do so is ultimately a question of political organizing and will. Why we currently do not is a reflection of the moral morass of all those institutions that attest to take the charge of justice and equity seriously. It’s all in relations; it’s all in *access*.

If you have taken a Disability Studies 101 course, you'll know that the concept and import of access is revelatory for able-bodied people.^{vi} So many humans are educated to believe in a naïve theory of ability on which abilities inhere in and are discrete qualities or properties of a subject. Yet, even a cursory amount of reflection proves such an account flawed. "I can breathe" is no more descriptive of myself than it is of the environment that affords my breathing. Which is to say, it is *neither* a claim about me, *nor* my environment, but about their relation. A slight change to the proportions of oxygen and nitrogen in the air demonstrates this swiftly and decisively. A slight change to my social relations demonstrates this as well, as the meaning of the phrase "I can't breathe" after George Floyd's police murder in 2020 made clear across the globe. This is not to say that lung capacity is not a relevant factor in the conceptualization of the "ability to breathe" —it is instead to say that the conditions of possibility of any given "I can" are never isolated in a subject.

Of course, the hermeneutic strategies at one's disposal will impact how to go about explaining those abilities, ability transitions, and ability expectations. When Toombs, upon becoming a wheelchair user, cannot access location X because that location only has steps, a reconfiguration not just of space but of attention, salience, and *sens*—hearing simultaneously in that French noun both "meaning" and "orientation"—has occurred. What it means to "be able to go to location X" shifts from a narrow, ultimately illusory focus on merely oneself to a focus on access, to a focus on the interplay between oneself and one's environment. Attentional reconfiguration is in this sense a reconfiguration of not just the furniture of the world, but of one's horizon, the frame or gestalt in which and by which the totality of one's world is experienced as meaningful.

To be sure, attentional reconfiguration can be difficult. Especially with respect to noncongenital disability, Toombs's account suggests that the shift from established ability expectations to new ones is often hard to deal with and work through. Part of this is because, at least in cases such

as those under discussion, attentional reconfiguration can be disorienting (Lajoie 2021). Crip or nonnormate time and space are distinct from and transform normate time and space, transformations which can be turbulent, hitting cross-currents (Kafer 2013; Reynolds 2020; Reynolds 2022c). As Toombs notes, “the dimensions of high and low also vary according to the position of one’s body and the range of possible movements. From a wheelchair the top three shelves in the grocery store are too high to reach since they have been designed for shoppers who are standing up” (2001: 250). Lived space is not the domain of the geometer, but the tailor: it is a question of “fit” or “misfit” (Garland-Thomson 2011). The design, purposivity, and scene of things ever inform one’s sense of place, space, and time. What a body can or cannot do, then, is never a question *merely* about one’s body but instead about relations of affordance (Hendren 2020). These relations and their parts shift in salience depending upon one’s bodymind and the situations in which one finds oneself.

Of course, one can experience *I don't belong here* in non-built environments as well. A hurricane strikes; a wildfire turns the sky dark and air thick; a predator animal sets its sights on one whilst protecting its offspring, and so on. In those cases, the salience of the fluidity of one’s abilities will come to the fore quite explicitly. If one is ambulatory but, say, not able to run for whatever reason, that inability will become a primary determinate of one’s survival (and one may well wish that a fast wheelchair was at one’s disposal). If one is allergic to the flora in a given area, and this temporarily makes one “unable” to run or maybe even to walk, that inability will instead become primary. Even if one is genotypically and phenotypically “normal,” should the organism hunting one be faster, then that species-level difference in “ability” will become primary. Or, perhaps other environmental factors come to the fore: the wind is too strong or the ground too sticky. In each case, personal, environmental, or species-level abilities (among other ultimately heuristic ways to carve up the phenomenon in question) will prove decisive as a result of their dynamic interaction in a given situation.

There is also attentional reconfiguration with respect to time. Toombs writes:

The transformation in being-in-the-world that occurs with disability incorporates not only a change in surrounding space and a disruption of corporeal identity, but also a change in temporal experiencing. Just as lived spatiality is characterized by an outward directedness, purposiveness and intention, so time is ordinarily experienced as a gearing towards the future. Normally we act in the present in light of anticipations of what is to come, more or less specific goals relating to future possibilities. With bodily dysfunction this gearing into the future is disrupted in a number of ways. For instance, temporal experiencing changes in the sense that the sheer physical demands of impaired embodiment ground one in the present moment, requiring a disproportionate attention to the here and now. One is forced to concentrate on the present moment and the present activity rather than focusing on the next moment. Mundane tasks take much longer than they did prior to the change in abilities. For instance, when habitual movements are disrupted, the most ordinary activities such as getting out of bed, rising from a chair, getting in and out of the shower, knotting a tie, undoing a button, demand unusual exertion, intense concentration, and an untoward amount of time. (Think, for example, of the difference between the time and effort required to tie one's shoelaces using one, as opposed to both, hands—especially if one is right-handed and only able to use the left hand to perform the task.) In this respect persons with disabilities find themselves “out of synch” with those whose physical capacities have not changed. This temporal disparity is not insignificant in terms of relations with others. “What’s taking so long?” others ask impatiently (1995: 19-20).

