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SPECIAL ISSUE
Critically Sick: New Phenomenologies of Illness, Madness, and Disability

A CRIP QUEER DIALOGUE ON SICKNESS
EDITORS' INTRODUCTION

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The idea for this special issue emerged through a winding (and queer) series of conversations. In February 2019, in the dead of winter, we drove to windy Quebec City together to present at a feminist philosophy conference organized by a friend and her colleagues. This was our first time presenting together and we wanted to reshuffle the expected presentation format and talk about what was really on our minds, together, in collaboration and dialogue. Our conversations at the time often revolved around our experiences living with (un)diagnosed mental illness.[1] When we checked-in with each other via text, sent virtual "spoons" (a token of energy, in crip parlance), and met for coffee, we talked about pain and unwellness, bad mental health days, medical appointments, changes in prescription medications, and the feeling of being not-at-home in our bodyminds.[2] We were—and remain—particularly interested in how these elements affected our research both conceptually, in terms of the ideas we are drawn toward, and practically, because being disabled, for

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[1] We have both received various diagnoses of so-called "mental illness" and have had varying experiences obtaining such diagnoses. Many of these diagnoses are typical of those often received by white, female-coded patients in the psychiatric-industrial system today. While we do not explore these questions at length here, much excellent work discusses issues of Mad and disabled (dis)identification in ways that we find illuminating and comforting, including Johnson 2010; Price 2011; Samuels 2003; and Schalk 2013.

[2] Christine Miserandino coined the "spoon" metaphor in an essay titled "The Spoon Theory" (2003). Miserandino employs the metaphor to describe to a friend the energy-consuming effects of daily tasks when living with chronic illness. Spoons indicate the limited units of energy that disabled and chronically ill folks have available to go throughout the day. When spoons are running low, they need to be recharged (e.g., by resting, canceling plans, or receiving care).

Disability studies scholar Margaret Price introduced the notion of bodyminds in her 2015 article "The Bodymind Problem and the Possibilities of Pain." Price's use of this term rejects our tendency to think about bodies and minds in dualistic terms. Because it rejects this artificial, second-order distinction, in favor of our felt experience of our bodies, this notion is particularly ripe for a phenomenological analysis of experiences of illness, madness, and disability. The term has since been widely adopted by disabled communities and was recently employed in Sami Schalk's excellent *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (2018).

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each of us differently, means managing unexpected flare-ups of pain the day before an important deadline, losing a day in a psychiatric emergency room, feeling too ill to read and write, dealing with panic attacks at academic conferences, or not making it to the conference at all. In an early email about submitting a proposal for the Quebec City conference, Corinne observed how strange it was to write conceptually about realities that are also conspicuously felt and material for them: "I guess it's also a point we're trying to make in this presentation, but it's still difficult." Emily agreed: the past few months had been particularly challenging in concrete and everyday ways, and yet they "*could not but* write and think about madness."

Our presentation that February explored how illness, which at the time felt like the appropriate vocabulary to describe what this special issue now calls sickness (more on this later), un/made traditional conceptions of subjectivity, temporality, spatiality, and embodiment. For this task, and given our philosophical trajectories and inheritances, phenomenology seemed like the obvious place to start. From its inception in Husserl's *Logical Investigations* (1970), the field of phenomenology has developed a rich conceptual vocabulary and a rigorous methodology to describe human experience as it is *lived*, without prejudices or assumptions. Phenomenology's focus on the transcendental structures of everyday experience reveals commonalities across our ways of accessing the world as a meaningful milieu. We argued in our presentation that phenomenology also offers us important tools to study the meaning and lived experience of illness beyond the narrow scope of a biomedical framework. Take, for example, phenomenology's sustained interest in corporality. Corporality is an ostensibly "universal" feature of human experience and thus it functions historically within phenomenology as a springboard for the distillation of the meaning of our everyday lives. For Husserl (1989) and for Merleau-Ponty (2012), we must distinguish between our body as a neurobiological entity (*Körper*) and our body as it is experienced (*Leib*). The lived body, as Husserl explains it, determines our "near sphere" or "primordial core sphere" (1989, 149-150). Put another way, it is the "here" from which we encounter the world, our zero-point of orientation. Our lived body is our means of *having* a world and being-*in*-the-world. Phenomenology is borne by this originary relation of inhabitance and body-world reciprocity.

When it is employed to analyze particular human experiences, we view the *Körper/Leib* distinction as an invitation to re-orient philosophical analysis toward first-person accounts of illness, madness, and disability. From an ethical viewpoint, we must remain attentive to the contrasts between first-person accounts and biomedical assessments, priorities, and decisions, including normatively laden medical assessments of quality of life (Reynolds 2018; Stramondo 2020). The recorded disparities between patient experiences and medical etiology map onto urgent concerns about the place given to the voices and experiences of those immediately affected by illness, madness, and disability in medical discourse, and the perceived illegitimacy of their epistemic claims (Kidd and Carel 2017, 2018). Finally, a phenomenological approach also highlights the existential importance of meaning (or sense) in our lives, and its elision from most biomedical frameworks. Illness, madness, and disability transform how we orient ourselves in everyday lifeworlds; these experiences may render alien and uncanny our understanding of ourselves and of others, thus shifting how we *make sense of things*. A phenomenological approach turns our attention toward the many orientations and *dis*orientations that these experiences prompt, the moments of doubt, loss, joy, grief, pain, solidarity, and clarity that make up ill, Mad, and disabled lives.

Husserl and Merleau-Ponty's foundational phenomenological forays mainly pursued structures of experience that were not only common or shared, but also "universal." Yet, as our presentation in Quebec City highlighted, these claims to universality have since been contested. In particular, feminist phenomenologists have rejected putatively universal accounts of embodiment in favor of analyses considering how "oppression, power, and privilege may form the horizon wherein [. . .] experience is situated and historicized" (Al-Saji 2017, 143). Our everyday lifeworlds are shaped by social, political, cultural, affective, and historical circumstances that inflect what we are oriented toward and the "here" from which we encounter objects, others, and environments. A too-broad focus on universality threatens to reproduce harmful assumptions about what counts as *universal* and to erase minoritized identities from our analyses in the process. By revealing a richer breadth of embodiments and perspectives than those offered by earlier phenomenologists, feminist phenomenologists have produced important analyses of the multiply situated ways in which people of all genders encounter the world. The work of feminist, critical race, and queer phenomenologists reveals that our bodies are positioned along different axes of power that determine what counts as "normal." The long-standing privilege of the able-bodied, white, middle-class, cisgender male subject is slowly giving way. In its place, phenomenologists (and philosophers, more generally) are finding a rich variation of bodyminds whose lived situations and horizons greatly vary.

A second important lesson of feminist phenomenology is that we must pay closer attention to aspects of embodied life that have been cast as deviant, deficient, or flatly non-philosophical. In recent years, this provocation has led to analyses of such diverse phenomena as illness and psychopathology (Carel 2016; Fisher 2015; Lajoie 2019a; Wilkerson 2014), sexed embodiment and sexuality (Heinämaa 2010; Zeiler and Guntram 2014), pregnancy and childbirth (LaChance Adams and Burcher 2014; Heyes 2012; Oksala 2016; Young 2005), aging and death (Cuffari 2011, 2014; Weiss 2017), biomedicine and medicalization (Dolezal 2010; Wieseler 2018; Zeiler and Käll 2014), and disability (Diedrich 2001; Salamon 2012; St. Pierre 2015). These phenomena, in fact, are deeply philosophical: they provide a critical foil for the unexamined ideal of normate embodiment and reveal to us that the course of human experience is neither exclusively oriented, nor entirely or even primarily predictable, autonomous, and voluntary.[3]

As inheritors of this legacy of work, we continue to ask: why have early phenomenologists taken so long, or been so reluctant, to investigate disability, illness, and madness as inherently valuable forms of existence? Rather than employing these experiences as exemplary of breakdowns or deviations in the course of human life, how can we view them as

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[3] For details on the conception of normate, access Garland-Thomson (2017) and Reynolds (2019).

"complete forms of experience" (Merleau-Ponty 2012, 110) or points of departure for what Joel Michael Reynolds (2017) aptly terms a crip phenomenology? Why have these experiences so often been framed as mere limit cases for describing "normal" embodiment and consciousness? Lastly, and speaking more directly to the purpose of this special issue, how do "the complex textures of social life" transform the ways in which we feel ill, disabled, and Mad (Guenther 2013, xiii)? In particular, the impulse for this special issue grew from a certain uneasiness (or a *dis*-ease) with the lack of intersectional framing and interdisciplinary focus of most existing phenomenological research on illness and disability.[4] While there exists much excellent work on gendered conceptions of health and ability, considerations of race, class, size, sexuality, and nationality are only rarely and cursorily addressed. Indeed, on closer inspection, and as others have pointed out, social positionality and lived realities of privilege and oppression are often bracketed out of phenomenological analyses of illness and disability (Wieseler 2017, 2018). To our knowledge, there has been no collection of work, special issue or philosophical volume dedicated to phenomenological examinations of illness, madness, and disability which centers issues of oppression, power, and privilege beyond the category of gender. And, while scholars outside of phenomenology have shown interest in cross-pollinations with phenomenology (e.g., Mad and disability scholars using phenomenology), phenomenologists themselves have been less likely to integrate and contribute to lively political, theoretical, and ethical debates emerging from Mad and disability scholarship and activism. Our concerns with these limitations are central to this special issue. Moving forward, we need phenomenological analyses that do not gloss over the crucial significance of structural injustice and oppression in our lives, but rather examine their role in shaping how illness, madness, and disability are lived, diagnosed, distributed, perceived, and produced. Phenomenology can become a germinal site for the study of such varied topics as care work and vulnerability, political agency and representation, access and inclusion, medical racism, and past and current histories of forced institutionalization, sterilization, and incarceration of disabled and Mad people. To embark on this task, however, a critical method is needed.

We understand the *critical* in critical phenomenology to mean at least two things. The first concerns the importance of interdisciplinary dialogue; the second addresses the methodological limitations of classical phenomenology. Regarding the latter, we view critical phenomenology as a growing project that gathers phenomenologists of various horizons around a developing set of scholarly orientations that also function as *dis*-orientations of the tradition. Critical phenomenology breathes new life into problems and questions that are familiar to the phenomenological tradition by taking them astray, away from straight and narrows paths. In this sense, we view critical phenomenology as a *queer* enterprise, in the sense given by Sara Ahmed (2006) to this term. By putting phenomenology to queer use and steering it in new directions, critical phenomenology also asks how phenomenology has been used such that, much like the phenomena it studies, it, too, has a tacit background

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[4] The political category of madness is more rarely taken up by phenomenologists, who tend to work with the notion of mental illness or mental disorder.

that has largely become taken-for-granted. For this reason, Lisa Guenther writes that the ways in which we *see* and *make* the world require "a sustained practice of critical reflection" (2019b, 12). We believe that this practice of reflection must examine both worldly phenomena and the ways in which the lifeworlds that contain them are instituted and maintained, including our own intellectual lifeworlds. Alongside Guenther, we hold that as a philosophical and a political practice, critical phenomenology must pursue the "illumination and transformation" of systems of domination (e.g., racism, capitalism, heteropatriarchy, ableism) that have long been normalized and naturalized as simply *the way things are*—thus receding to the background (2019b, 15). Rather than starting from the assumption that these systems are irrelevant to phenomenological analysis, a critical approach interrogates their role in the creation and maintenance of intellectual traditions, social worlds, and intercorporeal experiences.

This brings us to the question of interdisciplinarity. An important contribution of recent work in critical phenomenology has been its willingness to integrate insights from a variety of fields, including cultural sociology (Melançon 2014), critical prison studies (Guenther 2018; Pitts 2018), political theory (Ahmed 2019), human geography (Kinkaid 2020), aesthetics and visual studies (Al-Saji 2019; Ortega 2008, 2019), environmental studies (Christion 2019), queer and trans theory (Salamon 2010, 2018), critical whiteness studies (Ahmed 2007; Guenther 2019a), and decolonial theory (Whyte 2016). This interdisciplinary work showcases the unique value of the phenomenological toolkit at the same time as it refines our awareness of its limits and indicates avenues of potential growth. To this end, our aim with this special issue was to encourage interdisciplinary work that considered the contributions of Mad and disability scholarship, alongside other fields of critical inquiry, to the phenomenological study of illness, madness, and disability. As intellectual projects that are rooted in grassroots activism and social critique, these fields have the potential to sharpen phenomenology's foundational methodological tools. In recent decades, Mad and disability scholars have produced some of the most important research on modern conceptions of health, sanity, and normalcy. These scholars study illness, madness, and disability not as individual tragedies, but as worldly experiences that have been systematically devalued and stigmatized. Recent work has also exposed the sexed, gendered, classed, and racial distribution of vulnerability and debility as a central feature of contemporary bio- and necropolitics (Ben-Moshe 2020; Erevelles 2014; Puar 2017; Tremain 2017). The insights developed by Mad and disability activists and scholars are momentous and they must be an integral part of future phenomenological conversations about sickness.

Our use of the term *sick* in this special issue is intentional and responds to the concerns we have outlined thus far. The notion of "sickness" became a focal point of our discussions after our presentation in Quebec City. We both used the notion colloquially, at the time, to discuss how our bodyminds felt out of synch with dominant expectations of sanity and productivity: sick as deviance from the norm and as a willful refusal to be well, if "being well" meant *falling in line*. Today, we use the notion of sickness conceptually and colloquially to draw connections between experiences of illness, madness, and disability within a critical phenomenological framework. This is not to say that these experiences are either mutually exclusive or strictly synonymous: they are neither of these things. We also do not intend any of these notions to function as a placeholder for the others; caution is required as the rhetoric of similarity or dissemblance can inform a politics of sickness that further disenfranchises and oppresses marginalized peoples. When thinking and writing about these experiences, we must remain carefully attentive to the phenomenological and political particularities of illness, madness, and disability. With this caveat in mind, we choose to talk about sickness to honor the many coalitional alliances formed between Mad, disabled, and ill folks. Our use of the term "sickness" also challenges the ways in which illness and disability have been deployed within phenomenology mainly in isolation from critical examinations of ableist and sanist norms and normalizing labels of somatic and psychiatric normalcy.

In their 2019 *Symposium* article, "A Critical Phenomenology of Sickness," Corinne suggests that sickness functions as a disruptive analytic for the traditional phenomenological dyad of illness and disease, which is widely employed in the literature (Carel 2016; Leder 1990; Svenaeus 2019).[5] Most traditional phenomenological approaches to illness view the distinction between illness and disease as conceptually contiguous with, respectively, the body as it is experienced by ill patients and the body as a medical object of scrutiny. One is diseased, for example, when she is medically diagnosed with a "natural" dysfunction through empirical observation. Illness, on the other hand, captures what it is like and what it means to the ill person to live with disease (Lajoie 2019b, 50-51). In turning to the notion of "sickness," we are not claiming that this phenomenological distinction is unhelpful or unimportant. However, the vocabulary of illness and disease alone does not highlight the intersubjective phenomenology of our social and material lives, including the ways in which experiences of bodily difference are framed by systems of power, exploitation, and oppression. Our use of "sick" refuses this depoliticization of experiences of illness, madness, and disability. Thus, the deeper point that follows from its terminological addition to the dyad of illness and disease is that being "sick" is a political experience in ableist, racist, sexist, sizeist, and classist social worlds. Similarly, Emily's dissertation and current research ask how the ascription of agency, potential, or resistance to "sick" bodies is conditioned both by their lived experience and by the sociogenic roots and treatment of much disability, debility, and madness. We both believe that we must analyze the structures that sicken us and keep us sick, as well as their sustained normalization. Without this practice of critical reflection, we risk forgetting that sickness is neither a "natural" fact of the body, nor a "natural" feature of contemporary lifeworlds.

A final clarification is in order. Our concern with the social architecture of illness, madness, and disability is *not* meant to frame these experiences as social constructions (Douglas 2018). A critique of socially disabling and debilitating environments should never dislodge the recognition and analysis of the complex—and often understated—scope of pain, grief, and agony that sickness may prompt (Hedva 2016; Mollow 2014). Being sick

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[5] A notable exception to phenomenological tradition's focus on illness and disease is Kevin and James Aho's (2009) discussion of sickness. Although they make a different use of the notion of sickness, their discussion of deviance in relation to sickness bears some similarities with our approach.

can lead to existential insecurity and suffering, especially in the face of violent economies of care and vulnerability. To modify a brilliant formulation by Merri Lisa Johnson and Robert McRuer, "the sensory experience of [disability, illness and madness], what it feels and looks like [to be a 'sick' subject]" is intrinsically linked to and cannot be detached from "the body politics of [these experiences], how [they operate] as a cultural location of stigma and defiance, marginalization and collective organizing" (Johnson and McRuer 2014, 134). The intertwining of these elements is central to our use of "sick."

The articles in this special issue follow illness, madness, and disability along distinct conceptual, methodological, and historical axes. By being brought together, they tell a story about sickness that is anchored in the complexity of ill, disabled, and Mad existence. In "Shifting the Weight of Inaccessibility: Access Intimacy as a Critical Phenomenological Ethos," Desiree Valentine investigates the phenomenological implications of disability activist Mia Mingus's concept of access intimacy. As Valentine explains it, Mingus's conception of intimacy invites a reconsideration of dominant, rights-based frameworks for thinking about access and draws into focus the everyday forms of relating and belonging between disabled and non-disabled people that birth accessibility and inaccessibility. Access, then, is not simply about checklists and guidelines. It is a way of relating to and with others in transformative ways. Drawing on Kym Maclaren's account of ontological intimacy as intercorporeal encroachment, Valentine asks how we can harness the transformative potential of this encroachment to promote the greater freedom, agency, and becoming of others.

Through an analysis of the phenomenology of containment, Kirsten Jacobson, too, offers insights into human becoming through an analysis of spatial and existential agency. In "Spatiality and Agency: A Phenomenology of Containment," she examines forms of containment that are constitutive and nurturing, on the one hand, and forms of containment that oppress, hinder, or block the exercise of our freedom, on the other. As Jacobson observes, the world around us can be supportive of our growth and agency or it can be hostile and threatening. This claim is illustrated by her analysis of disabling physical containment—and engulfment—in modern prisons. Jacobson's essay illustrates how our existential health can be compromised by environments that violate the relational and dynamic features of human agency.

Critical phenomenology can be particularly helpful for drawing links and connections between structures and apparatuses of power, pathologization, and distress. Sujaya Dhanvantari's "The Violent Origins of Psychic Trauma: Frantz Fanon's Theory of Colonial Trauma and Catherine Malabou's Concept of the New Wounded" forcefully asks us what happens when an event is so shocking that we shatter, considering specifically the event (and ongoing structures) of colonialism. Drawing on Frantz Fanon's analyses of the "psychopathologies" of colonized peoples, Dhanvantari argues that the wound is first, central to understanding the various disorders of colonialism, and second, a bridge to connecting psychic trauma with contemporary neuropsychiatric analyses of "cerebrality." Dhanvantari's paper thus crosses through phenomenology, discussions of transformative experience, and the constructions and destructions of trauma.

Finally, the shorter musings in this special issue explore the themes of this special issue in a less conventionally academic, more exploratory and personal format. We provided the invited authors of the musings with the following prompts to reflect on: What does it feel and look like to be a "sick" subject? How can critical phenomenology engage with discussions around illness, madness, and disability? What are its possibilities and where are its limitations? Lastly, what is the role of first-person narratives in a phenomenological disability studies approach? The answers that Thomas Abrams, Anthony Vincent Fernandez, Lauren Guilmette, Shayda Kafai, and Joshua St. Pierre offer in their musings should also be read as provocations: they invite us to expand both our thinking about sickness and our ideas about what constitutes academic writing.

This special issue is timely for many reasons, with the most manifest of these also being the most unexpected and upsetting. When we first started thinking about a special issue on critical phenomenological approaches to illness, madness, and disability in early 2019, we could not anticipate the extent to which a global shift toward the unpredictability of crip time would define the course of this project. In the past few months, the COVID-19 pandemic has rapidly unraveled all of our agendas and exacerbated pre-existing social inequalities. It comes as no surprise that the health crisis has impacted most drastically low-income, undocumented, incarcerated, disabled, ill, Mad, and racialized persons (with these categories, of course, often overlapping). Among other alarming realities, the ongoing pandemic unmasks our dependency on and abuse of health-care workers (for example, in long term care facilities) and of other, much less publicly valued frontline "essential" workers.[6] The pandemic has also thrown into sharp relief pre-existing racial and gendered inequities and class divides in higher education. It has exposed the deep-seated ableism of institutions willing to deploy material and financial resources that have long been denied to disabled students now that the able-bodied world is under threat. This pandemic sharply highlights who is made sick, kept sick, or denied suffering.

I, Corinne, am writing from a white middle-class position, as a femme-coded disabled queer with access to health insurance through my institutional affiliation in a large R-1 university. I am still able to afford psychiatric medication and therapy, which I need now more than ever, given how deeply distressing this crisis has been. I, Emily, am a white, lower-middle-class disabled queer femme. I live in Canada and have access to health coverage, but I am also enrolled in a doctoral program with limited funding for students past the fourth year—a crack in the system that existed before the virus and will continue to exist long after it, with no additional financial aid planned for graduate students in light of the current situation. The lockdown has affected my daily life in ways that exacerbate my madness, my repetitive strain injury, and my sense of isolation from academic community.

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[6] In both Canada and the United States, there has been considerable loss of life due to the coronavirus in long-term care facilities, exposing many additional health and safety issues. See Béland and Marier (2020) for an account of policy issues in addressing the vulnerability of seniors in long-term care facilities in Canada. See Hold, Ramos, and Mahmoud (2020) for a brief summary of the challenges that the coronavirus is posing to patient well-being and experience in the United States.

Neither of us has lost their income or health coverage and this has largely made possible our bringing this project to completion.

As provinces and states begin to reopen, ableist, racist, sexist, and classist frames of disposability determine the terms of deconfinement. Those whose lives have been made expendable during this crisis may never fully recover from it or survive it. While we have been talking about disabled, Mad, and ill life since the beginning of this introduction, we have only spoken indirectly of the deaths that routinely result from its sustained oppression. For those whose survival is an act of embodied resistance, the question of death is unavoidable. We are being asked today to expect and even welcome the "unavoidable" deaths of many in order to preserve the "well-being" of the economy and to uphold law and order. As we write this introduction, anti-racist protestors are restlessly occupying the streets to call for the disarming, defunding, and disbanding of the brutal police and social forces that murder Black lives and keep those alive in a constant state of near-death debility. We must ask ourselves: who gets sick when the economy gets healthy? How do political and health crises reinforce each other? How do societies decide who gets to be "sane" and who gets to be "healthy"? How can we develop liberatory ways of thinking about illness, madness, and disability, and dismantle the systems that make and keep some of us sick? Wherever it finds its readers, we hope that this special issue generates these and similar questions. There remains much to be said about what it means to be sick and how we can think and write about sickness in ways that nourish our bodyminds, our work, and our movements. We welcome future work around these questions with enthusiasm and curiosity. We hope that crip brilliance and solidarity will increasingly inform how we transform the world.