Acquiring disability involves acquiring the need for novel skills. These might include doing old tasks in new ways, mastering new tasks, or

figuring out how to meet ends—and make ends meet—without engaging in certain tasks at all. This process means that one cannot initially take for granted how long things will take. Toombs's phenomenology demonstrates how there will necessarily be an increased focus on the present, on the here and now, as these skills are being developed. Thinking far out in the future will be more difficult during such processes. As other parts of her writings make clear, this attentional reconfiguration can take another turn wherein, upon acquiring these skills and assuming stability with respect to one's condition, the time of certain tasks and the space of certain, especially daily, sojourns become familiar again, and one can just as or nearly as easily look to the future.

We have seen already that disabilities like MS cause reconfigurations that defy simplistic comparisons, such as those based on a before-versus-after or good-versus-bad. Such simplistic comparisons, such binary ways of thinking, function only insofar as one operates with a naïve concept of ability. MS also brings about a profound reconfiguration of one's sense of self and of others' regard. A shift occurs in the relative "unity" of the self as the injury, disease, impairment, or condition—as well as concomitant social regard—moves from "out there" ("my legs are not receiving signals concerning movement") to being constitutive of the self ("I am a wheelchair user"), even if that sense of self typically bears out ecologically ("Is this space accessible?") Insofar as one's condition is variable—for example, if one is unsure of how much pain one will be in or if one's ability expectations will hold from day to day—all of one's projects can be thrown into doubt (Reynolds 2022a). One's identity, especially insofar as it is tied to abilities thrown into question by one's condition, will become uncertain. This is an experience social models of disability are hard-pressed to fully appreciate (Wendell 1996).

These personal–social reconfigurations change the basic contours of one's lived experience as other's regard and judgment render one different, nonnormate. "I can't go there" might now mean "that space is not designed for me." For example, one discovers, as Toombs writes, "a world

that is in many respects designed for those who can stand upright.” Attentional reconfiguration folds back not merely onto the relationship one has to oneself and to the world but also onto the world’s relationship and evaluation toward oneself. Someone staring or even gawking at one can shift from an oddity easily brushed off to a regularity that impacts one’s sense of self to the point of internalization. The gaze of the other (whether doctor, family, stranger, or whoever) co-constitutes the way in which these shifts occur as well as their more specific effects.

Furthermore, whether the people around one figure these changes as a “struggle” or as an “enemy” against which one must “fight,” or whether they instead perhaps figure them as “opportunities for growth,” is not a harmless game of metaphors (Toombs 1992: 1998). When a (temporarily) able-bodied person encounters a disabled person, the able-bodied person’s disability imaginary too often runs wild, grasping incoherently at a smorgasbord of culturally culled ableist metaphors and grossly misguided scripts. Take as an example the following anecdote:

Whenever I am accompanied by an upright person, in my presence strangers invariably address themselves to my companion and refer to me in the third person. “Can SHE transfer from her wheelchair to a seat?” “Would SHE like to sit at this table?” “What would SHE like us to do?” This almost always happens at airports. The person at the security barrier looks directly at me, then turns to my husband and says, “Can SHE walk at all?” We now have a standard reply. My husband says, “No, but SHE can talk!” (When I am unaccompanied people often act as if my inability to walk has affected not only my intelligence but also my hearing. When forced to address me directly they articulate their words in an abnormally slow and unusually loud fashion—in the manner that one might use to address a profoundly deaf person who was in the process of learning to lip read (Toombs 1995a, 17; cf. Toombs 1995b, 16–17).

These types of situations, attested by numerous wheelchair users as well as people with disabilities of other sorts, are problematic and revealing. Ableism allows one to run from “You’re disabled” to “You’re not like me” to “You probably can’t do anything” (Nario-Redmond, 2019). This represents a hyperinflation of the ableist conflation wherein disability is not simply a local harm but a global harm—a harm that affects one’s being *tout court*. In this anecdote, and due solely to the fact that Toombs utilizes a chair for mobility, she is assumed to be able neither to speak, nor to think, nor to fill-in-the-ableist-blank. Toombs’ account suggests that part of the lived experience of becoming disabled is to change one’s understanding of oneself and others in the harsh light of the ableism that structures so much of human life. When one is forced to reckon with an oppressive, widespread phenomenon like ableism, and to do so in a way that directly bears upon one’s sense of self, belonging, community, and the like, it is inevitable that personal and social reconfigurations will follow. The sort of person one is and how one understands oneself and one’s place in the world change.

On the whole, Toombs’s account shows that while certain aspects of the world recede or compress, other aspects are opened, generated, and enriched. The quality of one’s existing relationships may disappear or instead take on a new urgency, depth, and character. The understanding of space, both built and social, may be amplified or even transmogrified in light of new interests, new problematics, new activities, new desires, and new interpersonal relationships. Values change. Novel transformations emerge. The very texture and fabric of the experience of possibility can be made anew through the variability of the body and the relations it affords to the world.

More pedantically, the walking cane or some other assistive device, things which for many are but a helpful object from time to time when needed, might become beings through which and by which one lives. Such objects no longer exist as mere things and are no longer encountered as at hand. They take on new meanings. In short, alteration toward comparative

impairment and/or disability does not entail long-term hedonic degradation. Even small changes, like the shift from a heavy to a lightweight wheelchair, can have massive implications:

Before I purchased a lightweight wheelchair, I was unable to wheel myself around because a standard model was too heavy for me to operate. Consequently, I had to be pushed. I hated “being in” a wheelchair. It made me feel utterly dependent on others. It was a symbol of limitation. I used it as little as possible (even though that meant sometimes cutting back on social engagements). Then I obtained a lightweight wheelchair I could operate myself. I no longer needed to be pushed. “Using” rather than “being in” a wheelchair is an affirming, rather than a demeaning, experience. This phraseology is not just a matter of semantics. When I manipulate the chair myself, I am in control. I can go where I want to go “under my own steam.” Thus, *wheeling represents freedom rather than limitation*. My wheelchair has become, in effect, my legs—an integral part of my body (Toombs 2001: 259-60, my italics; cf. Wolbring 2003: 139-156)

The ableist conflation gains traction and drills down into the able-bodied imaginary by ignoring or denying the complexity and variability of disability experience. It can't comprehend the existential difference between “wheelchair-bound” and “wheelchair-free,” for it can only see a life constricted relative to dominant ability expectations, to ability norms cast in ableist molds, and to able-bodied priors that are treated as static constants. At the level of lived experience, using a wheelchair does not mean “*not* being able to walk.”

As Toombs' account makes clear, wheelchair use in fact means *freedom* to move—assuming, of course, that it is in fact a good fit for the user.^{vii} Whatever sufferings congenital disability can accurately be said to bring about, these are often due to not degradation, but the structures and strictures of social spatialization and temporalization. An Autistic student

might, for example, be disproportionately disciplined and cordoned off from other students. A wheelchair user might not be able to access certain areas because architects or other construction professionals have assumed that wheelchair users need not be considered or that they would rather take the chance of a lawsuit by means of the Americans with Disabilities Act. At risk of belaboring the point, none of this is necessitated by the impairments in question.

In closing, there are two large takeaways from Toombs' work that centrally bear on the history of the phenomenological-existential tradition(s) that I want to highlight: phenomenology in general illuminates the general structures of embodiment and phenomenological accounts of disability in particular illuminate the stakes of not just embodiment, but *accessibility* for existence. The lived experience of noncongenital disability attests to a profoundly complex, multifactorial, and dynamic relationship between one's body and the world—a relationship that is true of *any* body. It brings about attentional, personal-social, and existential reconfigurations, the valences of which are highly sensitive to the conduct and context of one's particular life and life projects. Toombs's account further suggests that we will only understand the particular, concrete meanings of disability via highly-tuned, fine-grained attention to how people actually experience it. A further implication of Toombs's phenomenology is that to understand the "disabled" body, one must interrogate the relationship between possibilities and norms as well as, and more specifically, the role that the concept of the normal and its enfleshment plays for judgment, desire, and action.

Being disabled is like any other significant facet of human identity: it shapes one's world. Whether one is shaped for good or bad and whether one is shaped a lot or a little depends on a host of factors. Some disabilities, such as pediatrically fatal conditions like infantile Tay-Sachs,

certain dissociative disorders, or those concomitant with chronic pain, can be world destroying. Others, like blindness, Deafness, or many types of neurodiversity, can be world creating. Most disabilities, however, are somewhere in between—just like any other socially distinct form of life.^{viii} Different ways of being-in-the-world are not, by virtue of being different, worse ways of being. As Elizabeth Barnes convincingly argues, empirical evidence supports mere-difference views of disability, not bad-difference views (Barnes 2016). The cases in which disability turns out to be a bad-difference, and such cases certainly exist, are the exceptions, not the rule—if, that is, one wishes to make claims about “disability” as such (Campbell & Stramondo 2017: 151-184).