One last note. We lost many wonderful contributors to unexpected new duties and life shifts due to the COVID-19 pandemic. While they could not contribute to this special issue, we want to hold some space for them in this introduction. There will always be absences in the margins of scholarly projects; we look forward to reading their work through other pathways soon. Finally, we wish to extend our warmest and most sincere thanks to our generous reviewers, to the authors who have contributed their labor and ideas to this special issue, and to the editors of *Puncta*, for believing in the importance of this project and for giving it a home.

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SPECIAL ISSUE
Critically Sick: New Phenomenologies of Illness, Madness, and Disability

DISABILITY AT THE LIMITS OF PHENOMENOLOGY

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Disability is a problem for phenomenology. I write this not to declare that disability is inherently problematic. It is not. Rather, disability is problematic for phenomenology because it challenges some of the core beliefs that many phenomenologists hold dear. I suggest that phenomenological traditions have a lot to learn from the discipline of disability studies—a discipline rooted in human experience, too often ignored by a theoretical enterprise that purports to explore human experience rigorously. My claim here is that by reflecting on the case of disability, phenomenologists can take stock of their tools. We might ask: if our tools cannot deal with the problem of disability, *what good are they?*

In what follows, I define *disability* in two ways. Neither can be taken in isolation; I ask that they be read holistically. Nor are they unprecedented; I write them alongside much of mainstream disability studies scholarship.

I. INDIVIDUAL AND FUNCTIONAL

I argue that disability is a form of functional limitation. This reading is in contrast to those who would establish a strong ontological divide between disability and impairment. Functional limitation *emerges* in the entanglements of bodily function and the surrounding world. For example, I have muscular dystrophy. My function is restricted both by my body (I cannot run, and soon will be unable to walk), but also by my surroundings (the walk to my university office, and the atrocious snow clearing in the city in which I live). I write "function" to suggest both functions in a public sense, my ability to enter a wedding venue, and individual restrictions at the bodily level. Disability is thus proximate to "sickness," but not reduced to it. "Proximate" can mean the relation of a form of limitation caused by sickness, or it can mean having to account for one's sickness and one's disability through the same insurance policy. Both forms of proximity are central to disability.

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II. SOCIAL AND COLLECTIVE

Disability categories shift in time and space. What counts as a disability today, and previously has counted as one, are distinct. Who does—and who does not—claim disability identity is culturally and historically variable as well. There is a historical and individual component to disability categories, and they suggest lives that are deemed valuable and lives that are not. Changing categories shift the material lives of those so classified. Disability—not just disability categories, but *disability*—is collectively defined, historically contingent, institutionally distributed, and, in a descriptive sense, *moral*. In line with most of its adherents, I see disability studies as having two primary tasks:

1. Exploring the cultural distribution of ability and disability, and affirming the lives of disabled persons.
2. Challenging notions of disability that reduce it to bio-economic loss.

In what follows, I examine the Husserlian, Merleau-Pontian, and Heideggerian phenomenological traditions. Disability challenges the epistemological framework flowing through Husserlian phenomenology. Do we all share the same mental framework that makes up the transcendental ego? Need we, to count as human? Disability challenges, too, ideas of bodily capability that flow through Merleau-Pontian phenomenology. Do we all, as humans, share the same embodied experience of the world? Can disability be anything other than the breakdown of the corporeal schema? Finally—to complete my threefold list of white, male phenomenological traditions—disability challenges the Heideggerian tradition. Here, I mean its outright contempt for public life, its disregard for the material world outside of the meaningful structures of *Dasein*, and its atomistic neglect of how meaning is made and disclosed in concert with others.

While each of these challenges asks us to question the benefits of these three traditions, I do not think they are insurmountable. Husserlian phenomenology permits us to consider how cognition is enacted *between* multiple agents. It needn't be reduced to an atomistic rationalism that would exclude those who do not match a single form of consciousness and bodily development (Martiny 2015). Merleau-Pontian phenomenology can also be used to show the shared, bodily in-dwelling that bridges the divide between bodies deemed "abled" and "disabled," and those shifting in-between (Reynolds 2017). Finally, as I have argued in a short book, Heideggerian phenomenology can be used to explore the space of collective meaning upstream from the spaces of subjectivity (Abrams 2016). This means attending to the institutional world before the meaning I establish within it. Heidegger's ontological project allows us to look at the meaning we establish together, before individual subjects are established as abled, disabled, or anything else, in the clinical routine or routine life. Heidegger gives us a model that lets us think about disability in non-atomistic ways. In each of these cases, phenomenology is improved when we examine it through the lens of disability politics. This demands we address economic issues, on which phenomenology has largely been silent. It means thinking about how we live and die *together*, not only alone like Heidegger's carpenter. It means thinking about the ways institutions accord and deny human worth, rather than simply addressing how we experience such subjection.

This is not an "ableist apologia" for phenomenology (Dolmage 2017, 35). Like others before me (Titchkosky 2000), I cringe every time I read Iris Marion Young claiming that "women in sexist society are physically handicapped" in her otherwise excellent paper (1980, 152). I cringe, again, when I see disability reduced to bodily breakdown, as it often happens in the medical humanities literature. Disability is more than the occurrent hammer that breaks, as described in Heidegger's *Being and Time* (1996). And, as a disabled person reading Heidegger, I will always have the horrors of the Holocaust in my mind as I think and rethink phenomenology through the hard case of disability. We need not an apology, then, but rather a demand for affirmation. This means affirming the lives of disabled people through phenomenological frameworks. It means orienting phenomenology towards the oppression of marginalized people the world over. And it means admitting to the horrible politics phenomenologists have been party to.

The biggest limit that phenomenology must address, if it is to sufficiently explore disability, is to account for the structures of capitalism. Here I am not suggesting disability can be *reduced* to economic structures, as Michael Oliver (1990) did in his most-cited book. I am arguing that if we are going to address the relational mode through which disability emerges, involving both bodies and things, we need to explore the commodity form, through which almost everything in the world around us relates. Disability is not just related *to* commodities, as in the prohibitive cost of power wheelchairs, but through it. Put bluntly: exchange value in this world determines who lives and who dies. Health care decision-making, administration of disability in the workplace, gendered and racialized care work, classroom accommodations, benefits provided, and insurance denied to persons fighting for a diagnosis—the list goes on, and on—each of these have capital and disability in common. Each of these issues are of prime concern to disability studies. Are they of prime concern to phenomenology?

The point, then, is this. If we are going to explore disability meaningfully, we need to be able to account for the economic mediators that make disability experience what it is. We can read dusty tomes, written by long-dead phenomenologists, and debate the nature of embodiment, the epistemological structures that make up the life-world, or the practical notion of care through which we engage the world. Fine. But we also must be able to account for human experience situated in the world of capital, and the inequalities emerging therein. In doing disability studies, in affirming the lives of disabled people, we are pursuing the project that Sara Ahmed put to work in *Queer Phenomenology* (2006): using our lives as situated agents *in this world* to re-orient the phenomenological tradition. My modest addition: this is only possible if phenomenological tools can be re-oriented at all. And if they can't be, *what good are they?*

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SPECIAL ISSUE
Critically Sick: New Phenomenologies of Illness, Madness, and Disability

FROM PHENOMENOLOGICAL PSYCHOPATHOLOGY TO NEURODIVERSITY AND MAD PRIDE: REFLECTIONS ON PREJUDICE

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Phenomenologists have always been concerned with the problem of prejudice. However, to appreciate this problem, we need to understand how the phenomenological notion of prejudice differs from our everyday use of the term. Hans-Georg Gadamer defines prejudices as pre-judgments, presuppositions that shape our experience. As he puts it, "prejudices are biases of our openness to the world. They are simply conditions whereby we experience something—whereby what we encounter says something to us." When we characterize prejudices in this way—as "simply conditions whereby we experience something"—they seem benign (2008, 9). But once we understand that every experience is biased or prejudiced in some way, we realize that we may experience things not as they are, but as we already believe them to be. To achieve a genuine understanding of perception, or embodiment, or even human existence as such, we need to critically evaluate our own prejudices in order to think outside the conceptual frameworks that shape our present understanding (Fernandez 2017).

In light of phenomenology's longstanding concern with prejudice, it should come as no surprise that this same concern is found across many branches of applied phenomenology, including the interdisciplinary field of phenomenological psychopathology. In his founding article, "The Phenomenological Approach in Psychopathology," Karl Jaspers writes:

> When we were children, we first drew things as we imagined them, not as we saw them; so as psychologists and psychopathologists we go through a stage where we form our own ideas, in one way or another, of psychic events, and only later acquire an unprejudiced direct grasp of these events as they really are. And so this phenomenological attitude is to be acquired only by ever-repeated effort and by the ever renewed overcoming of prejudice. (1968, 1316)

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We all have an idea of what we mean when we use concepts like "depressed mood," "attention deficit," "delusion," or "hallucination." But, if pressed, would we be able to describe any of these phenomena in detail? Do we really understand what it's like to find oneself in the midst of a delusion or enveloped in a depressed mood? And, if not, can we claim a genuine understanding of these concepts?

This is precisely the challenge that phenomenological psychopathologists take on. The best work in this field takes up a phenomenon that we think we're familiar with, reveals the confusions that cloud our current understanding, and provides a more nuanced characterization based on analyses of first-person reports. If we assume that we already know what we mean when we use concepts like "delusion" or "depressed mood," then we'll fail to make any progress toward a genuine understanding of these conditions. The phenomenological attitude that Jaspers refers to is, first and foremost, a critical orientation toward the everyday, scientific, and even philosophical prejudices that so easily convince us that we know more than we do. Phenomenology is as much about unlearning what we thought we knew as it is about the generation of new knowledge. The new characterizations produced by phenomenological psychopathologists are still subject to revision and refinement in light of new evidence and novel interpretations of existing data. But, by unmooring us from our existing prejudices and assumptions, they have the potential to provide new insights into the experiences they investigate.

How widely has this critical orientation been applied within the field of phenomenological psychopathology? Within this field, the phenomenological attitude is most commonly used to critically reflect upon our assumptions about specific signs and symptoms. But phenomenologists have also questioned the legitimacy of current diagnostic categories (Ratcliffe 2015), challenged the naturalistic assumptions of contemporary psychiatry (Fuchs 2017), criticized the check-list diagnostic methods of the DSM's operational approach (Parnas and Bovet 2015), and proposed alternative approaches to psychiatric research and classification (Fernandez 2019; Nelson, McGorry, and Fernandez forthcoming).

However, there's another prejudice—deeply rooted in psychiatry—to which phenomenologists have paid remarkably little attention (although R. D. Laing is a notable exception). We might call this the prejudice of pathology or, perhaps, the prejudice of disorder. The very word "psychopathology" refers to the study of the suffering psyche. And this characterization is borne out in the majority of classical and contemporary work in phenomenological psychopathology, which doesn't shy away from characterizing the conditions it studies as forms of suffering, distress, or, simply, illness. On the one hand, because psychopathology is a subfield of psychiatry, these characterizations should come as no surprise. On the other hand, one may reasonably hope that phenomenologists take a more critical, questioning stance toward these characterizations.

But this isn't a stance that we need to devise all on our own. Proponents of a variety of political currents—most notably the neurodiversity movement and the mad pride movement—have done the difficult work of criticizing, questioning, and unlearning what so many of us presume without a second thought. Of course, not all of their concerns will be of immediate interest to phenomenologists. But many of their questions are, at root, philosophical. And some of these questions have immediate methodological implications. As phenomenologists, we ought to be concerned if our prejudices lead us astray from the phenomena that we hope to understand. If these political movements help us identify, articulate, and suspend these prejudices, then we ought to embrace them.

One might object to this proposal by arguing that these movements, being first and foremost political, do not provide well-formulated philosophical theories or conceptualizations. But this is hardly the case. Philosophers have recently examined the discourse of both the neurodiversity movement and the mad pride movement, extracting and articulating their philosophical and theoretical positions (Chapman 2019b; 2020; Rashed 2019). Moreover, movements such as disability pride have already shaped the philosophy of disability (Barnes 2016). And we're beginning to see similar influences in the philosophy of neurodiversity (Chapman 2019a). Drawing on the positions outlined in these works, there are two key directions that should be of immediate interest to phenomenologists. First, they push us to conceptualize conditions, or ways of being, in terms of diversity or difference, rather than disorder. Second, they stress how diagnostic labels are, in many cases, taken up as identities. The first direction should motivate phenomenologists to ask questions such as, "How does the presumption of suffering shape how we interpret first-person reports of experience?" and "Have we neglected important aspects of conditions because we've already conceptualized them as inherently negative or undesirable?" The second direction, on the role of identity, should motivate phenomenologists to ask questions such as, "What does it mean to take autism or schizophrenia not as a diagnosis, but as a social identity?" and "How does the shift from an illness narrative to an identity narrative modify experiences of self, others, and environment?"

As Jaspers reminds us, the task of overcoming prejudice requires an ongoing effort. Prejudices are often so ingrained in our ways of thinking and experiencing that they go entirely unnoticed. If we are genuinely committed to identifying, assessing, and suspending our prejudices, then we ought to listen to those most affected by them. Their critical analyses may allow us to see things in a way that we haven't seen them before. And it's precisely this new way of seeing that may lead to conceptual and theoretical breakthroughs in understanding.

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SPECIAL ISSUE
Critically Sick: New Phenomenologies of Illness, Madness, and Disability

CRITICALLY ANXIOUS

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Sites of anxiety abound in 2020. For those of us who are already diagnosed and medicated as “anxious”—who would have no trouble finding plenty to worry about without the U.S. federal mishandling of a pandemic, without senseless state violence against unarmed people of color, and without the health risks of the coming semester of in-person classes—this year has brought new challenges. Anxiety is static noise, the absence of a radio signal but far from quiet. Anxiety can circulate as free-floating tension, dis-ease, eager to take hold. Writing demands sitting with the at-once buzzing and empty page, without judgment, to make something from the noise.

Reading, conversely, has offered me the respite of a coherent somewhere-else. This is not to suggest reading as a panacea for anxiety, and certainly not to universalize my experience into a picture of anxiety-as-such, but I do want to attend to the idea that reading can soothe. Reading—and here I include audio books and other modes of listening—offers a shift in the experience of time and space that is not simply *escapist* but more affirmatively *relational*, thinking-and-feeling-*with*, connecting to others across space, time, and generations. In a 1963 interview, James Baldwin famously said that he thought his own heartbreak to be “unprecedented in the history of the world” until he began to read. It was in reading that Baldwin learned “the things that tormented [him] most were the very things that connected [him] with all the people who were alive, or who had ever been alive” (89). I do not take this respite of the time to read lightly. It is a privilege of an unexpectedly open schedule, with the shift to remote teaching in Spring 2020, and some well-timed university press spring sales. It is also a gift—a rare talent and an offering—of authors who have honed concepts for naming experiences in their lived complexity.

Cressida J. Heyes’s new book, *Anaesthetics of Existence* (2020), was of course written before the pandemic, but it may surprise us in its pandemic timeliness. The regularized workaday habits it describes—what Heyes calls “postdisciplinary time”—have been suddenly interrupted, broken, and so we may be able to discern them as we could not before. She observes that this post-disciplinary way of life presents a kind of neurological overload: the separation between work and life blurs into an at-once "ruthlessly linear and . . . repetitious" checklist of tasks, oriented to the future with a generalized anxiety (Heyes 2020, 21). In response, post-disciplinary subject increasingly habituate themselves to seek out "anaesthetic time," respite from all tasks that can at times only be accomplished with the assistance of various drugs (105). Legally and socially approved forms of these drugs, like wine, are marketed to privileged (white, cis, straight, middle-class) women, Heyes writes, "as a respectable and politically unthreatening exit from the demands of the double shift," while they are stigmatized "as a dangerous and irresponsible practice for scapegoated groups." Importantly, Heyes does not criticize anaesthetic time but interprets it as "a logical response . . . and a way of surviving in an economy of temporality that is relentlessly depleting" (99). Now, alongside the piling wreckage of current events, we navigate the breakdown of synchronized post-disciplinary activity—shared schedules, spaces, conferences for which papers were due—and likewise have an opportunity to examine our habits of seeking anaesthetic time.

Under pre-pandemic circumstances, my anxiety made me a well-behaved subject of post-disciplinary power, as I suspect it does for many of us in academia who multi-task and rush from meeting to meeting, propelled by we-know-not-what. Now, my anxiety spikes and spirals without recourse to the usual coping mechanisms, however flawed these cycles of caffeination and anesthesia may have been. Free-floating anxiety is capable of attaching to any number of contents without the sense-making infrastructure of everyday busy-ness. As familiar grooves of habit are disrupted, the contents to which anxiety might attach proliferate.

Sometimes it stops me short, reduces the trajectory of theoretical arguments mid-sentence to murmuring mush. At other times, it offers an uncanny revelation of sorts, offering a perspectival shift by which once-unthinking habits appear as strange. While it exceeds the scope of this short musing, I think this latter trajectory and its fleeting uncanniness can be better understood in light of Lynne Huffer's poetic insights on "erotic time": a spiraling temporal experience that "estranges us" from Western notions of historical progress, "from the certainty of time as *our* time, as a time that ends in us" (2020, 98). How might we not only navigate and tolerate but even *honor* the realizations brought to us by the collapse of post-disciplinary time, without then reductively formulating them as concepts for the very hyper-utilization they are intended to resist?

Heyes's method shares commonalities with what Lisa Guenther and others have called "critical phenomenology," which draws on phenomenological engagement with lived experience and genealogical engagement with its historical conditions (Guenther 2020, 19; Salamon 2018). "Critical" here designates an emphasis on the contingent (non-necessary) formation of institutions, practices, and other conditions of lived experience. Critical phenomenology thus enables analysis of systemic forms of oppression as "quasi-transcendental" structures of consciousness, "ways of *making the world* that go unnoticed without a sustained practice of critical reflection" (Guenther 2020, 12). While post-disciplinary time and its "after hours" repercussions are not accessible to "classical" transcendental phenomenology, critical phenomenology can bring them into focus for us, making it an adept method for engaging with present-day anxiety.

This spring, I came across the earliest mention I've yet found of "critical phenomenology," in Kathleen Woodward's *Statistical Panic* (2009). Woodward invokes the method to situate emotions in relation to power and socio-historical context (10-11). Emotions and other felt experiences have been all too often privatized and depoliticized. Against this, Woodward observes that feminists have long discerned anger as a site of embodied judgment, one that registers and responds to "unequal relations of power" (47). We might extend Woodward's point to recent expressions of grief, anger, and anxiety (but also solidarity) in U.S. protests against police brutality and in support of Black lives. In light of extra-legal police murders, it is all the more fraught to maintain that anxiety should be *overcome*. How might these negative affects be directed toward the transformation of the unjust conditions that produce them? Thus, Audre Lorde wrote that *anger* can act as a spotlight toward growth, motivating a different arrangement (1984, 124). Critical phenomenology, because it contains the genealogical understanding that our lived conditions are non-necessary, can resist the depoliticization of affect, taking these felt responses seriously as challenges to the present order.

Returning to my earlier question: how, instead of being overcome, might anxiety and other felt tensions be *honored* and even *honed* as interpretive responses to present conditions? Gloria Anzaldúa develops the term *la facultad* to name an increased sensitivity, a warning system to protect from threats, cultivated and more highly sensitized in those who have faced intersecting forms of oppression (1987, 60). So, I wonder whether a critical phenomenology of anxiety, felt initially as static background noise, can draw upon Anzaldúa's *la facultad* to cultivate a "critical anxiety"—or, what we might call a sensory-affective capacity—for a post-disciplinary world. And, if the current situation in fact indicates the partial or total collapse of post-disciplinary time, how might a critically sharpened sense of our release from this time prepare our sensory-affective capacities productively, to envision a less ruthlessly ordered future?

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SPECIAL ISSUE
*Critically Sick: New Phenomenologies of
Illness, Madness, and Disability*

MEMORY SEEKING:
MAD PHENOMENOLOGY AS ORIENTATION

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> What if story was homecoming?
> —Aurora Levins Morales, *Kindling*

> Disability is not simply a physical affair for us;
> it is our ontology, a condition of our being in the world.
> —Robert F. Murphy, *The Body Silent*

SOMATIC OPENING ONE

My body speaks to me. My body remembers the stories I cannot access. This is what S. Kay Toombs calls the "living of experience," what Gabriele M. Schwab names "the memories of the body and its somatic enactment" (1992, xi-xvi; 2010, 2). Somatic enactment, "somatic existence": a culmination of unnamable things. I am always narrative, here; I am always porous (Schwab 2010, 2). In these moments, my body repeats and somatic story-tells through sensation: nausea in my chest that tug-crawls upward toward my throat, the feeling of being far, far away.

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Bodymind. I write these words as a phrase to remember. My body is not the only medium through which I access and engage with the world. My mad bodymind directs much of my journeying, impacting how I relate to my body, my presence, how I process and feel.[1] For over eighteen years, the experiences I have had with madness have dictated how I, to use

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[1] Informed by Mad Studies and mad activism, "mad" is a term that some folks with psychiatric disabilities use to name themselves, as opposed to using language like "mental illness" or "mental disorder." Mad as an identity term also has political roots.

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Toombs's language, "exist or *live* my body" (1995, 11). As a mad border body, a dual traveler, someone who exists in the borderlands of madness/sanity, I engage with the world in a fluid way (Kafai 2012). Deterioration and wreckage shape-shift into rootedness and balance, back to the chaotic, back to the placid. These somatic enactments can occur in the same hour or in the same day. Sometimes, still, my mad bodymind is consistent and tranquil; my bodymind is abundance, is respite. Mad phenomenology offers me a language to name my bodymind's experiences as mad, as in search of orientation. This is mad narrative. This is mad phenomenology, an incongruent way of "being-in-the-world" (Toombs 1995, 3). These are the diverse renderings of "being-disabled-in-the-world" (Diedrich 2010, 210).[2]

SOMATIC OPENING TWO

There are large parts of my childhood that I cannot remember. Looking back now, I can identify years with colors and sensations; there is no language, no specificity. I am six, or maybe ten—gaps exist even here in the retelling—and something has happened to my body. I feel the colors green and yellow. I sit in the sun now to remember, to ground myself in the tangible. I walk barefoot in the yard by the vegetables that are trying to grow in this heat. I am barefoot to feel. I stand on pebbles and still this history is inaccessible.

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Mad phenomenology is not singular. It is expansive, networks that are unique in their expressions. Mad phenomenology orients us, the mad many, as we move through our lives; it orients our experiences, the remembering, and the forgetting. This phenomenological framework reminds me that my body informs my mind, that my mind informs my body, and that my experience of madness and how I am in the world is an integration of the two. Mad phenomenology empowers me with fluctuations and diverse pathways, places where my bodymind is not regulated by the madness/sanity binary.

Mad phenomenology reminds us of the toxic and fictional renderings of "normalcy"; it helps us push back against the standardization of nondisabled supremacy, of neurotypicality. I stretch-pull this lens to understand how the narrative of madness—how naming it and acknowledging it gives us the opportunity to move away from stigma. Beyond the medical industrial complex and its language of diagnosis, mad phenomenology creates past the singular, rigid mad narrative: madness as an error or defect to fix, madness as an interruption to living, madness as a highly gendered and racialized experience.[3]

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[2] Diedrich stresses that she is not using disability here as a "universalizing sign," but instead as a heterogenous identity category with unique, diverse experiences (2001, 210). I use the term here with the same logic.

[3] Similar to other disabled folks, I know that my relationship with the medical industrial complex exists in a place of duality: I must continue to critique the medical industrial complex while also relying upon it to survive.

In this new space, I am person, I am process, I am bodymind. Mad phenomenology ensures I bear witness without judgment to the reality that my mad bodymind *needs*. This mad "vehicle for seeing" pushes me past the shame that often overrides my mad agency. To "live my body[mind]," I need more than eight hours of sleep (Toombs 1995, 10). I need slowness. I need to take loving breaks and sit in the sun. I need therapy and medication. *I need.* My lived mad bodymind helps me unsettle the importance of phrases like "I should . . ." and "I cannot . . . ." My mad phenomenology teaches me about a reality based in bodymind inquiry; the bodymind becomes a tool (Thomas and Longden 2015). Here, I look inward. My mad bodymind informs what each day requires: the pacing, the levels of interaction, what I can focus on, what I can do.

SOMATIC OPENING THREE

My lack of memory disconnects me from my bodymind. I float-shift through time. I am paused; I am distanced. The bathtub is where I go to feel again, to feel through. Gravity reminds me of my tangibility every time I lift myself from the water. I stand, each time astonished: I am a "being-in-the-world" (Toombs 1995, 3). This lifting brings me home to the stories remembered and the stories lost. Here, I am made familiar to myself, once again.

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LIVING WITH CHRONIC PAIN

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The prompt asked the authors to muse about the phenomenology of sickness in current times. *What*, it asked, *are the possibilities of a critical phenomenology and where are its limitations?* This is a question I've had for several years. Phenomenology has always been anchored in lived experience. It studies what is given in experience—the subjective "inside" of the world—and thus posits a more-or-less stable *subject* of experience. In certain moments of sickness, phenomenology is certainly a useful lens of analysis, but I wonder about the limits of starting from lived experience.

Consider chronic pain. Countless times I've writhed on the bathroom floor, whimpering in pain and waiting with desperation for the world to end. Within periods of acute pain or nausea, the intensity of lived experience might increase but, for me at least, it takes a decidedly anti-futurist turn. Twisted on the floor, I quite literally cannot conceive of a future—a tomorrow or next week beyond the pain. There is no becoming for me nor for my place in the world. There is, it seems, only the certain despair of a self-devouring now.

Pain is singular and thus disposed to phenomenological analysis. We can speak of collective and intergenerational pain, yet pain is still a necessarily subjective phenomenon. It pops only at the surface of consciousness—as if willing us to acknowledge its power. Pain is, in fact, so singular that it eludes both quantitative and qualitative measure. *How much pain do I have on the bathroom floor?* What does a crude proxy like "10" even mean after a decade of pain? *What does pain feel like?* This question is especially tricky since pain is a type of "non-experience" (Heyes 2020). If feeling requires a subject of experience—one who feels—pain reveals the limits of starting analysis from lived experience. Pain dissembles the habituated performance of social codes and even the human itself. Coiled in the waiting room and moaning loudly, an aspect of "me" knows that "proper humans" do not act this way. But the concepts of me-ness and humanness (each ableist in their own ways) are precisely what pain calls into question. In other words, my grasp on the world as a me and a human requires an ongoing and coordinated effort that pain disrupts. Pain does not mask my true, authentic, self any more than it exposes a primal self buried under layers of habituated

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social codes. Rather, pain reopens what we think sealed—the ontogeny (beginnings and development) of our subjectivity.

The cold bathroom floor stages an existential drama on which I thrash between radical humanism and radical post-humanism. One moment I hear a voice from my childhood cry aloud for Jesus, the next a surge of pain shatters any illusion that I am a self. Pain raises questions that push beyond the perceiving-volitional subject to get at the very nature of subject formation. Questions of despair —*Can I project a future? Can I* desire *a self in relation to that future? How long until I return to this floor?*—foreground other existential themes like thrownness—*Am I predisposed to end up on this floor?*—and freedom—*Have my own life choices cursed me with pain? Am I somehow responsible?* —and, of course, hope.

Hope is a troubled concept for me these days, but its presence in the long hours on the bathroom floor is undeniable. In the midst of acute pain, hope dons the form of a superhero—*God if you exist I beg you to either rescue or kill me!* But more mundanely, when thought about from some distance, hope is much less extra-ordinary, much less individual and volitional. Hope is the slow endurance of things. In an affective sense, Jasbir Puar explains that hope is "a capacity, emblematic of a futurity that speaks to the body's tendency to be affected or affecting, its capacity for change, evolution, transformation, and movement" (2009, 162). Hope is not heroic; I persist whimpering on the floor not as an individual that wills-to-live, but through an ecology of social and material relations that is always open to transformation. What is the phenomenology of pain, of becoming undone as a self and then remade?

If the non-futurity of the bathroom floor is one pole of living with chronic pain, the long endurance of time marks the other. In other words, the experience of waiting for the bathroom floor is the backdrop of returning there. People experience sickness in drawn-out intervals of *expectation* for appointments, test results, prognoses, medication half-lives, relapses, remissions, etc. Citing Sarah Jain's work on cancer, Puar (2007) notes that under a financialized neoliberalism, much of the Western world lives as patients-in-waiting. This is a temporality of pre-sickness, or "prognosis time," that is both future-directed—*How long until I get cancer?*—and speculative, replete with statistical probability and risk calculation—*How long until I* too *get cancer?* For Puar, this shift signals a larger move from the practice of governing bodies through normalization to the practice of optimization. "Neoliberal regimes of biocapital produce the body as never healthy enough," Puar writes, "and thus always in a debilitated state in relation to what one's bodily capacity is imagined to be" (167). Here, the monolithic categories of ability and disability give way to fluid sites of what she calls "capacity" and "debility." When standards of health and well-being are free-floating, are no longer indexed to social codes, the body becomes a site of ongoing biomedical improvement and optimization. And, as Sunder Rajan states, within the neoliberal age of Big Pharma, Big Data, and therapeutic dominance, we are "patients-in-waiting" inevitably transformed into "*consumers*-in-waiting" (2006, 144). Far more value and utility can be extracted from a body never-fully-well than from one normalized by the categories of ability and its pathological other.

There is of course a phenomenology of sickness-in-waiting. The lived experience of prolonged waiting is akin to what Jay Dolmage describes as abeyance: states of temporary suspension "perhaps allowing for access, but disallowing the possibility of action for change" (2017, 77). Neoliberalism (but not only neoliberalism) constructs disabled people as buffers that suffer for the good of society. The subject of abeyance is made to endure and suffer privately like, to quote Tolkien, butter scraped over too much bread.

Following Puar, the notion of debility problematizes the subject of lived experience and questions the limits and usefulness of phenomenology as a conceptual platform. Puar questions "the predominance of subject formation itself, thinking instead of disability and debility in terms of *assemblages*" (2009, 167, emphasis added). She invites us to consider the body as comprised of flows that assemble in the mode of congeniality. As Ada Jaarsma writes, "we are ecosystems, not bounded individuals; we are embedded creatures, porous and symbiotic participants in complex systems" (2017, 40). Both the phenomena of chronic pain I have discussed—a present that self-annihilates and one out of joint—resist lived experience in their own ways and expose, rather, the ontogeny of the subject. A critical phenomenology of sickness might thus attend to the unravelings of lived experience in order to bear witness to the vectors of our becoming. For we are relations—connections and disconnections—stitched into time, all the way down.

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THE VIOLENT ORIGINS OF PSYCHIC TRAUMA: FRANTZ FANON'S THEORY OF COLONIAL TRAUMA AND CATHERINE MALABOU'S CONCEPT OF THE NEW WOUNDED

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Octave Mannoni's *Prospero and Caliban: The Psychology of Colonization* ([1950] 1964) adopts a clearly outdated colonial worldview. Nonetheless, I argue that it must still be critiqued, since its colonial legacy is apparent in the variants of racial and colonial logics and hierarchies at work in contemporary psychiatric, sociological, and philosophical descriptions of violence. In *Black Skin, White Masks* ([1952] 2008), Frantz Fanon refutes the theses of *The Psychology of Colonization*, written by his friend and colleague Mannoni, by linking them to colonial attitudes prevalent in classical French psychiatry and psychoanalysis (Baladier 1984, 16). It was not the first time that Fanon critiqued French colonial psychiatry. In "The North African Syndrome" ([1952] 1967), Fanon voiced his opposition to the work of the Antoine Porot, an ethno-psychiatrist and professor in the psychiatric school of Algiers. Porot's student Don Côme Arrii's 1925 thesis "The Criminal Impulsivity of the Algerian" was later revised and published in the *Annales* in 1932, under both Porot and Arrii. Advocating for a stringent policing regime in colonial cities, they construct the North African mind as constitutionally criminal (Keller 2007, 138-140). Ranjana Khanna notes that this type of pathology upheld the immutable immorality and criminality of the Arab 'Algerian' Muslim," naturally prone to the automatic reflexes against the self-reflexive moral consciousness of the white European Christian, whose pathological responses led to suicidal thoughts (2003, 177). In 1955, Fanon would publish another attack on Porot's views entitled "Ethnopsychiatric Considerations." After first debunking Porot in "The North African Syndrome" ([1952] 1967), Fanon turns his attention, in *Black Skin, White Masks* ([1952] 2008), to Mannoni, whom he accuses of echoing the views of the Algerian school, despite Mannoni's rejection of the notion of fixed biological races.

Fanon argues that this notion of racial difference remains implicit in Mannoni's paternalistic attitude toward the colonized. Hence, Mannoni's book is the focus of "The So-Called Dependency Complex of the Colonized," chapter 4 of *Black Skin, White Masks*. Fanon shows how Mannoni redeploys the racial hierarchies to theorize Madagascan inferiority vis-à-vis the French colonizer, despite the differences in Mannoni's understanding, which

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held that these hierarchies were not fixed, but instead delegate evolutionary stages to the different "races." Mannoni writes against French psychiatric theory, which does not address the particularity of the colonial situation. Accordingly, he mobilizes psychoanalytic theory to critique the idea of racially fixed categories, using social evolutionary theory to displace the views of the Algerian school. But Fanon shows that the idea of racial and colonial inferiority lingers in Mannoni's psychoanalysis.

The academic disciplines at the *fin de siècle* engaged in ideas about evolution. Hence, new theories in psychological discourse were influenced by social Darwinism. This led figures such as Auguste Marie to bring evolutionary biology into the field of comparative psychology, drawing on "Lamarck, Haeckel, and Darwin to argue that physiological and evolutionary factors accounted for psychological differences among populations" (Keller 2007, 126-127). Influenced by these trends in early twentieth century theory, Mannoni combined "European history, ontogeny and revolutionary theory" to characterize the psychological development of the Madagascans. According to Bloch, Mannoni drew together Durkheim, Tonnies, and Dumont, among others, to theorize social evolution in the colonial context (1990, viii).

Section I of this paper delineates the flaws in Mannoni's attempt to move beyond the limits of colonial psychiatry by embracing social evolutionary theory.[1] Mannoni admitted to this error in regard to the origins of psychic disorders in 1966, when he published both the second edition of his book and "The Decolonisation of Myself." But his 1950 publication remains historically important, since it reveals the extent to which a faith in human hierarchies forbade the recognition of the role of colonial violence in the development of psychic trauma. Section II examines Fanon's critique of Mannoni, to reveal the violent origins of psychic trauma in the colonies, which remain undetected in colonial psychiatry and psychoanalysis, including the work of Mannoni. Fanon suggests a relation between the violent event of colonization and the development of psychic disorders, thereby offering a theory of colonial trauma as socially and politically constituted. Section III proposes that Fanon invites Catherine Malabou's elucidation of psychic causality in situations of extreme violence. I read Fanon's critique of Mannoni in relation to Malabou's redefinition of trauma and her concepts of cerebrality and the new wounded. Malabou examines the PTSD diagnosis, to argue for a theory of neuropsychiatric trauma, which moves beyond the Freudian concept of the traumatic neurosis. She proposes the concepts of cerebrality

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[1] Bloch writes: "Mannoni's general evolutionary theory is reminiscent of both earlier theorizing by such writers as Durkheim and Tonnies and subsequent theorizing by authors such as Dumont. This is no accident, since what we are presented with is, under a thin disguise, very much the 'received' view of social evolution that became accepted in the earlier part of the twentieth century through the gradual osmosis into general currency of the theories of nineteenth-century anthropologists and social scientists. As was the case for many of these early writers, Mannoni's argument combines European history, ontogeny, and evolutionary anthropology" (1990, viii). According to Bloch, Mannoni's embrace of social evolutionary theory reflected the views of his academic milieu, and eventually led to his flawed interpretation of the 1947 Madagascan revolts.

and the new wounded, which respectively allow for the exposure of psychic causality (in the absence of neurosis) and the self-representation of survivors of PTSD.

I propose that Fanon's critique of the naturalized racial hierarchies is linked to Malabou's understanding of the obfuscation of political oppression today. Fanon was critical of recurrent eugenicist theories.[2] The sub-categories of the human race, formulated into a hierarchical order that excluded the Black, evolved during the period of colonization into a modern scientific ranking of congenital markings, attributed to discrete racial identities. The historical archive of racial identities was thus built on the pseudo-scientific categorization of innate, biological differences among the "races." Because these differences were deemed to be biologically determined, they appeared as "natural" and hence irredeemable. In this light, the racism implicit in this hierarchization was depoliticized, and a language that naturalized the state of racial oppression developed to obfuscate the oppressive relation and negate the idea that revolt was possible, since one cannot revolt against a naturally given condition. The intention behind this obfuscation was a racially predetermined access to freedom in favor of the white colonizer. It permeated western thought and infiltrated psychoanalytic and psychiatric theories in the colonial era.

Malabou, I argue, critically inherits Fanon's understanding that the oppressive relation is hidden in a language of naturalization vis-à-vis racial difference, to analyze present iterations of violent oppression as obfuscated by a language of naturalization. She views these iterations as dissimulated events, which lack an identifiable perpetrator or even an instance. Hence, the naturalization of violent oppression results in the loss of an understanding of the motivation for the oppressive state. Since it becomes difficult to separate a naturally occurring catastrophe from a political event, the event cannot be comprehended as intentional. Moreover, she writes, "the sheer number of these traumatic events tends to neutralize their intention, such that they assume the unmotivated character of the chance, uninterpretable event" (2012, 155). Malabou attempts to account for the scale of today's violence, which, she argues, reduces the ability to identify any motivation for this violence.

In other words, Malabou intimates that the naturalization of instances of violence today obfuscates the culpable actors and systems wielding oppressive forms of power. She implicitly states that this illegibility cannot be addressed in the absence of the designation of the evental cause of psychic wounds and traumas. In my view, this also calls for a critique of power, in order to illuminate political injustices and demand the revolutionary transformation of social, economic, and political systems. But today's forms of violence, which sustain the forces of contemporary globalization, conceal their intentionality. I thus concur with Malabou that it falls to trauma scholars to expose the concealed or absent

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[2] In chapter 5 of *Black Skin, White Masks*, "The Lived Experience of the Black Man," Fanon refers to Jon Alfred Mjoen's (1921) "Harmonic and Disharmonic Race-Crossings" (2008, 99). This note reveals that eugenics was accepted in mainstream literature, even after its scientific debunking.

event and its related wounds. Fanon rejects the practice of naturalizing racial and colonial violence in the period of colonization. Malabou expands Fanon's concept of naturalization to critique today's obfuscations of traumatic events, which appear either as "unexpected" accidental events or as ones necessitated by the indifferent logic of "natural law" (2012, 11). In either case, the oppressive force has not been identified, interpreted, critiqued, and resisted.

I argue for mobilizing both Fanon and Malabou to develop new critiques of oppressive power, which analyze the sociopolitical violence that triggers new wounds and traumas. Hence, a critique of power, which examines the recurrence of racial and colonial hierarchies in the present, is essential if the evidence of the globalized psychiatric profile of PTSD is to address the long-term effects of the histories of racial and colonial trauma.

I. MANNONI'S FLAWED CRITIQUE OF COLONIAL PSYCHIATRY

As contemporaries, Mannoni and Fanon both attempted to understand the impact of the colonial encounter on the psyche, by developing new methods other than those offered by the classical European psychoanalytic and psychiatric traditions. In effect, their views converged in regard to the ineffectuality of colonial psychiatry, and both explored psychoanalytic theory to dispute the use of racial categories, touted by ethno-psychiatrists in the Algiers school of psychiatry (Khanna 2003).

Despite their affinities, however, their views of the 1947 revolts in Madagascar were fundamentally opposed. What Mannoni saw as manifestations of engrained "native" pathologies, Fanon saw as expressions of liberation, with the subsequent military repression triggering psychic disturbances in the colonized. According to Fanon, Mannoni's failure to disavow the naturalized racial hierarchies engrained in colonial psychiatry is related to his disregard of the Madagascan liberation struggle. Instead of considering the impact of violent oppression on the colonized psyche, Mannoni proposes an unconscious signification for "inferiority complexes," unrelated to violent rule. As Fanon illustrates, Mannoni's dependency complex can address neither concrete politics nor how the colonial situation works toward the destruction of the colonized psyche. In this regard, Mannoni neglects the ongoing anticolonial revolution, as well as how the colonizer's violence restructures the imaginary of the colonized.

In contrast, Fanon views the 1947 events as anticolonial revolts, violently repressed by the French colonial army. Fanon declares 80,000 deaths, but the figure of approximately 100,000 Madagascans is cited by Bloch (1990, v). Nigel C. Gibson (2003) contends that the lack of reference to this massacre in the French media resulted in the loss of an opportunity to acknowledge the severe forms of political repression, including mass death, perpetrated by the French colonial state. This led to the concurrent loss of an ability to recognize the existence of liberation struggles against colonial power. Gibson concludes that the dearth of French press coverage of the 1947 massacre is linked to the lack of coverage of massacres in other French colonies, including the 1945 massacre of 45,000 in Sétif, Algeria (56). Hence, the press silence in regard to the 1947 revolt reflected the habit of denying responsibility for massacres in other French colonies. According to Bloch, "Mannoni's lack of understanding of the revolt of 1947 is in part explicable by the fact that exactly what happened remained for a long time very obscure, thanks, no doubt, to systematic disinformation by the French authorities" (1990, vii).

Rather than concede to the fact that the violent repression following the 1947 revolts had a negative impact on the colonized psyche, Mannoni uses social evolutionary theory to diagnose psychic trauma. Fanon critiques Mannoni for appropriating a social evolutionary theory to transmute debunked racial hierarchies, and therefore revive the pseudo-scientific racial categories in a different form. Even as Mannoni affirms a future "equal" psychic structure, he does not divest this view from the concept of racial inferiority. The white European is placed above the racialized and colonized other, according to an evolutionary scale of linear progression vis-à-vis European social classes. Thus, he mimes the logic of racial hierarchies, with the caveat that the colonized are now assigned a future potential, thanks to social evolutionary theory.

Mannoni shares with Porot, and colonial psychiatry in general, the view that the racialized and colonized other lacks the cognitive capacity for self-determination, and hence the ability to galvanize an organized revolutionary response. Unlike Porot, however, Mannoni proposes that this future liberation from servitude is dependent on the colonized acquiring the necessary psychical structure to become the equals of their colonizers. In effect, this requires them *to become* Europeans. Until then, they must be subjected to a "long tutelage" by the colonizer, whose (white) burden is to instruct them in the desire for liberation—a classical colonial project of racial and cultural inferiorization, even after the biological argument is ostensibly negated. But Mannoni's theory could only be affirmed, according to Fanon, by disregarding the political importance of the armed insurrections from below.

Mannoni's appropriation of social evolutionary theory reflects received views, in the early twentieth century, of nineteenth-century theories that blended historical, ontogenic, and evolutionary concepts, to construct a linear progression upward from primitivism to feudalism to republicanism in Europe. Deploying it to demote the "natives," Mannoni draws an equivalence between Madagascans and feudal European serfs. He therefore professes to depart from the notion of fixed categories for biological race, only to reconfigure them in an effort to justify French colonial power. This allows Mannoni to acknowledge the existence of the 1947 revolt without regarding its political character; instead, he classifies it as an effect of a pathology, which, in his view, replicates childhood abandonment syndrome. In psychoanalysis, this syndrome describes the experience of human development, in which the child's recalcitrant behavior is deemed a psychic response to the loss of parental authority. Unlike the adolescent, who ranks higher on the social evolutionist's ladder, (experiencing abandonment but advancing toward freedom), the child cannot yet realize this movement.

In likening the European child's play to "'primitive' peoples" who "play at being the totem," for instance, Mannoni infantilizes the colonized (1990, 82). This infantilization further reinforces his view of naturalized inferiority.

But Mannoni also pathologizes the "colonial" functionary, who carries out the administrative duties of the regime. He contrasts the "strong character" of the "real colonizer" with the "typical colonial": the former is characterized as impervious to contact with the "natives," whereas the latter is described as affected by an exposure to the "native" (1990, 97). Hence, the capacity to be changed by human interaction with the colonized is explained in terms of "complex-determined feelings roused by the colonial situation" (88). According to Mannoni, after failing to make the transition to freedom in Europe, the colonial compensates for this failure by dominating the "natives," in whom he finds an ideal state of dependence. On the other hand, the colonized welcome the authority of their colonial masters as a matter of providence. Of the arrival of the Europeans, Mannoni writes, "it can safely be said that their coming was unconsciously expected—even desired—by the future subject peoples" (86). This is one of a number of passages in Mannoni's book that Fanon critiques, when he asserts that the colonized do not look to the European colonizer as the "awaited master" (2008, 79).

Mannoni infantilizes the non-European Madagascans in relation to the European father figure by drawing his idea of dependence from different theories circulating in the early twentieth century, including those of "Freud, Jung, Adler, and Kunkel; Shakespeare and Defoe; Lévy-Bruhl and a few anthropological sources" (Khanna 2003, 149). He argues that Madagascans remain psychically underdeveloped, thus incapable of self-rule, since they lack the cognitive capacity requisite for liberation. For Mannoni, the figure of the patriarchal father, which he wrongly assumes to be predominant across Madagascan tribal tradition, provides anthropological evidence for his view that Madagascans are predisposed to a state of dependence. Of course, his interpretation of tribal tradition has since been shown to contain errors and abstractions.[3] Mannoni held that Madagascans had lost their original bond with their primitive tribal fathers in the colonial situation. Mannoni explains that the Europeans were at first unaware that "in the network of dependences they occupied roughly the same position as the dead ancestors" (1990, 87). In other words, European rule took over from the rule of the "dead ancestors," ostensibly engrained in tribal tradition. Mannoni views the 1947 revolt as a manifestation of aggressive responses related to feelings of abandonment rather than a struggle for liberation. He concludes that the loosening of despotic rule by the French colonial state led to the rebellion in 1947. The Madagascans' revolt was, in his view, irrational—the result of the pathological complex of dependency, related to an underdeveloped psychical character, unprepared for the responsibilities of self-determination.