Even more fundamental than offering insights concerning well-being, lived experiences of disability so clearly reveal the very distinction between the able body and the disabled body to be absurd and naïve if taken as categorical. That one cannot access location X with a wheelchair or that one is treated poorly by educational systems due to being neurodiverse or that one cannot hold down a job due to persistent migraines are not merely questions of physiognomy or neurology or pathology or any number of other -ologies; they are invariably questions shaped by the reigning ability expectations determinate of current social life and shaped by the work we do, or fail to do, as a society to make the world more just and equitable. We have such a long way to go to care well, and to learn how to care well, for others—and not just human others.

I’m glad I wasn’t killed or left to die because of my club foot.

I’m glad the society into which I was born wanted to run together with me, even if it turned out I couldn’t run. What made my right leg *right* was neither a cast, nor the handiwork of surgeons. It was the solidarity and community of others who saw me as their own and welcomed me with open arms into the world, “defects” and all.

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ⁱ This chapter borrows, significantly modifies, and expands from chapter two of Joel Michael Reynolds, *The Life Worth Living: Disability, Pain, and Morality* (Minneapolis: University of Minnesota Press, 2022) and from Joel Michael Reynolds, "Bodymind," *The Philosopher* 110, no. 4 (2022). I could tell a different story here, a more historical one about how disability has been treated (or, more often, ignored) in the existentialist and phenomenological traditions. Instead, my aim will be to animate the import of disability for existentialist and phenomenological inquiry. For an analysis that focuses at least as much on the former as the latter, see Joel Michael Reynolds, "Disability as a Theme in Phenomenology," in *The Encyclopedia of Phenomenology*, ed. Ted Toadvine and Nicolas de Warren (New York: Springer, Forthcoming).

ⁱⁱ Or, put otherwise, both impairment and also disability, to employ the core distinction of social models are facts of existence. This is not to discount the differences in degree--differences that can seem to reach differences in kind--of those who are disabled in ways that result in being *targeted* as objects of ableist hate. Cf. Mark Sherry, *Disability Hate Crimes: Does Anyone Really Hate Disabled People?* (Burlington, VT: Ashgate, 2010). It is, on the contrary, to note that the core problem is how we treat others based upon differences, perceived or real, not how sharply we draw lines. A further note: though I will focus in this chapter on human animals, there are many rich resources for thinking about disability in the non-human animal world as well. A brilliant entry-point is Sunaura Taylor, *Beasts Of Burden: Animal And Disability Liberation* (New York: The New Press, 2016).

ⁱⁱⁱ I will speak of "bodymind" from this point forward, drawing on Margaret Price's coinage, to avoid any untoward dualisms. See Margaret Price, "The Bodymind Problem and the Possibilities of Pain," *Hypatia* 30, no. 1 (2015): 268–84, <https://doi.org/10/gf9f8x>.

^{iv} Some might balk at (ii), especially given the longstanding impact of Husserl's transcendentalism on the phenomenological tradition. But that impact is due too many for too long either not reading, not taking seriously, or simply ignoring *Ideas II*. Others might balk for a different reason—Heidegger's infamous neglect of the body. But Heidegger's neglect plainly backfires, resulting in the body haunting his work, as Derrida's 1980's *Geschlecht* essays made crystal clear and as later scholarship compellingly

showed. On all these points, respectively, see Husserl, 1989; Welton, 2000; Aho, 2009; Ciocan, 2008; Reynolds, 2021. For how I think Merleau-Ponty fits into this account, see Reynolds, 2017.

^v Plato, *Complete Works*, ed. John M. Cooper and D. S. Hutchinson (Indianapolis, IN: Hackett Pub., 1997).

^{vi} It's not revelatory for disabled folk—it's instead obvious.

^{vii} As I argue in *The Life Worth Living: Disability Pain and Morality* (Reynolds 2022a), on the ableist conflation, there is nothing but constitutive suffering in disability writ large. This is so despite being obviously mistaken both empirically and theoretically and especially so in cases of congenital disability not concomitant with constitutive pain. Put anecdotally, when an "able-bodied" person expresses pity to someone who, for example, was born without a phenotypical limb and says "You poor thing, it must be so hard without that!" the response is typically something like "Uh, no, I get along just fine" (likely followed by "please get away from me").

^{viii} In sum, bodily change reveals the conditions under which one experiences any given "ability" as such. This is possible because of the conjuncture of (i) and (ii) mentioned above, for just as consciousness is always consciousness *of* something, always geared into and matrixed with all that we find in our concrete situation at any given moment, the meaningfulness *of* everything in one's world—including parameters like space and time—is underwritten by one's bodymind.