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[3] Bloch describes the imprecisions in Mannoni's understanding of Madagascan social and cultural traditions and concludes that "Mannoni knew little about either the Malagasy in general or the causes of the revolt in particular" (1990, vi).

Bloch explains that Mannoni's interpretation of the rebellion omits key historical facts. In 1942, Madagascan independence seemed assured, due to the defeat of the Vichy regime by the allies. But the movement toward independence was reversed once colonial power was reestablished in the wake of World War II (Bloch 1990, x). It is therefore more likely that the rebellion was inspired by the anticolonial movements taking place in French Indochina. Moreover, many of the anticolonial leaders in Madagascar were nationalist politicians and former soldiers discharged from the French army, not tribal chiefs. According to Bloch, Mannoni misreads the situation that gave rise to the rebellion of 1947.

Evidently, Mannoni's colonial worldview made a political revolution from below illegible to him. Bracketing the anticolonial revolts and the ensuing massacre perpetrated by the French colonial state allowed Mannoni to diagnose congenital inferiority complexes, despite his rejection of the idea that this inferior state could not be transcended. Mannoni also lacked general knowledge in regard to the cultural complexity and diversity of Madagascan peoples and traditions, including the existence of matriarchal and egalitarian relational structures (Bloch 1990). Clearly, a "Millian" form of epistemological ignorance permeates Mannoni's justification of colonial oppression.[4]

According to the logic of his colonial model, Madagascans would be forced to assimilate into European cultural, social, economic, and political systems. Mannoni held that the colonial relation would eventually collapse under the pressure of revolutionary republicanism. But, in the colonial context, Madagascans remained dependent on the colonizer. This dependency would only be surpassed once the colonized psyche was transformed by the processes of colonization. What is demanded is the eventual erasure of non-European forms of existence.

Thus, while Mannoni does repudiate the congenital categories of race produced by colonial psychiatry, he does not divest himself of the hierarchical view of human existence from the colonizer's perspective, at least in 1950, the year of the publication of *The Psychology of Colonization.* In 1966, Mannoni critiqued his earlier theory of social evolution for its exclusion of the social and economic context of Madagascar. Nevertheless, an examination of the 1950 work draws out a reading of Mannoni's disregard of the violent political upheavals in Madagascar, which took place during his tenure as a colonial officer from the late 1920s until the early 1950s (Khanna 2003, 150). Certainly, Mannoni's flawed 1950 attempt to revise European psychoanalytic theory for the colonial context systematically ignored the

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[4] Charles Mills develops his concept of the "epistemology of ignorance" in *The Racial Contract* (1997), and later widens it to include all forms of 'active forgetting' in "Epistemological Ignorance," an entry in the collection *50 Concepts for a Critical Phenomenology* (2019). In *The Racial Contract,* he argues that the concept of epistemic knowledge demands an active forgetting, which produces the suppressed truths of racial oppression. In the latter work, he writes, "*Knowing as a general cognitive ideal will thus require whenever necessary, knowing to not-know*" (110). In both sources, Mills uncovers suppressed truths within liberal forms of knowing, classing them within an epistemology of ignorance, which perpetuates the oppressive practices, ostensibly negated within the history of egalitarian liberalism.

negative impact of colonial violence on the psychic life of Madagascans. Consequently, Mannoni fails to theorize the violent origins of psychic trauma in the colonies.

Fanon rejects the validity of Mannoni's model of the dependency complex, arguing instead that the phenomenon of dependency emerged from the colonial situation, not vice versa (Khanna 2003, 154). According to Fanon, Mannoni is wrong to attribute rebellious action by the colonized to unconscious complexes. What emerges is a pattern of attempts to justify colonial power by pathologizing resistance.

In section II, I read Fanon's critique of Mannoni's racialized pathologies. In section III, I propose that both Fanon's theory of colonial trauma and Malabou's concepts of cerebrality and the new wounded be mobilized to theorize the violent origins of psychic trauma.

II. FANON'S THEORY OF COLONIAL TRAUMA

As a clinical psychiatrist, Fanon believed that his racialized patients were misdiagnosed largely because the systemic racism experienced by North African immigrants in colonial France was unacknowledged by the clinicians working in French psychiatric hospitals (1967). During his employment in French hospitals, Fanon developed an understanding of the gaps in the treatment of his North African patients. He later extended this critique of the ineffectuality of psychiatry and psychoanalysis to the Madagascan context described by Mannoni. His subsequent clinical practices in Algeria and Tunisia were central to his later psychiatric assessments of the colonized. While *The Wretched of the Earth* ([1961] 2004) addresses the psychiatric conditions triggered by colonization, *Black Skin, White Masks* critiques the "invisible" causal structure of psychic trauma in the colonies and explores psychoanalytic theory for descriptions of the Black psyche. Fanon proposes that the task of thinking psychic trauma in the colonies demands an analysis of the experience of colonization. His theory of colonial trauma therefore integrates the effects of violent oppression.

FANON ON THE MADAGASCANS

In chapter 4 of *Black Skin, White Masks,* "The So-Called Dependency Complex of the Colonized," Fanon opposes the naturalization of racial and colonial inferiority in Mannoni's psychoanalytic reading. He rejects the characterization of the Madagascans as dependent, which, according to Mannoni, naturally predisposes them to a state of servitude. Clearly, Mannoni's view of human liberation was delimited by the evolutionary theories described above.

Fanon critiques Mannoni's description of Madagascans as inferior. While Mannoni links the inferiority complex to the study of racial minorities in white European culture, Fanon contends that "a white man in the colonies never felt inferior in any respect whatsoever"; he therefore concludes that Mannoni has not considered the effect of colonial domination on the psychic disorders of the colonized (2008, 73). In an analogy with Jean-Paul Sartre's *Anti-Semite and Jew* (1948), Fanon positions the "racist who creates the inferiorized" at the origin of the complex; this shows that Mannoni cannot explain the fact that the inferiority complex is an effect of the European claim to superiority (2008, 74).

Fanon rejects Mannoni's view of inferiority among the évolué, the assimilated "natives," suggesting that it is as equally erroneous as the rest of his psychoanalytic theory of dependency. Fanon was not the first to reject the notion of a Black inferiority complex for the évolué. Indeed, Fanon's epigraph from Aimé Césaire's *Discourse on Colonialism* (1950) invokes Césaire's refutation of the inferiority complex to describe Black existence. Moreover, as Gibson writes, following Paulette Nardal, the Harlem Renaissance poets Claude MacKay and Langston Hughes had rejected "all inferiority complexes" (2003, 42). These Black literary influences are integral to Fanon's argument from "The North African Syndrome" onward that inferiority is socially produced, not congenital.

Citing Mannoni's examples of educated Black men suffering from an "inferiority complex," Fanon concludes:

> So long as the author's typical authentic Malagasy adopts his "dependent behavior," all is for the best, but if he forgets his place, if he thinks himself the equal of the European, then the European becomes angry and rejects the upstart, who on this occasion and in this "exceptional instance" pays for his refusal to be dependent with an inferiority complex. (2008, 74)

Fanon critiques Mannoni's pathologization of the Madagascan as follows: the Madagascan suffers from an inferiority complex by mistakenly assuming a position of equality to the white man. If the Madagascan accepts a position of inferiority, then neurotic tendencies will be absent. Consequently, by submitting to a state of dependency, the naturally "inferiorized" psychic structure of the Madagascan enables a reaffirmation of a relation to the primitive, tribal fathers.

But Fanon argues that these cases of inferiorization are related to the arrival of the white colonizer in Madagascar, who "inflicted an unmistakable wound" (2008, 77). Indeed, Fanon's metaphorical wound of colonization discloses the psychic trauma wrought by colonial history. Tracing this wound back to the first colonial governors, Fanon writes, "since Gallieni the Malagasy has ceased to exist" (74).[5] Further elucidating the absolute erasure

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[5] Joseph-Simon Gallieni was a French colonial officer who directed the "pacification" of Madagascar by means of military force. His exercise of oppressive force against revolutionaries was normalized and reiterated in practices of military repression across the French empire (*Encyclopædia Britannica* 2018).

of the precolonial world, which preceded the creation of the colony, he writes, "What Monsieur Mannoni has forgotten is that the Malagasy no longer exists; he has forgotten that the Malagasy exists in relation to the European" (Fanon 2008, 77). Consequently, the lost precolonial subjectivity remains inaccessible for a description of existence. Madagascans experience the effects of a permanent psychic wound as colonized peoples.

The psychic wound of colonial history reconstitutes the Madagascan in the wake of a rupture with an earlier identification, since the Madagascan *as Madagascan* did not exist prior to colonization. Fanon writes, "If he is a Malagasy it is because of the white man" (78). Thus, Madagascan identity is inseparable from the colonial experience. Later, in section III, I show the relation between Fanon's concept of the psychic wound as linked to colonial experience and Catherine Malabou's description of the destructive psychic transformations engendered by a volatile and unexpected situation of violence in a global context. Malabou explicates the alteration of identity triggered by and following an unexpected rupture as follows: "This 'change in personality' thus designates such a disruption of identity that it, or the wound that causes it, constitutes a bright dividing line, between 'before' and 'after'" (2012, 15). Hence, the unexpected traumatic event produces irreversible psychic disruptions. This transforms the psyche subjected to the violent undoing of pre-existent identities. Evidently, the psychic wound reveals an annihilated consciousness, in the wake of the violent impact of the event.

Fanon refutes Mannoni's dream analysis of frightened Madagascan children, which draws on Freud's sexual etiology of the neuroses. More recently, Mannoni's faulty method, which included drawing on the essays of his French language students, who had a rudimentary grasp of linguistic differences, has been critiqued and debunked.[6] Fanon claims that Mannoni's misreading of the children's dreams is the result of his disregard for the cultural, social, and political conditions in Madagascar. He writes:

> We must put this dream *in its time*, and this time is the period during which 80,000 natives were killed, i.e., one inhabitant out of fifty; and *in its place*, and the place is an island with a population of 4 million among whom no real relationship can be established, where clashes break out on all sides, where lies and demagoguery are the sole masters. (2008, 84)

Fanon traces the children's trauma back to the 1947 revolt and the deployment of French colonial force against the revolutionaries, including the habitual use of torture. The frightened children were not having neurotic dreams about their absent tribal fathers, as Mannoni claims. Their dreams reflected instances of psychic trauma linked to experiences

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[6] As a teacher of French in Madagascar, Mannoni used his students' papers to theorize psychic disorders, even as his students' grasp of the French language was rudimentary. Both Bloch and Khanna are critical of Mannoni's psychoanalytic theory of complexes for its reliance on French second-language papers. See Bloch (1990, xv) and Khanna (2003, 154).

of violent repression, which affected the psychic structure of all members of the colonized community. Opposing Mannoni's view, Fanon shows that the 1947 rebellion in Madagascar and the ensuing military repression by the French colonial state triggered psychic disorders in the Madagascans that Mannoni studied.

Importantly, Fanon views Freud's sexual etiologies as external to the diagnosis of psychic trauma related to experiences of violent oppression in the colonies. He writes, "Freud's discoveries are of no use to us whatsoever" (2008, 84). Instead, he shows that the torture of revolutionaries in Madagascar traumatized the colonized community as a whole. When Madagascans dreamed of being chased by a black bull or threatened by Black men, these dreams could not be understood by relying on the psychoanalytic language of paternity, which, as mentioned earlier, was based on a lack of knowledge concerning tribal roles in Madagascar (Bloch 1990). Fanon reframes these dream figures as the "Senegalese [who] were torturers in the police headquarters of Tananarive" (2008, 84). Fanon reinterprets Mannoni's dream analysis as follows: "the black bull and the black man are nothing more nor less than the Senegalese in the criminal investigation department" (85, n. 30). Fanon also shows that colonial policing creates new and distinct intra-racial hierarchies, which, by design, foment tensions and divisions among racialized peoples. This effectively brings the divide-and-conquer strategy of colonial power into Madagascan psychic life.

For example, according to Fanon, Mannoni fails to identify the traumatizing factor of military repression in the 'black bull' dream. In contrast, Fanon writes, "The Senegalese soldier's rifle is not a penis, but a genuine Label 1916 model. The black bull and robber are not *lolos,* 'substantial souls,' but genuine irruptions during sleep of actual fantasies" (2008, 86). In other words, the children's dreams were related to their fear of the violent colonial state, in which the torture of the lighter-skinned Madagascan revolutionaries was conducted by the darker-skinned Senegalese military personnel, employed by the French rulers. Hence, their traumatic illnesses were related, not to sexual fantasy as Mannoni claimed, but to the brute force of colonial violence and its wielding of divisive racial categorizations.

In the final pages of Fanon's chapter on Mannoni, Fanon critiques Mannoni's Prospero Complex. Mannoni draws on the character of Prospero from Shakespeare's *The Tempest* to convey his psychoanalytic reading of the colonial functionary. In so doing, Mannoni constructs a narrative of parental abandonment: the colonial Prospero leaves his collective home, in which he failed to make the complete psychic transition to adulthood and freedom; he compensates for this failure by ruling over the lesser, dependent 'natives' in the colonies. But Fanon refutes this interpretation by arguing that it does not consider the fact that the colonial trader is rather "a trafficker who profits economically from his stint in the colonies" (2008, 88). Hence, Fanon concludes that the extraction of economic profit plays an important role in the formation of the colonial psyche. The complex of neurotic tendencies, writes Fanon, is dependent upon the society that creates the neurotic situation (80). In this regard, the unconscious complexes of the colonial functionary cannot be isolated from the economic exploitation permeating colonial life. Fanon views this "criminal" activity of profit extraction, underlying the project of colonization as inseparable from the psychic structure of the colonial "trafficker." Mannoni's analysis of the colonial functionary's pathology is also flawed, Fanon concludes.

The colonized psyche reflects an oppressive psychic state resulting from acts of colonial violence on the one hand, and, on the other, the colonial Prospero cannot be understood outside an analysis of the enactment of this violence.

III. MALABOU'S NEW WOUNDED

In this final section of my paper, I show how Catherine Malabou's redefinition of trauma, in light of the psychiatric category of the post-traumatic stress disorder (PTSD), moves beyond prior definitions in psychoanalysis, which emphasize the centrality of the Freudian concept of the traumatic neurosis. Furthermore, I suggest that Fanon's critical view of psychoanalysis precedes and is dialogically related to Malabou's psychoanalytic argument, which builds on the American Psychiatric Association's DSM (Diagnostic and Statistical Manual of Mental Disorders) initial diagnostic measure of PTSD within war zones, and its subsequent enlargement to cover a multitude of violent experiences outside war zones.[7] In *The New Wounded*: *From Neurosis to Brain Damage* (2012), Malabou draws from the DSM reports, and the research of trauma scholars Louis Crocq, Judith Lewis Herman, and Ruth Leys, among others (150). By relating Malabou to Fanon, I show that Fanon's early interpretation of radical psychic transformation, engendered by the unexpected violence of colonization, constitutes an important historical and critical resource for Malabou's redefinition of trauma in view of the PTSD diagnosis.

Malabou coins the word "cerebrality," as distinct from a description of the brain's cerebral functions, to specify "the causal value of the damage inflicted upon these functions – that is, upon their capacity to determine the course of psychic life" (2012, 2). In the place of neuroses and their demand for psychic continuity, Malabou proposes a cerebral etiology, which accounts for the damage to neuronal organization that ruptures psychic continuity, despite the survival of the psyche. Consequently, Freud's definition of traumatic neurosis is displaced by the neuropsychological profile of PTSD, which identifies permanent, irreversible changes to personality, occurring in reaction to an exposure to violence. Malabou argues for a move to cerebrality, since it can hold drastic metamorphosis

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[7] *The New Wounded: From Neurosis to Brain Damage* contains references to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition (DSM-III) (1980); revised 3rd edition (DSM-III-R) (1987); and 4th edition (DSM-IV) (1994). In the DSM-V, published in 2013, the diagnostic criteria for PTSD were widened to include non-fear responses to traumatic situations. R.A. Bryant writes, "It is worth noting that the DSM-5 definition has broadened the scope of PTSD from its traditional focus on fear responses to also include other emotional reactions to trauma" (2019, 259). Certainly, this new evidence corroborates Malabou's earlier insights into the ubiquity of post-traumatic diagnoses in the contemporary world, classified under her term, "the new wounded."

in patients of both brain damage to cerebral function and traumas related to extreme forms of violence, such as abuse, assault, and war.

Malabou refers to people suffering from such psychic wounds as the new wounded. This appellation also holds established psychopathologies, no longer conceived as solely organic, but comprised of "psychic effects" (2012, 9). In sum, the category of the new wounded brings wounds resulting from neuropathological conditions linked to cerebral lesions, degenerative brain disease, new disorders, etc., into relation with wounds related to experiences of sociopolitical violence, whose victims "display striking resemblances with subjects who have suffered brain damage." Hence, the new wounded, who suffer in the absence of physiological lesions, "has seen his or her neuronal organization and psychic equilibrium permanently changed by trauma" (10). However, Malabou concludes, even while the cause of this disorganization is said to be solely "neuronal change" in neuropathological cases, apart from cases where an external violent situation causes this disorganization, it is increasingly difficult to separate these two types of trauma, since oppressive violence can appear to be a senseless accident: a "traumatic blow stripped of all justification" (11). Importantly, for this discussion, the term the new wounded provides an objective designation for experiences of PTSD, and thus the possibility for survivors to represent their trauma and exist in the wake of these fissures.

It is crucial to note that the cerebral etiology identified by Malabou remains external to the causal link to sexuality established in psychoanalysis. Thus, Malabou displaces both Freud's concept of the traumatic neurosis and Freud's exclusive sexual etiology of the neuroses. In this regard, I argue that Fanon's retraction of the Freudian sexual etiology of the neuroses to address situations of violent oppression in the colonies invites Malabou's displacement of the sexual etiology in her designation of the cerebral etiology of psychic disturbances.

REDEFINING TRAUMA

Malabou draws on neuroscientific data to demonstrate that events of extreme violence trigger radical psychic transformations, producing permanent changes in subject formation. Mobilizing this data to redefine trauma, Malabou challenges "a certain psychic continuity" said to persist in the aftermath of the event. In contrast, Malabou shows that the PTSD diagnosis severs "the very link between neurosis and trauma" (2012, 150). In regard to Freud, she asserts, "[f]or him, traumas and wounds do not seem capable of creating *ex nihilo* a posttraumatic identity" (152). Malabou finds in the empirical studies evidence that contradicts Freud. She concludes that the received definition of the traumatic neurosis in psychoanalysis can no longer be sustained, since the PTSD diagnosis nullifies the certainty of psychic continuity in the aftermath of the traumatic effraction.

In my view, Fanon's theory of colonial trauma precedes Malabou's redefinition of trauma. Prior to Malabou, Fanon theorizes the colonial break and rupture of subject formation. As I have argued in this paper, Fanon describes the unforeseen rupture between precolonial and colonial life, which results in the profound destruction of (precolonial) existence, rendering it permanently irretrievable. Moreover, across his published writings in clinical psychiatry, as well as in *The Wretched of the Earth*, Fanon gestures toward a concept of "cerebral" trauma and asserts the need for the "recerebralization" of existence in the wake of European colonization.[8] Thus, Fanon retracts Freud's concept of the traumatic neurosis, which demands psychic continuity, in his theorization of the colonial rupture and break, as well as in cases of exposure to extreme forms of violence. Moreover, Fanon suggests that the cerebral brain is linked to the possibility of psychic liberation, appearing at the intersection of physiological and political oppression. This demonstrates further affinities with Malabou.

But Fanon does not completely dismiss the concept of the neurosis. In chapter 6 of *Black Skin, White Masks*, "The Black Man and Psychopathology," he asserts that Freud's articulation of the *Erlebnis* belongs at the origin of neurotic behavior; it consequently reflects the workings of the unconscious. Moreover, he explores the Jungian collective unconscious in the white colonial contexts that repress Black identity. He concludes that, since the Black man "has no time to 'unconsciousnessize' [the racial relation]," the "affective amnesia" of the original event, which, for instance, appears for the white man in the form of guilt, is absent (2008, 129). Fanon recognizes the social conditions that produce neurotic behavior in racialized Black identities, as opposed to the focus on the familial environment in traditional psychoanalytic theory. Hence, Fanon mobilizes the concept of the neurosis to analyze unconscious psychopathologies of race, which, he argues, have not yet been explored. Thus, he develops a theory of the unconscious for the Black psyche. But his identification of the colonial wound and the ensuing traumas associated with exposure to colonial violence, I argue, complement Malabou's unravelling of Freud's concept of the traumatic neurosis, in light of the diagnostic profile of PTSD, despite the fact that this new research on the violent origins of brain damage was not known to Fanon. Linking Fanon and Malabou, I suggest that colonial ruptures and traumas, including their respective durations, be represented in terms of cerebrality and the new wounded.

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[8] In "Diagnosing the Sociopolitical Wound: Frantz Fanon and Catherine Malabou," I show that, in "The North African Syndrome," Fanon discovers the "non-lesional" wound in his North African patients and concludes that, while it leaves no physiological trace, it manifests as a result of oppressive experience. In this regard, Fanon's observations and analyses vis-à-vis the evidence of unmarked wounds and traumas in his racialized patients complements Malabou's concept of the new wounded, whose survivors do not always present with physiological lesions (2018).

DISPLACING THE SEXUAL ETIOLOGY OF THE NEUROSES

Malabou declares that the "cerebral etiology of psychic disturbances" has replaced "the 'sexual etiology of the neuroses'" in psychoanalysis (2012, 2). The new research in the neurological sciences cannot be ignored, Malabou writes, because it has permanently dislocated sexuality as the *evental* cause for a host of psychic disturbances (2012, xix). In effect, the psychic event can no longer be understood in relation to a definitive past, nor to any sense accessible through narrative or fantasy. The event is therefore senseless: it appears suddenly, as a shock, permanently damaging the cerebral brain. If the inner drives trigger the destruction of the psyche, then the posttraumatic subject reveals a psychic life, damaged to the point that it no longer recognizes itself, despite still being alive. This metamorphosis cannot subtend the validation of the sexual etiology of the neuroses.

Fanon does explicitly negate Freud's sexual etiology in the case of the Madagascans, but he does not go as far as Malabou to offer a theory of cerebral trauma to replace sexual trauma, at least not in this early critique of Mannoni.[9] Of course, the diagnostic criteria indicated by the DSM are relatively recent. But his analysis of the Madagascan children's dreams (discussed above) affirms the idea that the eruption of the real within the confines of fantasy cuts fantasy off from its origins in the sexual etiology of the neuroses. The latter cannot subtend traumatic factors. In this regard, Fanon's interpretation of the children's dreams identifies traumatic experiences, unrelated to the psychoanalytic causal link to sexuality. Hence, Fanon's description of the inassimilable character of violent experiences, which remain external to fantasy, complements Malabou's displacement of the sexual etiology. In this regard, Fanon and Malabou respectively show that psychic rupture cannot be reduced to neurotic fantasy in cases of extreme forms of violence.

READING FANON WITH MALABOU

Reading Fanon with Malabou, I propose that Malabou's concept of cerebrality be mobilized to develop traumatic etiologies related to historical ruptures (i.e., arrivals) and specific violences (e.g., tortures), which effectuate profound psychical shifts (2012, 150).

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[9] This may be challenged with further evidence from *Alienation and Freedom* (2018). It is possible that Fanon's view of the cerebral brain, as negatively affected by colonial experience, is more closely aligned with Malabou's concept of cerebrality than previously thought. As Alia Al-Saji (2020) discussed in a lecture, Fanon also explicitly calls for the invention of a new body and brain beyond colonization in *The Wretched of the Earth* ([1961] 2004), notably when he writes: "Let us decide not to imitate Europe and let us tense our muscles and our brains in a new direction" (2004, 236). I read Fanon as an inheritance and as complementary to the idea that cerebral shocks to the fragile brain occur, due to a wide range of violent experiences.

This necessitates bringing the concept of cerebrality into the colonial context and paying greater attention to Fanon's later insights in *The Wretched of the Earth* and in his clinical work, published in *Alienation and Freedom* (2018), on torture victims, refugees, etc. This could potentially connect Fanon's revolutionary forms of psychiatry and psychoanalysis to the latest developments in neurology, neuropsychology, and psychoanalysis.

In particular, Fanon's writings in the field of clinical psychiatry show that, even as his work predates Malabou's, their concepts are interrelated. For instance, in chapter 5 of *The Wretched of the Earth*, "Colonial War and Mental Disorders," Fanon addresses how, in the context of revolt and war (and therefore in circumstances much like revolutionary Madagascar), colonization can irrevocably mold the colonized psyche. These are certainly findings that Fanon further develops in the interim period between *Black Skin, White Masks* and *The Wretched of the Earth.* Thus, I view the neuroscientific grounds on which Malabou rests her redefinition of trauma also in relation to Fanon's later departure from psychoanalysis and psychiatry, when he famously leaves the clinic and introduces new treatments and analyses, which takes him beyond all existing theories and practices in psychiatry and psychoanalysis, and, arguably, also in phenomenology.

I emphasize the importance of further exploring the interrelated concepts and ideas of Fanon and Malabou, to develop a greater understanding of the violent origins of psychic trauma. In this vein, I propose that Malabou's elucidation of the disclosure of the irreversible, permanent transformations of the psyche is dialogically related to Fanon's theory of colonial trauma. In effect, Malabou's concept of an absolute rupture, which arrives accidentally, either through a blow to the head, or, equally, through severe political oppression, follows Fanon's understanding that the arrival of the white man in the colonies constitutes a psychic event, which is catastrophic. Colonization marks an absolute rupture with the precolonial subjectivity, experienced as a traumatic blow that gives rise to irreversible psychic changes, which, in Malabou's words, "cut the thread of history" to the point that the former personality disappears completely (2012, 5). The event of colonization arrives unexpectedly, cutting the Madagascans off from themselves, as they existed, prior to contact, without the possibility of a return to their precolonial existence. These annihilated subjectivities are replaced by the identity of the Madagascan as Madagascan, that is, as an originary colonized people.

The past was forever changed through the event of colonization, which engendered a permanent psychic transformation. It was replaced with another past, one in which—as Malabou writes—"[it] is no longer the same subject who anticipates himself and sees himself die," an organic process that perceives the matter of choosing through the life drives; the subject instead sculpts a path toward an inescapable death (2012, 152). The destruction of the past therefore generates a *new subject*, which no longer knows or recognizes the previous one, other than in terms of annihilation, since the destructive process leaves the subject severed from its history, on the one hand, and on the other, kept from an anticipated future by means of an oppressive force.

Before Malabou, Fanon analyzed wounds that do more than simply modify a previous personality: they create a new and unprecedented one, in which, Fanon writes, "I will try quite simply to make myself white; in other words, I will force the white man to acknowledge my humanity" (2008, 78). The Madagascan will have no other choice but to submit to the oppressive colonial state, which engaged in the absolute destruction of precolonial life and replaced it with colonial categories and definitions. My reading of Fanon's work suggests that a new theory of trauma must account for psychic disorders connected to the violent histories of colonization. Fanon theorizes colonial trauma, whose aftereffects spill over into the postcolonial world. Malabou views contemporary instances of psychic rupture in relation to the oppressive forces of globalization: her concept of the new wounded suggests that psychic events must be analyzed vis-à-vis the new modes of violence.

THE NEW FORMS OF PSYCHIC VIOLENCE

By drawing out the violent origins of psychic trauma in my reading of Fanon and Malabou, I have shown that sociopolitical violence today proliferates new wounds and traumas, which echo those of colonial history. I end this paper by showing that these new wounds and traumas, linked to situations of globalization, are chiefly borne by the formerly colonized. Alia Al-Saji theorizes the colonial *durée* (or the colonial duration): a non-linear concept of time, in which racializing and colonizing practices intensify and reappear "through other means," retraumatizing the bodies and cultures of the historically oppressed (2019, 103).[10] In effect, the oppressed experience time (differentially) within the colonial duration, which does not advance away from its origins without eliciting new forms of violence.

In his foreword to the 2004 edition of *The Wretched of the Earth*, Homi K. Bhabha describes the "colonial shadow," in which the former colonial states demonstrate greater degrees of economic, social, and political oppression (xii). This calls for a critique of the colonial duration and its reiterative forms of violence. While Malabou outlines a global profile for psychic disorders related to the PTSD diagnosis, it is essential to notice that psychic wounds shatter today's subjectivities more frequently though unevenly in postcolonial states, against minorities, women, children, refugees, etc. (Bhabha 2004, xxi-xvi). Even so, the new wounded are illegible, and the perpetrators of violence are unidentifiable.

Bhabha names the World Bank and the International Monetary Fund (IMF) as potential resources for this violence. But his foreword reveals a longer list of catastrophic

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[10] Alia Al-Saji conceptualizes the colonial durée (or colonial duration), in order to identify the temporal processes of "active forgetting" endemic to the exercise of a Millian epistemological ignorance and to trace the mutating iterative practices of racialization and colonization, which appear "through other means," and reflect intensified, rephrased forms of oppression, differentially borne by the originally colonized (2019, 103).

events from ethnic cleansing campaigns to military coups to religious fundamentalist acts of terrorism—in addition to the detrimental forms of economic deprivation. I contend that these are implicated in World Bank and IMF policies. They tend toward the effacement of the traces of their violence, which take the form of bottomless debt bondage, healthcare restrictions, control on access and mobility in airports and seas, etc.

Fanon theorized colonial ruptures, but the postcolonial entanglements that reflect globalized ruptures are evident in Malabou's intimation that new modes of violence are constituted as "events that mask their intentionality" (2012, 11). The concept of cerebrality may be mobilized to illuminate causality, in the absence of any signification. Moreover, it may elucidate psychic traumas wrought from aggressions, which leave no clear marks on the body and brain. Hence, the violences noted above (debt bondage, etc.) may be better understood once the *evental* cause of today's traumatic events is known. The expanded concept of brain damage, which includes "types of harm that do not initially pertain to neuropathology," may help to designate psychic causalities associated with these new modes of violence. Hence, disruptions of neuronal organization, following experiences of "extreme relational violence," may suggest "sociopolitical traumas," in the absence of physiological lesions, which are indicators of brain damage to cerebral function (Malabou 2012, 11). The new violence effaces the traces of its destructive intention, and the new wounded manifests a psychic wound with no lesional trace.

Fanon's colonial wound elicits an understanding of the original trauma, which created a "dividing line" between the precolonial and colonial world, while Malabou's concept of the new wounded illuminates the mutating forms of psychic violence in the period of contemporary globalization. In my view, these new oppressive situations call for a radical form of critique that expresses dissent against the death and destruction of cultural, economic, social, and political systems, which do not conform to the industrial-military complex of global capitalism. The latter produces the intensification and enlargement of wounds and traumas, above all in the former colonial world. Hence, recognizing causality is essential for the development of resistance against the proliferation of sociopolitical traumas.

Yet, instances of violent oppression remain obfuscated by a language of naturalization, inherited from the colonial era. Thus, the violent origins of psychic trauma are still naturalized, but the new forms of psychic violence now tend to bypass Manichean lines and potentially become mobile, while deepening existing wounds and traumas in the postcolonial world. As Malabou writes, the "enemy" of global power is "hermeneutics." She concludes that "it falls to neurology, psychoanalysis, and neuropsychoanalysis, starting from the redefinition of trauma, to produce the sense of this war on sense" (2012, 155). If the "war on sense" destroys the sense of any possible other future, which may work toward the treatment and care of survivors of psychic trauma, then these disciplines must elucidate the *evental* cause to make sense of the appearance of senselessness. Violent oppression is lived psychically, resulting in trauma that impinges on the community as a whole, as it once did during the violent and destructive era of colonization, described by Fanon. Hence, communities and institutions—social bodies—are subjected to the new modes of violence and are also affected by increasing levels of traumatic experience.

A new hermeneutics must decipher the toll of psychic damage wrought by new systems of power, in order to give the survivors of new wounds and traumas the possibility of representation in the aftermath of an exposure to this violence. If oppression continues to be naturalized, it will sediment into deadlier forms, eliciting an increased vulnerability to disease, war, hunger, climate catastrophe, etc. These new violences will fall within the trajectory of the colonial duration.

The naturalization of violent oppression has acquired new patterns of obfuscation: not only does politics appear as natural—purely accidental and without reason—but nature seems indivisible from a politics that justifies its oppressive force with a *necessary* "natural law." In other words, today's violence annuls politics as natural and disappears nature "beneath the mask of politics." In this context, the psychic event lacks a clear causality. Malabou concludes that this "globalized heterogenous mixture of nature and politics is brought to light in the worldwide uniformity of neuropsychological reactions" (2012, 156). The neuroscientific data provides the resources to develop traumatic etiologies, "universally" held by the PTSD diagnosis. Malabou's term the new wounded gives people, as well as communities, cultures, histories, and life worlds, the possibility of representation. I have shown in this paper that both Fanon and Malabou elucidate the origins of psychic trauma in situations of violent oppression. Hence, identifying causality is essential for resisting this violence that hijacks the psyche of its new wounded. But the psychic wounds of colonization are impressed upon the origins of contemporary violence and must also be resisted.

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SPATIALITY AND AGENCY: A PHENOMENOLOGY OF CONTAINMENT

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It is easy to think of space as some*thing* outside and alien to us, as that which in its extension stands in contrast to the interiority of mind, feelings, point of view and other seemingly intangible aspects of subjectivity as regularly conceived in Western culture. In this essay, I challenge this dualistic and inward sense of subjectivity, demonstrating how integral space and spatial experience are to the very possibility and formation of ourselves as subjects—i.e., beings with a point of view on others as well as on ourselves—and as agents—i.e., persons with choosing and meaning-making capacities.[1] Indeed, I show that *how* we exist varies with *how* we inhabit space.

I am particularly interested here in how our agency is *contained* by space, but not in the sense in which water is in a pitcher. Rather than a limiting object, space is the *extended situation* in and through which our sense of self and choice becomes possible in the first place. This study of the interwoven character of personhood and spatiality coalesces with contemporary discussions of agency as interpersonal, situational, and, thus, ultimately heteronomous. Recognizing the *constitutive* spatial structures of our agency matters because these structures—precisely because of their heteronomy—can oppress the very agency they also constitute. In other words, there are existentially healthy and unhealthy forms of spatial containment that variably support or restrict the range and plasticity of our agency, and a failure to notice the importance of spatial experience leaves this aspect of our reality susceptible to neglect and abuse.

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[1] As the essay proceeds, I will explain further what I mean by agency and health. Generally speaking, however, my sense of both of these aspects of human reality is that they are inextricably interpersonal and situational, and, thus, ultimately heteronomous. Throughout this essay, I will interchangeably employ the terms "subject," "self" and "person" as well as "subjectivity" and "personhood." While there are discourses that parse out the differences amongst these, for my purposes, I am trying to capture in these terms our reality as beings that experience themselves as having a meaningful point of view upon others and themselves.

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I begin the essay by considering the character of spatial experience and the implicit sense of ourselves that attends our embodied experience of space. I propose that our spatiality can be understood in terms of "containment," articulating how there are senses of both containing and being contained by space at the core of our experience. I will then examine how our senses of space and subjectivity develop hand in hand through our bodily practices of movement. This theme of movement will lead me to considerations of how the "containment" that is the inherent character of space can develop different forms of self-other experience and, thus, different experiences of agency. I will examine experiences in which space is explicitly noticed and felt as containment and, more specifically, as a hostile means of containment—namely, claustrophobia and two forms of imprisonment; these "case studies" will allow me to consider, respectively, how oppressive pressures on our agency affect our spatiality and vice versa. These analyses will underscore how our existential health depends in significant part upon the presence and cultivation of an appropriately supportive spatial environment. Overall, the essay will show how our formation as subjects is dependent upon the bodily-rooted and spatially articulated gestures through which we develop a lived sense of whether the world outside us is supportive and cooperative or hostile and threatening.

I. A BRIEF PHENOMENOLOGY OF SPACE AS CONTAINMENT

To set the groundwork for examining the critical role that spatiality plays in our make-up as subjects and existentially healthy agents, let us first trace a brief phenomenological description of spatial experience.[2] Kant, a key forebearer of the phenomenological tradition, describes space as naming the meaningful form our experience takes. In any explicit experience *of space*, we are, according to Kant, implicitly experiencing ourselves; in other words, as an object *of experience*, space is "contained" in our subjectivity. But what specifically does it mean to identify experience as "spatial?" Kant writes, "[my] sensations [are] referred to something outside me . . . [and I] represent them as outside and alongside each other" (2003, 68, A23/B38). Space is *how* I experience things as outside—as outside of me and outside of each other. Furthermore, "space is experienced as an infinite given magnitude": space is given in experience *as* "outside me" and *as* "infinite" (69, A25/B39-40). Though "logically" our experience "contains" the meaning of space, Kant's description reminds us that the very meaning of space is that *it contains us* and it exceeds us infinitely. We experience space as that *in* which we are: we move about in space, perceive things in space, and find ourselves to be in space. In this sense, we experience space as containing us.

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[2] For fuller phenomenological studies of the character of space, see Heidegger 1971; Husserl 1997; Jacobson 2006, 2009, 2010; Merleau-Ponty 2012; and Morris 2004. Ed Casey's *The Fate of Place* (1997) also offers an excellent history of changing conceptions of space and place across the history of Western philosophy.

Space is also the opening in which we experience *things* as existing, appearing, and acting or being acted upon. A thing has its "room" or its "place" alongside others in a single shared medium. Yet, phenomenologically speaking and as already suggested in Kant's arguments, space is not a further "entity" *beside* the things of the world. Space is the coordinating context that provides the necessary distance for the emergence of things into independent and articulated appearing beings; and, reciprocally, it is through things in their detachment from each other that space is revealed to us.[3] In other words, as Husserl (1997) describes in his 1907 lectures, *Thing and Space*, "[w]hat we see are bodies, and together with the seen, we grasp the 'between' . . . . Thus space is . . . co-seen" (223). By emphasizing that space is *co-seen* with things, Husserl also highlights that it is our grasping of the between, *our* co-seeing, that allows for the spatial array. As such, space is simultaneously the disclosing of our subjective articulation of being-in-the-world *and* that which we experience as holding us and things. Space is a contained-containing.

This co-seen and contained-containing character of space and things is readily recognizable in the context of vision: to see requires a "between" that separates and connects a viewer from the thing viewed, for a thing immediately atop the viewer fills the visual field to such an extent that all vision is blocked and without a viewer there is nothing to be seen.[4] An infinitely complete consciousness, as Husserl proposes, could not have "a" view on things or space; it would be completely filled in and, thus, have no room for appearance (1997, 98). Similar structures exist for other sense modalities. Hearing requires a resonating medium through which the vibrations produced by one thing can reach across and be "felt" and heard by a listening being; smelling occurs only if some scent can unfurl itself *from a there to our perceiving here*; touch implies the ability for a feeling being to work its way along the texture of a thing; and taste involves a similar working *through* and noticing the flavors of an opposing surface. Merleau-Ponty writes: "We are thus justified in saying *a priori* that all of the senses are spatial, and the question of knowing which sense gives us space is unintelligible, provided we reflect on what a sense is" (2012, 226). Space is the necessary context of possibility without which appearing and, thus, "experience *of*" and "reflection *on*" would be impossible.

As the arena of juxtaposition, space is also the containing field wherein a change from the self-identical can be made. For instance, we require a surrounding open that can be entered if we are to be able *to do* anything. Further, Husserl argues that for something to appear as a distinct thing, there indeed *must* be movement (1997, 85). Without movement, there would be a flat and filled visual field—if it could even be called that—in which nothing could appear as discreet: a completely full and depthless sheath would accost our "view." Motion reveals what holds together in a unity and what falls apart as distinguishable, and

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[3] For an excellent discussion of an object's possession of a spatial background, i.e., of being inextricably wound up with a background, see Ahmed (2006), especially pp. 548-9.

[4] Merleau-Ponty (1968) offers an arguably deeper discussion of this "between" in his articulations of the notion of flesh in "The Intertwining—the Chiasm." For related discussions of depth, see Casey (1991) and Merleau-Ponty (1993).

through our experience of things as things, we can notice and have the sense of the space in which these things are independent from their surrounding field. Space must be present for things to exist, but it is only in movement that this space and the things within its fold are able to be experienced (Morris 2004).[5] Movement is, thus, a prerequisite for our ability to encounter space as space. Moreover, inasmuch as spatial distancing is the precondition of appearance as such, it is our embodiment and our ability to move—in whatever variable expressions this may occur—that make experience as such possible.

These productive and grounding aspects of movement underscore the character of space both as arising through *our* containing activity and also as that which is experienced as what contains us and gives our activity a field of range and reference. As Heidegger (1962) describes, we do not initially experience the spatial world as an optional, objective content of experience but rather as the inescapable practical setting in which our lives unfold: we exist as being-in-the-world.[6] Phenomenologically, space is not initially an indifferent arena, but rather the place of containment that is our manner of existing, the setting intrinsically connected with our being-at-home in-the-world.[7]

II. SPATIALITY, MOVEMENT, AND AGENCY

With this phenomenological backdrop of the containing-contained relationship of space and subjectivity, I turn now to consider how our experience of agency is tied up with our spatial situation. More specifically and following the thrust of the arguments above, I will examine research that shows how space functions as the *home* or *situation* in which our choosing and meaning-making capacities become possible in the first place, and how this very relationship can foster or inhibit our existential health.

Let us begin by considering phenomenological conceptions of motor intentionality and agency in Husserl (1989) and Merleau-Ponty (2012). Both argue that the original experience of oneself is not an "I think" but an "I can"—that is, a lived sense—revealed in

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[5] "[T]he constitution of the Objective location and of Objective spatiality is essentially mediated by the movement of the Body, or, in phenomenological terms, by kinaesthetic sensations" (Husserl 1997, 148, 198). For a good, contemporary account of motor intentionality, see Evan Thompson's *Mind in Life: Biology, Phenomenology, and the Sciences of Mind* (2007), especially pp. 247-49 and pp. 312-17.

[6] Heidegger's *Being and Time* (1962) begins with a relevant description of our reality as "being-in-the-world" (sections 12-14). Merleau-Ponty (2012) studies these different conceptions of space under the headings of the abstract "spatiality of position" and the concrete "spatiality of situation" in the chapter entitled "The Spatiality of One's Own Body and Motility" in *Phenomenology of Perception*. Note that neither Heidegger's nor Merleau-Ponty's accounts of space necessitate that we experience our spatial situation as nice, kind, or "homey" even if it is our familiar "ground" (Jacobson 2006, 2009, 2010).

[7] For further discussions of the existential characteristics of home, being-at-home and dwelling, see both Heidegger (1971) and Jacobson (2009, 2010).

practice—of one's ability to act.[8] "[M]y body," Merleau-Ponty writes in the *Phenomenology of Perception*, "appears to me as a posture toward a certain actual or possible task" (2012, 102).[9] Said otherwise, we are fundamentally practical subjects, and the spatial world is fundamentally experienced as the arena for our possible action.[10] For example, if my aim is to join a gathering on an upper floor of a building, I do not typically notice "a set of stairs" in a reflective manner since I experience the possibility—or even the imperative—to climb them, and my body conforms itself to the stairs as if drawn through them to its destination.[11] The thing is experienced as a summons to action and my living body is experienced by me as my capacity to respond.[12] Both experiences are inextricably spatial and agential.

Empirical research on the development of conceptions of space in children supports the phenomenological arguments that spatiality is tied up with our bodily abilities as well as our sense of agency.[13] The stage-setting psychological studies of Piaget and Inhelder (1956)

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[8] See Husserl 1989, 13-17, 159-69, 226-31, and 266-80; and Merleau-Ponty 2012, 139-40. Compare Noë 2004, 63.

[9] Thompson and Zahavi (2007) bring out the relationship between this "I can" and our earlier reflections on the motor-revelation of things and space: "If something appears perspectivally, then the subject to whom it appears must be spatially related to it. . . . To say that we perceive only one profile of something while being aware of other possible profiles means that any profile we perceive points beyond itself to further possible profiles. Yet this reference of a given profile beyond itself is equally a reference to our ability to exchange this profile for another through our own free movement (tilting our head, manipulating an object in our hands, walking around something, etc.) . . . One's lived body is not co-given as an intentional object, however, but as an implicit and practical 'I can' of movement and perception" (79).

[10] Compare Heidegger (1962) on the idea that affectivity (*Stimmung* [mood]) and *Befindlichkeit* [state of mind] are at the basis of our experience—our self-consciousness begins in *how* we experience things—their emotional colouring—rather than in a direct reflection upon ourselves (sections 28 and 29). See also Leder's (1990) discussion of the way mood shapes our experience (84-5).

[11] On this "summons" from the object, see Husserl (1989): "The Object, as it were, wants to be an Object of advertence, it knocks at the door of consciousness . . . it attracts, and the subject is summoned until finally the object is noticed. Or else it attracts on the practical level; it, as it were, wants to be taken up" (231). Compare Merleau-Ponty (1963, 168-69). The strength of this call may even "overwhelm" a person's intentions. For instance, someone may pass an exit on a highway where she intended to get off because what Merleau-Ponty (2012) calls her "habit body" has continued on to a more regularly taken exit (84-9, 140-48, 288); an impressive cathedral may quiet and subdue an otherwise voluble and energetic person; crowds of people are shown to move in regular sine wave sequences of motion when under certain types of situationally-induced pressure; and, architectural features ranging from shape to color are shown to affect productivity, mood, the intensity and even possibilities for human action (Moussaïd, Helbing, and Theraulaz 2011; Profusek and Rainey 1987; Tuan 1974; and Valdez and Mehrabian 1994).

[12] For related discussions of agency see Jacobson 2017; Jacobson and Russon 2018; Laing 1969; and Russon 2003, 2009.

[13] Further research also shows that spatial development in infants around twelve months of age develop in relationship with their abilities for self-movement. Tracking behavior and object location in the infants were stronger in those infants who moved themselves. The researchers concluded that "self-produced movement appears to aid the infant by increasing attention to relevant environmental information" (Acredolo, Adams, and Goodwyn 1984, 324). They noted that their results could equally be a sign that being moved by adults, rather than by themselves, could in fact hinder tracking ability.

revealed that conceptions of space do not follow simply from the mere perception of things in space. Rather, children *develop* an understanding of and relationship with space through being involved in and learning new *activities*—such as being able to grasp an object, move an object, arrange objects, and so forth (1956, 25, 41, 449, 454).[14] Kermoian and Campos (1988) conducted related studies testing the relationship between infants' capacity for locomotion and their spatial search performance. The tests involved attracting infants' attention to a toy of interest and then concealing it to a variety of degrees. Sometimes the toy was partially concealed; other times it was placed under one of two identical cloths; still other times it was hidden under multiple cloths; and sometimes a delay occurred between placement and when infants were allowed to begin searching for the toy. The experiments were carried out with varied trial set-ups to study different levels and aspects of infant locomotion. The results overall showed that infants' ability to search successfully for an object of interest is connected to their specific capacities for locomotion. For an infant to attain the highest results on the given search tasks, locomotion needed to be self-motivated and on hands and knees. Infants who could not yet crawl but could move "artificially" in rolling walkers did not achieve the levels of spatial development possessed by self-locomotive infants; they did, however, show greater capacities to attend to external objects than pre-locomotive infants and belly crawlers (915). Locomotor-limited children did not gain the search abilities under study simply due to the passage of time; rather, any increase in being able to locate a desired object arose only as relevant locomotive skills were developed (915). These experiments demonstrate that locomotion has functional consequences for spatial search abilities; in other words, locomotion facilitates the development of children's abilities to seek out and find an object set apart from themselves in a complex spatial array (914). These results correspond to the developmental studies of Piaget and Inhelder that demonstrated that to achieve a generalized spatial schema—i.e., a spatial system of integrated positions, regular

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[14] Core aspects of Piaget and Inhelder's (1956) interpretation of human spatial experience differ notably from phenomenological accounts, such as those given by Merleau-Ponty. To a large extent, they present their developmental picture of spatiality as one in which the developmental endpoint of spatial understanding is the "achievement" of the Euclidean perspective. Not only does Merleau-Ponty question the weight placed on "spatial objectivity" by this account, but he also argues that the child's experience of space—even as Piaget and Inhelder describe it—contains important resemblances to the nature of adult spatial experience; in other words, as we have already begun to see in our analyses, adult spatial perception proves to be far less Euclidean-like than Piaget and Inhelder suppose (see also Merleau-Ponty 2012, 317-8, 415-5). Moreover, Piaget and Inhelder focus on the child's "conceptual" experience of space as the site for examining spatial development, whereas Merleau-Ponty locates the source for examining spatial experience—both developmentally speaking and otherwise—as lying in the realm of perception. In spite of these differences, the analyses of Piaget and Inhelder significantly support Merleau-Ponty's argument insofar as they demonstrate the connection between spatial levels and the *body's abilities and activities*. My analysis of Piaget and Inhelder's argumentation regarding the body and spatial development may, in fact, serve to moderate *certain* criticisms of their work leveled by or implied in Merleau-Ponty's philosophy.

distances, fixed dimensions, and so forth—children must first develop the ability to perform activities that would correspond to—and *make possible*—such a view of space (1956, 193).[15]

Research has also shown that experiences of movement help to reveal us to ourselves and set up conditions that allow us to experience ourselves as agential beings. As we began to see above, movement is crucial for the development of outward awareness; it is also critical in stimulating developing forms of awareness of self-other juxtapositions. For instance, in contrast to premotor infants, infants with some form of locomotion react at a notably greater cardiac level when exposed to an experimental cliff edge; are more capable of picking invariant structures out of a mixed display; and demonstrate greater interest in surrounding social stimuli and unknown adults.[16] Gerardi-Caulton demonstrated a correlation between the ability of young children to perform spatial tasks and "their ability to shift attention between activities, focus attention effectively, and pay attention to subtle stimuli in the environment"—components of attention that the researchers connect with a child's capacity for self-regulation (2000, 403). These activities show nascent signs of infants either *doing* something of their own accord or *reacting* to something or someone as distinct from themselves. Such shifts toward reflectivity mark a critical step in opening onto a *spatially* thick and *diversified* reality as opposed to the "pre-reflective and unmediated" space of infancy in which Eva Simms describes the infant as "inserted into the flesh of the world" (2001, 34-35).[17] As such, these spatial steps—both literal and figurative—mark a crucial stage when an infant begins moving out into and engaging with what is other.

In contrast, Simms (2014) discusses how infants whose early life is spent without significant interactive contacts with other human beings (as has occurred in the past in significantly under-supported "foundling homes" or orphanages) will fail to emerge from an inner world of solipsism (85). Based on a variety of evaluations, observations and testimonies, Simms describes the roots of the contracted existential reality of a particular child, whom she calls Rudy, who was "raised" in such an orphanage. In his infancy, Rudy lived in an environment in which an absolutely bare minimum of human contact was given; he was not permitted to move beyond the site of his crib. His initially given surroundings were thus limited to a fairly static set of perceptual possibilities that, additionally, were neither described nor manipulated in significant or novel ways by adults. Although Rudy's

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[15] Piaget and Inhelder (1956) identify a developmental pattern for the child's changing conception of space—one that moves from the topological to the projective and, finally, to the Euclidean—and they ascribe this development directly to the child's development in her abilities to accomplish various tasks related to motion, arrangement and organization, rotation, drawing, etc. (419).

[16] Relevant studies cited in Kermoian and Campos (1988).

[17] Simms's (2001) argument in "Milk and Flesh" emphasizes that this original immersion in the world is a dyadic one—typically of mother and infant—but not a "dyad" experienced by the infant as dualistic or reflective in any way. Indeed, Simms's argument helpfully articulates the character of our foundational pre-reflective spatial experience that Maurice Merleau-Ponty describes vis-à-vis the infant in "The Child's Relations With Others" (1964) and vis-à-vis adults in the *Phenomenology of Perception* (2012) (in terms of "situated space") and in "The Intertwining—The Chiasm" (1968) (in terms of "flesh"). See also Bredlau 2008, 2010.

capacities for engagement and world-expansion were in principle developing as his body grew, these capacities were never encouraged or supported by his nominal care givers at the orphanage. Even after his adoption (at eighteen months of age) and in subsequent childhood years, Rudy's world carried the traces of the significant constraints in the spatial reality of his early years. Simms reports:

> When Rudy is evaluated at the age of three years and two months, he is easily overloaded by sensations and has trouble focusing; he shows tactile defensiveness and squirms away when his [adoptive] parents touch him; he drops things all the time and cannot discriminate shapes and textures with his fingers; he constantly crashes into things, even big things like chairs and cars because he does not know where they are in relation to his body and where his body is in space (proprioception), and because he easily loses his balance . . . (2014, 82)

As noted above, Simms locates the crux of the contraction in Rudy's world-engagement as a lack of early "intimate" engagements by others. What is striking for the current argument is the fact that Rudy's lack of interpersonal engagements at a young age has impinged simultaneously on his spatial and agential experiences. As Simms notes:

> The world is a panorama spread out before him and does not break though the wall of his solipsism. It does not reveal to him his own transcendence but only his insertion into the flow of perceptual events. He is . . . caught up in the tacit meaning on the *surface* of the world. (85, emphasis added)

Though Rudy notices elements of his surroundings, he does so ". . . without ever having any real distance from them. He is completely submerged in his familiar perceptual world. He is held hostage by the very fact that we are perceptual beings" (85). Agency, movement and spatiality are simultaneously contracted in Rudy's experience.[18] Said otherwise, Rudy's experience in infancy has altered the reach of his embodiment of the surrounding world, limiting the plasticity of his forms of being-in-the-world.

In describing Rudy's experience of agency as contracted in this way, I am not indicating that he possesses a *lesser degree* of agency. People's bodies and capacities pointedly differ—both from one another's and even across one's own life trajectory. The co-defining relationship of body and world can also be more or less supported for particular people as

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[18] Psychologists D.W. Winnicott (1971) and R.D. Laing (1969) similarly write about the intrinsic connection between the young child's outward moving developments and a sense of familial or ontological security, respectively.

well as more or less thetic at varying times in persons' lives. For instance, spatial settings that are designed for those who can walk without assistance can and often do set up challenges or prohibitions for those who need a wheelchair or walker to move. Even though various experiences of illness or disability may be challenging or may limit a person from certain activities, and may also indicate signs of a failing of society to support or address varying bodily capacities, in *every* case, people are working from the situation of their particular embodiment and the affordances of their surrounding environments. As Sharon Krause has argued:

> …while the selfhood that figures in agency is robust, it should not be understood as singular or fixed or essential. Every self is something of a plurality containing multiple strands, some of which may sit uneasily with one another. Moreover, because we exist in dynamic relationship with our social and material environments, we are all subject to change. None of us remains perfectly identical over time. And because our characters evolve in connection with our changing circumstances, it would be wrong to think that any particular feature of our subjective existence constitutes an a priori essence. (2015, 22)

The argument of this essay has built towards underscoring the recognition that each of us *develops* agency—our "I can"—as our particular bodies engage with and through our surrounding environments. Pointedly because this "I can" is not a *given* facticity of our existence, it can vary and also shift. For instance, phenomenological authors such as J.H. van den Berg (1966), Isabel Dyck (1995) and S. Kay Toombs (1987) have attended carefully to experiences of chronic illness, describing the significantly intertwined changes of persons' dynamic "I can" and their experiences of the surrounding world and the things within it as illness waxes or wanes. In *Psychology of the Sickbed*, van den Berg describes how the experience of the acutely ill person reflects a lagging "I can" in the form of things and even people becoming unfathomably distant and irrelevant. Imagining the experience from within, he writes: "The world has shrunk to the size of my bedroom, or rather my bed. For even if I set foot on the floor it seems as if I am entering a *terra incognita*" (1966, 26-27). Toombs emphasizes the depth of this foundation-loss in chronic illness: "The familiar world, including the self, is suddenly perceived as inherently unpredictable and uncontrollable" (231). A flare up of multiple sclerosis symptoms can, for example, cause an environment that is typically smooth and unnoticed by a person to come painfully and disruptively to the fore, demanding that it be dealt with before the person's other intentions can be pursued (Dyck 310-312). Toombs concludes that chronic illness strikes at the essential cores of lived experience, leading to ". . . the perception of loss of wholeness and bodily integrity, loss of certainty and concurrent apprehension or fear, loss of control, loss of freedom to act in a variety of ways, and loss of the hitherto familiar world" (234).[19] Such examples underscore the dynamic relationship between agency and spatial experience.[20]

In this essay, I have been focusing on how agency can and will be differently articulated in coordination with our changing spatial circumstances. Spatial arenas in which we experience persistent resistance or frustration may be ones in which we need interpersonal or therapeutic support of some sort; they may also be sites in which we are being oppressed by other persons or existential and political structures.[21] In the next section, I will consider spatial settings that are *explicitly* experienced as sites of oppressive containment. This final and most pointed study of space as containment will provide tangible examples of the argument that existentially healthy agency is not the guaranteed lot of all persons by nature, but, rather, becomes possible only if we are properly nurtured within and by our interpersonal and cultural *settings*. In other words, "healthy" or "unhealthy" agency is not rooted in given and fixed capacities, but rather quite significantly in whether our abilities to engage creatively and responsively with our situation are supported or oppressed by our surrounding reality.

III. WHEN SPATIALITY BECOMES AN EXISTENTIAL PRISON: CASE STUDIES OF INTERPERSONAL ENGULFMENT AND TORTUROUS IMPRISONMENT

We have seen above how our experiences of agency are connected to a sense of being contained by space in such a way that we feel sufficiently able to explore and shape meaning for ourselves, to have a spatial *home*, so to speak. In other words, the "I can" of the developing child occurs hand-in-hand with a developing sense of being-at-home-in-the-world. For instance, we saw that an infant's movements begin to be made outward as other foundations become more secure; the infant explores unknown objects and people only upon feeling grounded in new bodily capacities; and, by contrast, an infant raised in impoverished interpersonal circumstances will fail to be able to do either of these at age appropriate levels. I want now to consider experiences in which our inescapable spatial

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[19] Fredrik Svenaeus (2011) also emphasizes the intrinsic connection between illness, embodiment and one's spatial experience: "Illness is an unhomelike being-in-the-world in which the embodied ways of being-in of the self (person) have been thwarted. In illness the body shows up as an alien being (being me, yet not me) and this obstruction attunes the entire being-in-the-world of the ill person in an unhomelike way" (337).

[20] For further studies of shifts in spatial experience relating to differing bodily capacities, see Carel 2008; Charmaz 1983; Honkasalo 2000; Jacobson 2004, 2011, 2017; and Leder 1990, 2004.

[21] For instance, both van den Berg (1972) and Russon (2003) argue that mental health challenges such as "neurotic" or compulsive behaviors mark certain ways of being-in-the-world that are typically experienced directly or indirectly as frustrating or closing down certain actions or possibilities for that person. Both authors also see other people (or other human resources such books, art, or therapeutic programs) as key to supporting a person in developing greater plasticity in those existentially contracted arenas.

setting is *explicitly* experienced as one in which a person feels trapped or imprisoned. By looking at breakdowns in spatial inhabitation, we will see more deeply into the dynamic connection between spatiality and agency. While the fundamental *intertwinement* of expressions of spatiality and agency has already been made emphasized in this essay, we will now examine the dynamic bidirectional relationship of these existential aspects of our reality by considering through cases of *interpersonal engulfment* how pressures on one's agency can lead to inhibited experiences of spatiality and, then, through cases of *torturous imprisonment* how restrictions on one's spatial setting can lead to inhibited forms of agential expression.

When we feel trapped, we can lose the sense of ourselves as independent and become consumed by our setting. In illness, as noted above, the body is not an inconspicuous platform for action but becomes a conspicuous obstruction that forces itself upon our attention.[22] We can understand our founding relationship to space along parallel lines. A troubled affective sense of home can become existentially consuming, making free engagement with the world impossible. I have argued elsewhere, for example, that this is how we should understand the experience of agoraphobia: the agoraphobic is so threatened by what is other that openness to exchange with the outside becomes intolerable (Jacobson 2004, 2011). Research has shown that this experience of threat is regularly rooted in the agoraphobic's lack of a secure sense of home, itself the result of early interpersonal experiences of not being supported in the development of the agential capacities that pertain to our free action (2004). Without a secure and supportive home base, the agoraphoic finds encounters with what is 'other' to be dangerous rather than liberatory, self-defeating rather than self-defining, sites of abandonment rather than of opportunity. To avoid this conflict, the agoraphobic often remains "at home." Yet this "home" is equally traumatizing even if it seems easier to deal with. It is an imprisoning form of containment, rather than a supportive home base from which she can emerge to engage with the world. Her experience of space, whether at home or beyond, is one of exile or threat.[23]

We see this experience of imprisonment arise perhaps even more pointedly in claustrophobia—a disorder whose main symptoms are a sense of trappedness, suffocation, and loss of control (Febbraro 1995, 349; Shafran el al. 1993). The psychoanalyst W.R.D. Fairbairn identifies the origins of claustrophobia in the developmental struggles between identification with others and independence from others—struggles that occur especially in the transitional stage between infantile and mature dependence (Willoughby 2001, 921). Fairbairn maintains that the self oscillates "between fears of engulfment or confinement and [fears of] isolation, or between claustrophobia and agoraphobia" (921). The claustrophobic

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[22] This language of the body (and the home) as "platform" is from John Russon (2009, chapter 1). The language of the "inconspicuous" and the "conspicuous" is from Heidegger (1962, section 16).

[23] On the theme of the hostility of the home space vis-à-vis agoraphobic and claustrophobic experience, see also Trigg 2017 (especially chapters 1 and 2) and 2018.

aspect of the self is that which feels vulnerable with respect to other people to whom it is attached; specifically, the claustrophobic person worries specifically that she will be trapped with this person.[24]

Laing's (1969) existential psychology offers a helpful elaboration here of the crucial role of other persons in our establishing a sense of home. Laing argues that the development of a lived sense of oneself as an independently real agent is accomplished only through the interpersonal support through which others communicate their recognition of our independence.[25] He describes engulfment as one characteristic way that others—typically parents—may hinder another's developing sense of autonomy. For the engulfed person, the interpersonal world is experienced as a smothering containment in which one is allowed no room for independence and self-expression, and the only viable behavioral option is "escape":

> The main manoeuvre used to *preserve identity* under pressure from the dread of engulfment is isolation. . . . [I]nstead of the [healthy] polarities of separateness and relatedness based on individual autonomy, there is the antithesis between complete loss of being by absorption into the other person (engulfment), and complete aloneness (isolation). There is no safe third possibility of a dialectical relationship between two persons, both sure of their own ground. (Laing 1969, 44, emphasis added)

In the experience of interpersonal engulfment, containment is not experienced in a way that "makes room" for the individual. Home has become a site of threat to one's independent individuality rather than an enabling site of one's agency. According to the psychological accounts addressed here as well as the larger argument of this essay, the foundation of a claustrophobic experience of the world can be described as rooted in a form of containment that structures one's way of being-in-the-world as inherently inhibiting.

This analysis of an interpersonal home environment that does not allow room for one's individuality to be recognized dovetails with Raymond H. Gehl's (1964) argument that the claustrophobic response marks a struggle in the development of one's decision-making and action-oriented powers such that a person feels trapped inside herself. According to Gehl, what the claustrophobic sees in the frightening spatial surroundings is her own fright in the face of taking up the powers to act, to distinguish herself from others, and to feel capable

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[24] Fairbairn analyses this in terms of the "primary attachment object," which can also "through projective identification into the environment" be a tangible thing rather than a person (Willoughby 2001, 921, citing Fairbairn).

[25] Russon and Jacobson (2018) make a related argument regarding the significance of interpersonal relationships for the development of one's existential health and overall ability to engage with and in the world.

of being present in a situation with another person without being overwhelmed.[26] Our lived, affective sense of containment—the primordial meaning of our spatiality—is thus fundamentally a matter of navigating our interpersonal boundaries, or, said otherwise, of our experience of participating as individual agents in an interpersonal world.

The meaning of our spatiality is that we are thrown outside ourselves, and thus into the field and care of an interpersonal world.[27] The experience of claustrophobia reveals that the roots of our ability to live as agents is interwoven with how others serve to shape our experience of containment—namely, in an enabling or disabling way. Our experience of ourselves as "autonomous" agents is actually one of heteronomy: we are vulnerable to our experiences of containment, and it is in our formative experiences with interpersonal others that our spatialized sense of agency is initially cultivated. As a mirror image to this portrayal of a troubled interpersonal cultivation of agency, I will now consider how an experience of agency can be broken down through experiences of unhealthy spatial containment that is more pointedly physical or structural.

In the case of incarceration, there are certainly elements of *interpersonal* effects on one's agency and sense of space. Additionally and notably, however, we also find here *physical spatial* effects shaping one's experience of agency and interpersonal capacities (Guenther 2011, 2013; Leder 2004, 2016).[28] It is obvious that imprisonment is a form of containment that intentionally limits an agent's ability to move about in space. The limitations imposed by incarceration, however, are much greater than this. Though imprisonment seems at first only an "external" limitation that leaves the person intact, we will see through two extreme examples that in fact the experience of containment in imprisonment can bring about severe and troubling existential changes in imprisoned persons.[29]

The relationship between one's sense of self and one's spatial situation is seen clearly in a particularly severe form of imprisonment that emerged in the United States penitentiary system in the 1980s: the "supermaximum custody unit" (Haney 2003, 128-29). Persons imprisoned in "supermax" units are confined in a small cell of roughly 6 by 8 feet with a solid steel door as its only opening; their lighting often remains on 24 hours a day, and is not controllable from within the cell; they are released from the cell only a few hours per week for private exercise in a "dog run"; often upon release for these activities, the incarcerated

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[26] Multiple studies of claustrophobia have found direct connections between the feeling of inefficacy in the face of external threats and the development of anxiety (Bandura 1988; Bolte 1996, 608-10; and Valentiner, Telch, and Petruzzi 1996).

[27] Thrownness (*Geworfenheit*) is a constitutive feature of *Dasein*, according to Heidegger's (1962) phenomenological description in *Being and Time* (sections 28, 31, and 38). See also Drew Leder's (1990) chapter "The Ecstatic Body" in *The Absent Body* for an insightful discussion of examples of how we are "thrown" beyond ourselves in our daily existence.

[28] I am particularly grateful to the work of both Drew Leder and Lisa Guenther for their insights on the topic of imprisonment and issues of space, agency, and mental health.

[29] See Ahmed (2018) for a related discussion of the existential spatial constrictions arising from drone surveillance technologies.

person is first tethered from outside of the cell by a leash and eventually placed in multiple restraints; finally, their interaction with other inmates and even staff is severely limited, and visits from others, when permitted, are typically conducted through closed-circuit television or teleconference (Arrigo and Bullock 2008, 624-25, 628; Haney 2003, 126). In this situation of imprisonment, the incarcerated person's spatial situation is transformed into one in which meaningful engagement with the world and others is eliminated. As our argument thus far would lead us to expect, empirical research has concluded that "there are few if any forms of imprisonment that appear to produce so much psychological trauma and in which so many symptoms of psychopathology are manifested" (Haney 2003, 124).[30]

Craig Haney identifies characteristic pathologies developed by persons in supermax confinement—all of which indicate that extreme contraction and impoverishment of one's spatial setting can lead to the contraction and impoverishment of one's fundamental experience of agency. Haney reports that persons existing in supermax imprisonment develop problems with self-initiation and self-control of their behaviors; lose the ability to follow through on even simple goal-oriented tasks; lose a clear sense of who they are and how they might fit into the world; withdraw from any possibilities to develop interpersonal relationships or their grounding in the world, reverting instead to a fantasy world from which they do not seem able to emerge; and, lastly, develop experiences of "intolerable frustration," which may develop into rage that often erupts in behaviors that increase the amount of time they will be forced to spend in the very conditions leading to their frustration. In short, we see that the supermax-incarcerated person shows signs of losing almost entirely their self-defining and other-relating capacities.

The "frequent flyer program" used at Guantanamo Bay, which involves moving detained persons from cell to cell such that they experience significant sleep deprivation and disorientation, shows similar existential effects. Here, by not allowing a person a place to "settle," the spatial situation becomes an aggressive container, and space is itself used as an attack on one's very way of being-in-the-world. In the words of the U.S. military, this technique is used "to soften detainees for subsequent interrogation" and "to profoundly disrupt [the person's] mental senses" (Frakt 2011; United States v. Jawad 2008, respectively).[31] In both supermax imprisonment and in the "frequent flyer program," what begins as an externally imposed spatially restrictive regime ends up structuring the very shape that the agent is able to give to the world.

These situations of torturous imprisonment as well as those we examined above of interpersonal engulfment are, then, sites of interpersonal contact that cultivate a *disabling* experience of containment rather than a healthy space of being-at-home, and as such, they inhibit the formation of a healthy experience of agency. In doing so, they precisely reveal

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[30] Research on this point is extensive and highly conclusive (Grassian 2006; Grassian and Friedman 1986; Guenther 2013; and Jackson 1983, 2001).

[31] See White (2008) for further description of the "frequent flyer program."

the vulnerability of our agency to our lived experience of spatiality. Similar to the effects we saw earlier in Simms's (2014) account of an infant raised in impoverished interpersonal circumstances, cases of extreme psychological or physical confinement demonstrate that—even in adulthood—our agency is not something that belongs to an individual alone; rather, it is interwoven with our setting as well as with other persons. Human agency is always dialogic—i.e., a situated, relational, and creative shaping force of reality.

IV. CONCLUSION: CARING FOR PEOPLE INVOLVES CARING FOR SPATIALITY

This essay has emphasized how human experience involves the definitive capacity of being "freed up" with respect to our surroundings, of existing as liberated from space such that we can give meaning to our situation according to explicit and implicit choices either independently or with the cooperative support of others. In this sense, we experience space *as* an open place in which *our* possibilities can unfold. Yet, even though the experience of a separate but responsive world is a distinctive mark of the experience of agency, our phenomenological reflections have also shown that our paired experiences space and agency are *developed*. And, while as human beings we cannot avoid being confronted by agency, its development is not "perfectly" secured. Our experience of space as the site of our existential containment varies with our own situational and personal wellbeing: our *specific* experience of ourselves as agential subjects is correlated with a *distinctive* form of spatial experience that is always already defined with and through what is *other*.

Recognizing that we are dependent on the support of others and on our surroundings in this way does not detract from our agency. Rather, the argument of this essay aligns with contemporary claims that we live by means of a "relational autonomy" or "situated agency"—that is, that we are always already intertwined with others and that our agency emerges from our determinately situated existence.[32] Indeed, the notion of agency as *auto*-nomous fails to capture our lived experience. As Kristin Zeiler argues:

> While the term *autós* has come to refer to one's own or one's own self in discussions of autonomous choices as choices made by self-governing individuals, the phenomenological reasoning on the embodied self as being-in-the-world and the embodied self as intercorporeally formed allows for an acknowledgment of how someone's "ownness" is intrinsically bound up with various dimensions of otherness. Not only are embodied subjects formed in relations over time, but subjectivity and agency are also thoroughly dependent on the larger situation in which they are articulated. (2018, 98-9)

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[32] For relevant discussions of the intertwined and situated character of our autonomy and agency, see Jacobson (2004, 2009), Russon (2003), and van den Berg (1972). See also Slatman, Zeiler, and Devisch (2016) for their discussion of the autonomy of the bodily self as always already heteronomous (18-19).

María Lugones underscores the danger of what she calls "the fiction of effective individual agency"—a fiction that she argues, ". . . hides the institutional setting and the institutional backing of individual potency" (2003, 210). The current study of spatial experience shows that we need to be initiated—by means of and through our bodies—into enabling experiences of containment if we are to relate in existentially responsive and creative manners to a world that forms the inescapable context into which we are thrown. This argument also suggests that it is vitally incumbent upon our primary caregivers and our lawmakers to develop practices and institutions that recognize this necessity and that offer us appropriately acknowledging and supportive environments through which to develop and persist as healthy human agents in the myriad forms this may occur.[33] We must respect and respond to human agency as relational and dynamic, and our existential health as inherently spatial and situational.

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[32] See Todres, Galvin, and Dahlberg (2007) for a discussion of why and how attending to one's spatial lifeworld matters in healthcare. They argue: "A qualitative description of human spatiality therefore includes how things appear in terms of closeness or distance, and in terms of meaning within such space. A lifeworld description that intuitively resonates with our everyday human living would include a description of how the meaning of the environing world looks or changes as circumstances change" (56). See also Todres and Galvin (2010).

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Critically Sick: New Phenomenologies of Illness, Madness, and Disability

SHIFTING THE WEIGHT OF INACCESSIBILITY: ACCESS INTIMACY AS A CRITICAL PHENOMENOLOGICAL ETHOS

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Your friend invites you to a concert. "It's an accessible venue," they say, "so you should be able to join us!" The sentiment is nice (you guess). Your friend has at least considered your access needs before inviting you to an event. They clearly haven't planned their *choosing* the event around your access needs, however. You go online to buy a ticket. While the venue's website says the venue is indeed accessible, there is nowhere for you to purchase a specific ticket recognizing your accessibility needs. You then email the address you find on their website for customer service concerns. You are sure to ask detailed questions about what type of accessibility options are available, where they are available, and how you can access them. You do this because the simple question of "is your venue accessible and how?" is often not enough for you to get the types of answers you need. You wait two days for a response. The response turns out to be (surprisingly) wonderfully helpful! Customer service responded to all your questions with detailed advice. You look forward to attending the concert with your access needs met.

But is this truly the case—have all such access needs been met? Let's presume you show up to the concert venue and all proceeds smoothly. What were the conditions that led up to this achievement of access? The point of this paper is to show that a focus on logistical access fails to account for a variety of accessibility needs and perhaps the question "have your needs been met?" isn't even the right question to ask in the first place if we want to generate responses to ableism that take seriously the depths to which it penetrates.

For example, in the above scenario, it is clear that your friend, while perhaps well intentioned in inviting you, has done so in a way that shows a lack of desire or capacity to imagine their life and plans being shifted given access concerns. The presumption is one of accommodating you in existing plans, rather than preparing a plan for themselves and others that begins from an awareness of ableism and an ethics of accessibility. Additionally, while the venue was built to be accessible, there were a set of emotional, cognitive, and physical labors that went into the various exchanges between you and your friend and you and the customer service agent. Perhaps your friend's framing of their invite caused

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you to feel like a burden or a last-minute addition. Perhaps after thinking this, you tried to comfort yourself with the sentiment, "well, at least they tried." (Meanwhile, your friend pats themself on the back for inviting you in a way that recognized your access needs). In addition to this emotional labor, you performed the cognitive labor of verifying certain accessibility accommodations and figuring out *how, when, and where* to access them, as well as the physical labor of typing an email.[1] None of this emotional, cognitive, or physical labor was shared nor was it acknowledged by any individual or institution. And yet, all your access needs were "met."

The achievement of what we might call logistical, accommodationist access fails to fully appreciate the depths of access-related issues. In what follows, I survey the state of disability activism as it relates to notions of access, comparing rights-based vs. justice-based platforms. I claim that rights-based frameworks, those working primarily from a logistical, accommodationist lens, ultimately fail to envision the depths of transformation necessary to address our current ableist world. I then turn to justice-based frameworks and the notion of "access intimacy" that has emerged from these activist circles. Finally, I explore access intimacy through the lens of critical phenomenology, which I argue helps illuminate the problems with a rights-based framework and makes clear the stakes for building a more liberatory access framework.

Critical phenomenology begins from a set of philosophical (and sociopolitical) assumptions concerning the self and the world that differs from rights-based approaches to accessibility. The subject of critical phenomenology is not the bounded, unified individual we find in rights-based approaches. Rather, in attending to the structures of lived experience, critical phenomenology provides a relational, intersubjective understanding of the self. Beginning from this notion of the self, the stakes of accessibility are (re)clarified. If our social world is not comprised of individuals conceived of as bounded units for accessibility programs to "bring into" its existing organization, then accessibility can be expanded to include attention to some of the most fundamental elements of our ways of living, acting, and being. Accessibility would thus be about intervention at the level of our sedimented patterns of relating and belonging. Additionally, critical phenomenology is particularly attentive to how our familiar patterns of inhabiting the world are informed by structural patterns of oppression. Methodologically, a critical phenomenological approach aims to "[suspend] commonsense accounts of reality in order to map and describe the

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[1] Arlie Hochschild has used the term "emotional labor" within the context of wage-based labor to describe the work of employees within professions requiring them to regulate their emotions in particular ways (1983). Many uses of "emotional labor" have arisen since Hochschild's original coining of the term, which have expanded this definition to include arenas outside the "workplace." I am using the term more broadly than Hochschild here (and perhaps in ways she may reject—see *The Atlantic's* 2018 article "The Concept Creep of Emotional Labor" by Julie Beck) to simply remark on the type of unnoticed, unappreciated, and non-reciprocal energies expended in interactions and relationships that demand such acknowledgement. Specifically, I am using it to address the unnoticed, unappreciated and non-reciprocal labor of disability access.

structures that make these accounts possible, to analyze the way they function, and to open up new possibilities for reimagining and reclaiming the commons" (Guenther 2019, 15). Accessibility beyond a rights-based framework and informed by critical phenomenology would thus attend to a host of intersecting oppressions—ableism, racism, sexism, sizeism, classism, heterosexism—to name a few.

Fundamentally, I propose that access is not a practical and isolated *thing* or *event*. It is not about what one person or institution can do for another person but involves an ongoing, interpersonal process of relating and taking responsibility for our inevitable encroachment on each other. At base, access intimacy invites attention to our fundamental intersubjectivity, our inherent vulnerability, and the asymmetries of power in any relationship. Beginning from these assumptions, the question of whether access needs are met cannot fully be answered via attempts at equalizing or accommodating (though these are nonetheless necessary elements of access in our present moment). It must be answered through the development of individual and collective (re)orientations, ways of being responsive to our primary interdependence.

I. DISABILITY ACTIVISM: ACCESSIBILITY, RIGHTS, AND JUSTICE

Accessibility has been a vital concern for those concerned with disability rights and justice. The tensions between disability "rights" and "justice," however, illuminate the different resonances "access" can have. In a rights-based framework, where the norms of inclusion and equality are paramount, access becomes mainly about specific *logistical achievements* of "accommodation" (Mingus 2017). For example, disability activism in the late 20th century U.S. succeeded in establishing legal provisions through the Americans with Disabilities Act (ADA) requiring most business and facilities to provide "reasonable accommodation" for all disabled clients, customers, and members of the public.[2] This has mainly included addressing mobility constraints with ramps or elevators or providing communication accommodations such as braille or captions. More recently, this has also included the use of content or trigger warnings to address mental health conditions.

The radical nature of the ADA at the time of its inception and today should not go understated. Working against a history of social and physical isolation and discrimination of disabled individuals, the ADA helped to conceptually transform the focus on disability as a so-called "defective" state of an individual to a "defective" state of *society*, demonstrating the move from a medical model to a social model of disability (Silvers 1996).[3] At their best, legalistic approaches have fundamentally and forcefully altered built environments to allow for a range of individuals with various disability statuses to literally be together in space.

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[2] Notwithstanding the ambiguity of "reasonable" here as well as the implicit emphasis on physical disabilities, this style of rights-based activism has made significant legal, civil, and social gains.

[3] The ADA did not *create* the social model of disability, which was born in the UK in the 1970s; rather, the ADA used the social model of disability in its language and policies.

The ADA signaled a public attempt at rectifying the exclusion of disabled individuals, thus contributing significantly to the necessary material and symbolic anti-ableist transformation of society. Yet too often in practice rights-based frameworks fall short of the radical transformative potential of disability activism by allowing legalistic, accommodationist inclusion to be its pinnacle achievement. Such accommodationist inclusion allows for change only insofar as the central structures and values of society are maintained. For example, independence remains valorized and so "access" amounts to disabled individuals independently accessing those spaces that non-disabled individuals can now access. The focus here is on individual inclusion *into* such spaces, rather than the radical alteration of these spaces to prevent the need for individual accommodations in the first place.[4] The legalistic, rights-based framework of access ultimately assumes independence as a condition of equality and then presumes equality as a matter of sameness, thus leaving intact fundamental pillars of an ableist society.

Certain assumptions regarding the ontological status of the self, the sociopolitical landscape, and the goals of liberation are evident here. First, a rights-based platform holds a liberal, atomistic view of the self. That is, the bounded, singular individual is the locus of concern—access accommodations are directed at or for the individual. Additionally, rights-based frameworks employ a *reactive* approach to the way in which the organization of society is expected to change. The primary goal is fitting disabled individuals into a world constructed through ableist thought and practice rather than transforming the conditions of such a world in the first place. The goals of liberation in a rights-based platform thus include granting greater individual freedoms in an accommodationist fashion.

Various problems arise with the rights-based framework. First, accessibility remains positioned as a retroactive "fix." This framework fails to anticipate disability in the world and correspondingly fails to build a world where disability is assumed, centered, and valued. Rights-based notions of accessibility generate the façade of aspirational total independence and self-reliance, neglecting to acknowledge the ways in which no one fully "independently" accesses spaces or relies on themselves to achieve their goals. Our agency or our ability to access spaces (both built and social) is supported (or not) given one's proximity to the norms and values of a given society.[5] Take for example the norms of our current capitalist society and the case of chronic illness, pain, or fatigue. In capitalist societies, bodies are evaluated in terms of their productivity and their ability to contribute to a competitive economic market. In this context, rights-based accessibility accommodations more often than not entail what Aurora Levins-Morales describes as "better access to exploitation [and] greater integration

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[4] Consider the discourse and practice of the accessibility philosophy of "universal design" here. In brief, universal design is defined as "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design" (The Center for Universal Design, 2008).

[5] Consider here María Lugones's discussion of "active subjectivity" in *Pilgrimages/Peregrinajes* (2003).

into a profit-driven society that is driving thousands of species toward mass extinction and making the planet uninhabitable for humans" (2019, 51). If this is the case, the "work" of rights-based accessibility ends where capitalism begins and a whole host of bodies and minds remain structurally precluded from access-related care and concern. Bodies and minds that cannot be accommodated by a capitalist system that emphasizes efficiency and productivity and produces alienation and exploitation (and oftentimes disability itself) are left out of rights-based discussion of access, narrowing our field of concern for fighting ableism and advancing more liberatory futures. Levins-Morales continues: "The last thing we need is more opportunities to do our part in keeping the interlocking wheels of class, white supremacy, heteromale supremacy, and imperialism turning" (51).

If we are to truly transform our present ableist world, we need to seek fundamental changes to such norms, values, and ways of being, knowing, and acting. Accessibility is not simply about logistics or building a "check-list" style response to inaccessibility (e.g., do we have ramps, braille, etc.). There is a difference between a reductive notion of physical access as accommodation and a more transformative notion of physical access that begins with a commitment to broaden access from the start. The latter views access as embedded in the reasoning for creating built environments themselves; bringing together differently embodied folks becomes a core design feature. Additionally, a radical conception of access goes beyond physical means and demands attention to the wealth of social, emotional, and mental diversities of ways to inhabit the world. The use of content warnings has marked a transition from ignoring to recognizing various psychological diversities. However, when used to "accommodate" students by merely excluding them from the classroom space or from engaging with the material, content warnings do little to anticipate and construct a space acknowledging a range of social and psychological backgrounds.[6] Rather, understanding, anticipating, and valuing such a range of experiences is key to developing a more just and anti-ableist world. Transformative notions of access attend to the conditions in which we are able to (or not able to) materially and socially build the types of communities we want. In this way, a deeper understanding of accessibility concerns practices of world-making (and re-making) themselves rather than inclusion into an already existing (ableist) world.

Thankfully, disability activists have already began this important work under the heading of disability *justice*. The disability justice framework was launched in 2005 by individuals working within progressive and radical movements fighting ableism. Disability justice has emerged as a burgeoning movement whose founding members include Patty Berne, Mia Mingus, Stacey Milbern, Leroy Moore, Eli Clare and Sebastian Margaret (Berne 2015). In 2015, the performance collective launched its "10 Principles of Disability Justice." In this statement, Sins Invalid describe disability justice's commitment to anti-capitalist,

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[6] Here I am thinking of content or trigger warnings that "accommodate" by simply removing a student from the classroom space or removing a resource from the syllabus for a student without further pedagogical attention to the matter. This absolves a professor of responsibly discussing course content in ways that are more radically inclusive.

intersectional solidarity-building and "cross-movement organizing" and "cross-disability solidarity." As the authors state:

> We cannot comprehend ableism without grasping its interrelations with heteropatriarchy, white supremacy, colonialism, and capitalism, each system co-creating an ideal bodymind built upon the exclusion and elimination of a subjugated "other" from whom profits and status are extracted. (2015)

Disability justice understands all bodies as "unique and essential" and as "[having] strengths and needs that must be met" (Sins Invalid 2015). This is not a problem to be overcome, but the position from which we generate new ways of relating and belonging. If we begin from our inherent interdependence (instead of from aspirational independence) and acknowledge world-making as a collective human practice, a different set of demands for access are raised. Access involves not only the literal inclusion of disabled people into spaces but addressing the fundamental conditions of our ableist status quo. Deeper issues of access include the cognitive and affective dimensions of (in)accessibility and the isolation faced by disabled individuals as they navigate getting their access needs met. While as a society we might perform the motions of providing accessibility at discrete moments in time, there will remain ongoing elements of access to address, involving everyday feeling, habits, values, and worldviews.[7] Attending to these elements of access commits us to more transformative thought and action. Liberatory endeavors demand transformation at the level of our interpersonal patterns of relating and belonging, which are inextricably tied to the material and social structures in which we find ourselves. Interpersonal relations are not divorced from the context of our built, spatial relations; they are crucial to any fully "*world*"-shaping struggle. In the remainder of this essay, then, I turn to the notion of "access intimacy," a term used to name the feeling, practice, and politics of interpersonal relationships as they work to shape the world differently.

"Access intimacy" is a term introduced by writer, educator, and activist Mia Mingus on her blog, *Leaving Evidence,* in a post entitled "Access Intimacy: The Missing Link" (2011). Mingus introduces the term to address the interpersonal and socially transformative elements of access typically neglected in standard rights-based approaches to access. Access intimacy is about *liberatory* access rather than what we might call integrationist access. It demands collective attention to reshaping the norms, values, and beliefs structuring our world. For Mingus (2017), access intimacy refers to a mode of relation between disabled people or between disabled and non-disabled people that can be born of concerted

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[7] I use the term "elements" of access to capture myriad facets of accessibility beyond singular, easily identifiable, and oftentimes physical access needs. "Elements" suggest the intertwining nature of physical and mental/emotional needs related to access and also of interpersonal and institutional dimensions of transformative notions of access.

cultivation or instantly intimated and which centrally concerns the feeling of someone genuinely understanding and anticipating another person's access needs. Against a rights-based framework of accessibility that prioritizes the logistics of access, such as if a ramp is in place to accommodate movement with wheels, Mingus's notion of access intimacy calls attention to a deeper level of access needs. She writes: "the *weight* of inaccessibility is not just about ramps, ASL interpreters, straws and elevators . . . . It is just as much feeling and trauma as it is material and concrete" (2012). Access intimacy centers recognition of the *impact* of inaccessible environments on disabled (and non-disabled) people and the norm of abled-existence, instead of taking access *achievement* as its main goal.[8] It demands abled people inhabit the world of disabled individuals rather than better "fitting" disabled individuals within the abled world (Mingus 2017). Access intimacy is the shared sensorial, epistemological, and political labor of transforming the grounds from which inaccessibility is expressed and understood.[9]

While it is often used to name the specific skill disabled individuals have in understanding other disabled individual's needs, writer and activist Leah Lakshmi Piepzna-Samarasinha has been keen to point out that access intimacy is not necessarily "automatic" or "magical"; it is a "process and learnable skill" and can thus be developed by disabled and abled individuals alike "through asking and respecting [disabled individuals'] knowledge" (2018, 252). In what follows, I take as my point of departure the provocations of Mingus and Piepzna-Samarasinha to consider access intimacy as a practice that generates different (anti-ableist) values, norms, and habits for conceiving accessibility.

II. ACCESS INTIMACY: FEELING, PRACTICE, AND POLITIC

In her blog posts, Mingus (2011) develops the notion of access intimacy in relation to disability justice, interdependence, love, and forced intimacy, among other themes. In these pieces, she describes: 1) the *feeling* of access intimacy, 2) the structures of the practice of access intimacy, and 3) access intimacy's relation to liberatory world-building. I address these three elements of access intimacy in what follows.

Mingus explores in great detail the *feeling* of access intimacy from her perspective as a disabled individual, describing it as the "closeness [she] would feel with people who my disabled body just felt safer and at ease with." The feeling of access intimacy is that "*elusive, hard to describe feeling when someone else 'gets' your access needs*." This comfort, she describes, is purely on an access level, meaning that it is not characterized by emotional or political intimacy, sexual attraction or romantic desire (though access intimacy may be expressed

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[8] This is of course *a* main goal, but not the "end" of access as a liberatory practice.

[9] "Shared" here does not signal "same" or even "singular." According to Mingus, access intimacy feels like conditions in which access needs can be freely expressed and are met without expectations of repayment in the form of emotional currency or senses of ownership.

within any of these other intimate relations). It is a "freeing, light, loving feeling" that emerges from the ease of sharing or not having to perform the emotional and cognitive labor related to building access (2011). Access intimacy works against feeling the "weight" of inaccessibility, described by Mingus as:

> The fear of being left by the people you love and who are supposed to love you. The pain of staring or passing, the sting of disappointment, the exhaustion of having the same conversations over and over again. The throbbing foolishness of getting your hopes up and the shrinking of yourself in order to maintain. It is an echoing loneliness; part shame, part guilt, part constant apology and thank you. (Mingus 2012)

For Mingus, access intimacy is not charity, an ego boost, or a trade for survival. It is a feeling that both generates and is an expression of new patterns of relating and belonging. It builds certain structures or forms of living, being, and relating.

Access intimacy is thus importantly also a *practice*. For Mingus, it can describe cultivated forms of intimacy or instantaneous connections. That is, one might experience access intimacy as a result of years of relationship-building or she might experience it through a more fleeting, ephemeral, singular experience with a stranger. We may call the former "patterned-access intimacy" and the latter "passing-access intimacy." These describe two types of interpersonal relationships defined by their temporal dimensions. While these relations may be different in appearance and expression, I don't think they are different in terms of the kind of conditions and relations they generate. Both require an underlying awareness and cultivation of norms, attitudes, and values against the grain of dominant ableist society (though this does not have to be self-consciously articulated to oneself).[10] Whether one experiences access intimacy to be born of transparent self-cultivation or instantaneous connection, it is fundamentally about an *orientation* emergent from and reliant on enacting certain ways of relating and belonging (either repeatedly in passing interactions or within a patterned relationship). Indeed, patterned-access intimacy may condition one to enact passing-access intimacy as a habitual practice itself; that is, one's patterned practice of access intimacy in an enduring interpersonal relationship might condition one's habitual *openness* to the passing practice of access intimacy in everyday interpersonal encounters.

What is important is that both patterned and passing access intimacy share a backdrop wherein individuals have built or are building anti-ableist patterns of relationality. As Mingus describes, this way of relating:

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[10] Experiencing disability does not make one automatically capable of providing access intimacy. Instead, whether constantly cultivated or instantly intimated, access intimacy emerges from the backdrop of certain decisions about how one is going to live and orient themselves to others.

> . . . . has looked like relationships where I *always* feel like I can say what my access needs are, no matter what. Or I can say that I don't know them, and that's ok too. It has looked like people not expecting payment in the form of emotional currency or ownership for access. It has looked like able-bodied people listening to me and believing me. It has looked like people investing in remembering my access needs and checking in with me if there are going to be situations that might be inaccessible or hard disability-body-wise. (2011)

As a practice, then, access intimacy is an emotional, cognitive, and physical labor, though it is not necessarily oriented toward achieving a specific access goal. As Mingus notes, "[s]ometimes access intimacy doesn't even mean that everything is 100% accessible. Sometimes it looks like both of you trying to create access as hard as you can with no avail in an ableist world" (2011). There is a sense in which the core of access intimacy lies in "staying-with" the constant struggle of inaccessibility—going through the mess with someone who understands, takes seriously, co-commiserates, and affirms the reality of the situation. Thus, access intimacy is a type of "interdependency in action" that "calls upon able bodied people to inhabit our (disabled people's) world" rather than fitting disabled people into the abled world (2017). By assuming the inherent value of disability and valuing disabled people's lived experiences, access intimacy calls for a relational transformation of being and becoming-different *together*.

Finally, while access intimacy is a practice rooted in interpersonal relationships, it is fundamentally a liberatory, world-building exercise. Access intimacy helps develop an ethical orientation to the world that is relational and interdependent in nature. Rooted in a disability justice framework, it demands social *transformation* rather than mere integration, reform, or adjustment. Against the myth of independence and the high value placed on striving to be independent, access intimacy calls for a shift from individual to collective responsibility for access. Instead of relying on disabled individuals to identify and instigate access needs, access intimacy shifts the field and locus from which access needs are articulated. That is, it seeks to build the liberatory *conditions* in which access can be grounded and take place, developing a different value system and thus different expectations and commitments for "access" in the first place: access is no longer simply a need of disabled people but a need of the ableist world. What I mean by this is that access intimacy urges us to direct our attention to the deficiencies of an ableist world rather than the supposed deficiencies within individual bodies that must be "corrected." As a world-building politics, access intimacy fundamentally rejects the status quo, seeking transformation *of* rather than inclusion *into* the abled world. Ultimately, as Mingus describes, "access shifts from being silencing to freeing; from being isolating to connecting; from hidden and invisible to visible; from burdensome to valuable; from a resentful obligation to an opportunity; from shameful to powerful; from rigid to creative" (2017).

In this section I've outlined the tripartite dimensions of access intimacy as a feeling, practice, and political vision. These dimensions are interrelated. For example, the feeling of access intimacy that Mingus wishes to capture emerges from a particular character of a relationship. Additionally, access intimacy concerns a specific type of project: it is a project of world-building through the development of interpersonal practices shaped by the recognition and value of interdependence and body/mind variation. Furthermore, there are large-scale political implications given the values, norms, and attitudes shaping interpersonal relationships of access intimacy. Beginning from the point of interpersonal relationships, access intimacy is the hinge for generating both a particular transformation of personal feeling as well as broader attempts at changing our world's social and material organization.

III. CRITICAL PHENOMENOLOGY, ONTOLOGICAL INTIMACY, AND CONCRETE INTIMACY

In the previous section, I outlined Mia Mingus's description of access intimacy. Mingus depicts access intimacy along multiple registers: personal feeling, practical orientation, and sustained political vision (micro, mezzo, and macro levels, respectively). In this section, I will outline how access intimacy can be understood philosophically, particularly through the methodological lens of critical phenomenology. My reason for using critical phenomenology here is twofold. First, it radically challenges the oftentimes taken for granted notions we have concerning the relations between selves and between selves and the world. Critical phenomenology fundamentally challenges understandings of the subject as distinct and bounded. In so doing, it provides a different field of reference to creatively think through some of our most pressing social problems. Second, in attending to the structures of experience in a world built via patterns of oppression, critical phenomenology enacts a liberatory political practice by "struggl[ing] for liberation from the structures that privilege, naturalize, and normalize certain experiences of the world while marginalizing, pathologizing, and discrediting others" (Guenther 2019, 15). My aim is ultimately to clarify, deepen, and explore the notion of access intimacy through this lens.

Kym Maclaren (2018) discusses intimacy in the context of critical phenomenology in her essay "Intimacy as Transgression and the Problem of Freedom." The typical approach to understanding intimacy in the context of structural oppression is to envision intimacy as something *affected* by systemic forces of oppression, but not "in itself an institution or practice that strips us of freedom" (18). It seems to follow, then, that in liberating our intimate relations from external structures of oppression we might produce a safe haven from or even build resistance to society's oppressive forces. In this rendering, a critical phenomenological approach to intimacy interrogates and develops ways of living that mitigate the systemic forces of oppression that hinder it. But Maclaren takes a different approach. She argues that our intimate relations are *themselves* the site of a fundamental imposition of "unfreedom" that would remain even if all systemic forms of oppression ended. She names this fundamental imposition "ontological intimacy" (20). She remains interested, however, in theorizing the promotion of greater freedom, agency, and becoming for individuals. In exploring the multiple layers of what she calls "concrete intimacy," Maclaren argues that by "owning up to the unfreedom that we inevitably impose upon our intimate others, and learning, precisely through an acknowledgment of that inevitable imposition of unfreedom" we "will enable the cultivation, within intimate relationships, of forms of agency that can stand up to and transform systems of oppression" (27, 19).

Maclaren's vision of intimacy is grounded in a phenomenological view of the subject and freedom. She differentiates this view from the Cartesian conception of the self as atomistic, individualist, and self-governing. Any *limits* to this bounded Cartesian self enacting their agency are imagined as coming from the outside, from external relations of power that are imposed on an otherwise freely acting self. When it comes to intimacy, the Cartesian account understands intimacy in terms of certain beliefs and feelings one has concerning another person. In this account, intimacy arises when one believes one knows another and feels known by them or feels the same way as another person. This type of intimacy operates at the level of distinct consciousnesses generating representations of the other. Intimacy here does not equate to actually being with another but being with a version of another generated by beliefs and feelings one has about another person. As Maclaren writes, on the Cartesian view, "it is only our judgments and feelings that are intimately present to us" (2018, 21). We are in a sense locked into our individual ways of making sense of the world and encounter others' behaviors only as objects in our world.

Against the Cartesian model, Maclaren follows a Merleau-Pontian account of intimacy and of the experience of selves in the world. In this account, the other first "touches us, moves us, inhabits, and is inhabited by us" rather than being first "represented by us" (2018, 21). Prior to the other being experienced as an object, they are what Maclaren (through Merleau-Ponty) describes as a "co-intentionality: a coexistence towards the world" (23). In this account, we do not simply discover other consciousnesses "out there" in the world, for they are "already at work within our ways of being in the world" (22). Maclaren provides the example of a child showing a parent a worm found in the dirt. Initially excited by their find, the child is redirected by the parent's intentionality, which suggest, through a bodily response, that "dirty" is "bad." This "sweeps the child's experience up and carries it along with it to relevant realities in the world." In effect, "the parent's stance transgresses into the child's and attunes him in a certain way towards the world of dirtiness and cleanliness" (23). This element of transgression lies in sharp contrast with the Cartesian model, according to which there is "no such seeing with" (24). In the Merleau-Pontian model, transgression into others' worlds is immediate and fundamental. As Maclaren writes:

> The rules, policies and norms into which I am disciplined carry with them . . . visions of what it is to be a subject, and my proper relation to self, others, work, knowledge, and so on. But these rules that we live by are themselves communicated to me, for the most part and most powerfully, not by explicit assertions but by the bodily behaviors and embodied attitudes of others. (22)

Our intimate encroachment on others and their intimate encroachment on us is something that is ongoing and fundamental, according to Maclaren. This need not be understood as a negative form of disciplining, however, but as a condition of learning, acting, and being itself. The transgression of others on our experience "open[s] up for us new possibilities while also revealing the limitations of our characteristic modes of sense-making." It is only because we "co-inhabit others' perspectives" and "are drawn into their way of perceiving or they transgress into ours" that new dimensions of reality are opened for us. This transgression into another's perspective, named "ontological intimacy," forms the basis of all interpersonal relating. It is ontological in the sense that "it occurs simply by virtue of the kinds of beings we are—intersubjective beings" and a matter of intimacy because "the other touches and shapes me not just from the outside, but within my most 'private,' personal experience" (24).

Access intimacy is both informed by and a response to our ontological intimacy. Access intimacy explicitly calls our attention to the various failures of acknowledging the fundamental ways in which we are intertwined as human beings. It contests the notion that subjects are or can ever be fully cut off from one another. Access intimacy, then, implicitly accepts a phenomenological account of selves as fundamentally intersubjective and interdependent. Beyond making these ontological claims, however, access intimacy makes explicit the ethical stakes of the matter: if we are tied in these ways by virtue of our very being, how will we respond? This question is central to addressing ableism and inaccessibility. What makes access intimacy something worth naming and claiming in the first place is the utter lack of interest in or attention to the many failures of responsibility occurring on both interpersonal and institutional levels regarding access. Therefore, the ontological intimacy underpinning notions of access intimacy invites us to *ask new questions* regarding what is required to build a more liberatory world. For instance, what does it mean to be constituted by others, especially when it comes to the variety of bodyminds we inhabit?[11] How ought we respond to power asymmetries inherent in interpersonal relationships, especially those where one partner may need the other for their immediate survival? In what ways are individuals in an interpersonal relationship transformed by virtue of their everyday intimacies?[12] In the final section of this paper, I address these questions in greater depth.

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[11] I take this term from Sami Schalk's *Bodyminds Reimagined: Disability, Race, and Gender in Black Women's Speculative Fiction* (2018) to refer to the inextricable enmeshment of body and mind.

[12] Much work addressing these questions has been done within feminist relational ethics. Particularly, the notion of autonomy has been transfigured from a vision associated with Cartesian ontologies of the self and freedom to one recognizing the ways in which "individual" autonomy is supported via intersubjective relationships and broader institutional structures. The term "relational autonomy" has been used to capture this. Additionally, as relational theorists make clear, it is not only the case that we are empirically relational in that we influence and shape the lives of others around us, but that our relationality is fundamental and essential to the existence of selves. For further reading, see Mackenzie and Stoljar (2000) and Downie and Llewellyn (2012).

Maclaren provides helpful heuristics for answering these questions in her analysis of concrete experiences of intimacy. She understands concrete intimacy as operating on two interrelated levels: momentary mutual recognition and shared habits of recognition that persist through time. Together, these produce the philosophical architecture for how we might reconceive practices of liberatory world-building. While ontological intimacy constitutes our fundamental being-with others and is thus operative to some extent whether we are engaging with a stranger or close intimate, concrete intimacy may be experienced as an ephemeral, in the moment interaction *and/or* as the development of shared habits enduring through time. Distinguishing concrete intimacy from ontological intimacy helps us understand the harmful or beneficial character of everyday encounters which are mediated through ontological intimacy. There are ways in which one's fundamental encroachment on another can be (and often is) painful, alienating, and oppressive. Consider the earlier example of the child and parent provided by Maclaren. The parent's redirection of the worm as "dirty" or "bad" can produce an alienating effect on the child wherein their initial self-image as a "good explorer" is supplanted by the image of themselves as "bad and dirty." This, then, would not be an example of concrete intimacy. For Maclaren, there can be momentary concrete intimacy without shared habitual concrete intimacy and shared habitual concrete intimacy without momentary concrete intimacy. However, concrete intimacy is most fully realized when the two work together such that the "layer of shared institutions supports mutual recognition and growth, and the layer of current mutual recognition can nourish and transform the shared institutions" (2018, 28).

Mingus's account of access intimacy distinguishes between two levels or registers in which access intimacy may occur, as well. To recall, access intimacy as described by Mingus can be experienced through what I've called "passing" and "patterned" access intimacy. These appear to loosely map onto the fleeting and lasting forms of concrete intimacy described by Maclaren, respectively. In a moment of passing access intimacy, individuals establish an instantaneous connection wherein one (or both) individuals anticipate and recognize fully the other's access needs. Via the establishment of patterned access intimacy, *routines* of anticipating and recognizing another's access needs form over time. For Mingus, these are represented as two distinct expressions of access intimacy. What makes access intimacy transformative and a world-building endeavor, however, is when these layers work together so that passing encounters fostered by access intimacy become an orientation or way of life and patterned relationships provide the field of reference for the ongoing enactment of freedom found in the sense of mutual recognition and shared becoming. A fuller account of access intimacy will require further attention to enduring patterns of relating and belonging and the momentary mutual recognition that occurs within these relationships.

Maclaren describes enduring patterns of relating and belonging through the language of "interpersonal institutions." Interpersonal institutions are patterned behaviors or structures of relating shared between individuals. Think here of the mundane within an intimate relationship: "shared customs around dinner-making, money-spending, television-watching, and conflict." These are microcosmic instances of interpersonal institutions that coalesce to provide a "specific character . . . in the ways in which these dynamics establish and support a certain identity and position for each member of the relationship" (2018, 29). This character provides a frame of reference for actions and installs shared values and assumptions. It "found(s) an 'intersubjective or symbolic field . . . which is our milieu, our hinge, our jointure'" (Merleau-Ponty 2010, cited in Maclaren 2018, 29). Key to interpersonal institutions is the sense in which they are ongoing practices without an explicit purpose. Rather, such practices are about generating the dimensions of a shared field of learning, living, acting, being and perhaps most importantly, *becoming*. When it comes to access, then, a more liberatory account of accessibility would emphasize the generation of this shared field rather than the literal achievement of what we now tend to understand as "access" (legalistic, logistical, rights-based access). Access intimacy invites us to practice forms of care and what I would call sociopolitical and epistemological orientations to the world as practices of access themselves. For instance, a disability justice framework encouraging the development of access intimacy would include attention to and remedies for social isolation in the face of unachievable logistical access. If inaccessibility is characterized not only by logistical challenges, but the generation of certain feelings—such as "the fear of being left by the people you love and who are supposed to love you, the pain of staring or passing, the sting of disappointment, the exhaustion of having the same conversations over and over again"—which are brought on by the failure to acknowledge ontological intimacy (resulting in failed *concrete* intimacy), then accessibility will need to respond to these concerns on a sociopolitical, epistemological, and phenomenological level (Mingus 2012).

IV. THE PHENOMENOLOGICAL ETHOS OF ACCESS INTIMACY

In this concluding section I elucidate the ways in which access intimacy is not only a critical phenomenological practice but an *ethical* one. It involves what we might call an *ethos of accessibility*. I use the term "ethos" to describe how a transformative notion of accessibility primarily entails the development of a certain character or fundamental orientation to the world rather than adherence to certain rules of action. In line with my earlier critique of disability rights and other legalistic approaches to access, an ethos of accessibility goes beyond responding to a checklist of duties. Instead, it speaks to what is basic to human existence, our ability to care and be connected to others and to connect in ways that manifest possibilities for human flourishing. Maurice Hamington describes the "corporeal-centered epistemology" of Merleau-Ponty's phenomenology that "demonstrates care to be a human capacity that can be developed or suppressed through habits" (2004, 39). While Hamington is speaking in the register of "care" and in conversation with and against care ethics as an established field of study, his attention to what an embodied ethos entails is helpful. If the body is our medium for having a world, the body is also the medium for morality, according to Hamington, and we can choose to cultivate our fundamental bodily capacities for care or allow them to deteriorate. "Bodily" capacities here should not be reduced to "physical" capacities for care but rather include a range of possible body/mind interactions. Additionally, such a phenomenologically-based ethics does not remain at the level of the individual but expands to include the cultivation of social habits informing both private and public realms.

What would an ethos of accessibility entail in a disability justice framework centering access intimacy? If our goal is to build more liberatory forms of relating and belonging, what practical elements ought we acknowledge? Since, as Maclaren describes, concrete intimacy is most fully realized in a situation in which interpersonal institutions and momentary recognition work in tandem to build freedom, I will discuss access intimacy in the context of these enduring relationships.

If, ontologically, we inevitably intimately transgress into the worlds of others, then in situations of close, enduring relationships, the ethical task of managing such transgressions becomes most apparent. The goal then, as Maclaren writes, is to:

> . . . live our enduring relationships, with their inevitable transgressions and their resulting institutions, in ways that allow for genuine becoming: for a creative taking up and expressive transformation of the past, for the establishment of new institutions—personal and interpersonal—that better support each person's growth. (2018, 33)

For Maclaren, freedom is understood as becoming and is realized in a process of creative self-transformation. It is not about isolated choices in a given instant but generating a new way of life itself. Ultimately, this development of freedom concerns a certain responsibility one has by virtue of their inevitable transgressions onto/into another. Supporting and promoting an intimate other's becoming requires partners to help each other allow new ways of life and of being to germinate, opening each other up to the tensions within each person's shared field of reference and "to find therein an impetus and means for going farther, for self-overcoming, and for realizing new, freer ways of being [themselves]" (35).

In disability justice circles, "crip doulaing" is one term used to help identify this work of germination and freedom-building. In conversation with Stacey Milbern, Leah Lakshmi Piepzna-Samarasinha reflects on Milbern's terminology of crip doulaing, or the process of "crips mentoring and assisting with birthing into disability culture/community, different kinds of disability, etc." This experience is both ubiquitous in disability communities and invisibilized in an ableist world. Crip doulaing concerns the rebirth of the self as disabled or as differently disabled. It is a practice of becoming that involves, as Milbern describes, "learning how to get medicine, drive a wheelchair, hire attendants, change a diet, date, have sex, make requests, code switch, live with an intellectual disability, go off meds, etc." (quoted in Piepzna-Samarasinha 2018, 240). Support in navigating this process is indispensable and necessary in a world that lacks such structures of support. Naming "disability doulaship" helps build alternative worlds with lexicons acknowledging the role of doulaship. As Piepzna-Samarasinha describes, the transition to becoming disabled within an ableist culture is often seen as a type of death or end to one's previously abled or more-abled self, but:

> . . . naming disability as a space we can be born into, not alone but supported and welcomed by other disabled people—and then again and again as we acquire new disabilities or discover words for things that have been there all along—that warm doulaed space creates a container that changes not only the entire way both individuals can experience disability but the ways disability communities can be formed. (2018, 241)

Piepzna-Samarasinha is describing here both a type of ethos needed for generating new communities and the ethos of such already-existing alternative communities. Access intimacy is a *practical ethos* in that, while it might reject the notion of a set of preexisting moral principles to which one's actions ought to conform, it nevertheless relies on the habitual formation of everyday, embodied actions and relations.

Our everyday habits and relations are not only repetitive acts. They are what Hamington describes as "physical anchors that can be used as launching points for the imagination" (2004, 96). For Piepzna-Samarasinha, crip *doulaship* relies on "crip *wealth*," or the myriad ways in which disabled folks develop knowledges, skills, and "wildly imaginative solutions" to navigating the everyday. It illuminates the ways in which "disabled people . . . [think] of ideas abled people never would have, primarily by focusing their time and efforts on using what they do have, the space between them, rather than putting their attention on the limitation or lack of ability." Crip wealth recognizes these ways of living without sensationalizing them. Piepzna-Samarasinha aptly describes crip wealth as "the gift of [disabled individuals] being the normal" (2018, 252). It is a centering of what we might call the "disabled every day" in order to build a space where shame and strangeness about everyday tasks have no place. Crip wealth and crip doulaship are integral to access intimacy. They act as expressions of the everyday, practical ways in which one might take responsibility for our inevitable encroachments on others in ways that enhance another's freedom rather than alienate it.

As a practical ethos, access intimacy also centers the shared work "to build the conversations and piece together the relationship and [the] trust that we know we [disabled folks] need for access—that we know we need in order to survive." This trust moves the work of access outside simply the realm of logistics and into the realm of relationships, "understanding disabled people as humans, not burdens" (Mingus 2017). The rejection of burden language is accompanied by an understanding of the positive project of access intimacy as taking on and building a shared map or topography of access, whereby in virtue of the connections constituting such a project, the conditions in which one enacts one's aims shift. Within relations of access intimacy, one becomes differently oriented and able to generate different capacities. For instance, as Ami Harbin describes in her work on disorientation, in situations of illness, one may "need to pay attention to [her] own or others' bodies more than usual, to care for them differently, or to stop using them in ways we have done unthinkingly in the past" (2016, 100). Disorientations can, according to Harbin, have "tenderizing effects" and produce a variety of capacities (119).

Such effects include a heightened ability to sense vulnerability, to live unprepared and against the grain of dominant norms, and to develop a shared communal feeling, or what she calls "in-this-togetherness" (112). Harbin's use of the term "tenderizing" refers to the ways in which our taken for granted habits and expectations become more pliable and changeable, allowing one to "embody social norms and practiced habits of interaction differently, in ways more responsive to the ways the fragility, relationality, and non-ideal realities of the world affect lives" (120). When one's habits and practices are "tenderized," they generate a portal, an openness to the needs of others around them. This allows one to realize relevant and achievable needs, but also such needs that are unexpected, inexpressible, and perhaps presently cannot be met. An ethos of accessibility inspired by access intimacy more fundamentally shifts one's relation to others and to an ableist world. It rejects the tacit acceptance of the values of control, mastery, and certainty and the norms of independence and self-reliance. Such an ethos instead involves a choice, whether conscious or unconscious, to begin with the awareness of our fundamental connectedness to and reliance on one another for the development of more liberatory forms of relating and belonging.

The goal of access intimacy, we might say, is to invite us to recognize the ways in which we are already infiltrating each other's worlds and to take responsibility for that. For example, an "inter-abled" relationship may demand an acknowledgment of an inherent power imbalance given our current ableist world.[13] The response to this ought not be to aim to "correct" that imbalance by trying to make the disabled partner "more like" the abled partner in terms of developing normalized paths of independence, but to demand the abled partner inhabit the world of the disabled partner and to take on and grapple with the conditions of ableism as their own (since, in the critical phenomenological rendering of intimacy, they are, in a sense, their own). As a liberatory approach to access, access intimacy does not produce or demand specifics like an "accessibility checklist," wherein if everything were "checked off" access would be achieved. Rather, access intimacy is about incubating shared plans of action as a space of empowerment and intimacy, or empowered intimacy, we might say. As Harbin writes:

> Being tenderized leads to capacities to relate to vulnerable others more gently and generously and to exercise one's powers more reluctantly . . . . One comes to relate to others and a moral landscape in more tentative, dynamic ways that can change in keeping with changes in that landscape. (2016, 122)

Access intimacy involves a rigorous ethos of accessibility. Such an ethos is ongoing and shifting. At base, it requires others, leading to dependencies and uncertainties that demand accountability, both momentary and enduring. Above all, access intimacy is about shifting our values to emphasize freedom through connection and collective, rather than individual, responsibility for access.

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[13] By "inter-abled" I mean a relationship where one partner is disabled and another is non-disabled.

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