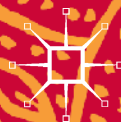


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HEIDEGGER AND THE POLITICS OF DISABLEMENT

Thomas Abrams



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Introduction

Abstract In this chapter, I lay out the structure of the book. I begin by discussing Heidegger’s theory of things, which helps lay out his phenomenology. Things are more than mere objects; they are “gatherings,” the primary way we interact with the world. I then state how Heidegger lets us rethink the basis of disability studies, especially in terms of capitalism and medicine, with his two concepts of “care” and the “ontological difference.” I then lay out the topics that each chapter will discuss, in specific detail.

Keywords: Heidegger • Things • Fundamental ontology

Martin Heidegger begins “The Thing” (1971) remarking that the modern world is becoming smaller.¹ “All distances in time and space are shrinking,” he writes. “Distant sites on the most ancient cultures are shown on film as if they stood this very moment amidst today’s street traffic. [...] The peak of this abolition of every possible remoteness is television, which will soon pervade and dominate the whole machinery of communication” (p. 163). But something is missing. Such a view passes over the way we dwell in the spaces of everyday life: Objective, measurable proximity is not the true measure of distance, at least, not in phenomenal terms. What is

¹The “essay” is, in fact, an abridged chapter from Heidegger’s *What is a thing?* (1967).

truly close? In our everyday dwelling, read as both verb and noun, “near to us are what we usually call things” (p. 164). A scientific account of the thing, Heidegger continues, does not tell us much about our meaningful existence with them. “The unpretentious thing evades thought most stubbornly” (Heidegger 1993a, p. 157). The jug, for example, is not a physically extended thing, containing liquid substance, to be replaced by a gaseous one when poured out—no, not in the first instance. We find some hints, as Heidegger frequently does, in languages past. The “Old High German word *thing* means a gathering, [...] specifically a gathering to deliberate on a matter under discussion, a contested matter.”²

In consequence the Old German words *thing* and *dinc* become names for an affair or matter of pertinence. [...] The Romans called a matter of discourse *res*. [...] *Res publica* means, not the state, but that which, known to everyone, concerns everybody and is therefore deliberated in public. (emphasis in original; Heidegger 1971, p. 172)

Thankfully, Heidegger asks us to look to implication, rather than strict definition, in his ancestral word search.³ In terms of the jug, this means that what is gathered is what is closest to us. The wine, in ancient times, gathered divine favor, a gift from the Gods. Today’s wedding toast gathers more liquid and glassware; it celebrates the union of lovers. As we dwell with it and as it deals with us, the thing gathers meaningful life.

This short book is not about the capacity of jugs. It is about the capacity of human existence. Not existence in general—this is the incomplete project Heidegger tried to pursue in *Being and Time*. I want to read that book’s achievements as a way to rethink the basis of disability politics. This will require as much of an adjustment to disability studies as it will Heidegger’s phenomenology. Together, I want to establish a theoretical approach to disability that takes all ways of being human possible, a way of thinking that outlines how ability and disability are gathered in shared life in societies like ours. In this introduction, then, I would like to establish what Heidegger’s phenomenology offers disability politics. I begin by outlining the benefits of his philosophy, address the disability studies’ existing phenomenological alternatives, and discuss Heidegger’s personal

²This is the same point of departure taken by Bruno Latour’s introduction to his *Making Things Public* (2005). I do not share Latour’s reading of Heidegger, however.

³This move will be made again in Chap. 3, where I follow Heidegger’s ontological underpinning of truth with the Greek term “*aletheia*.”

involvement in Nazi politics, which no account of his thought can ignore. I conclude by outlining the content of the chapters to follow.

FUNDAMENTAL ONTOLOGY

This study draws most extensively on Heidegger's *Being and Time* (1996), first published 1927. In this, his most famous work, Heidegger seeks to outline the basic problem of Being, one presumed throughout the Western philosophical tradition. Heidegger argues that the fundamental structures of existence can be uncovered by reflecting on our everyday practices. As we saw in the interrogation of "the thing" above, scientific measurement fails to encounter the world as we do in our daily lives, as beings-in-the-world. To see things as mere objects, divorced from our meaningful dwelling in daily life, is to fail to consider the relevance that they have for us *as things*. To explore the pen in my pocket, for example, as a hunk of materials extended in three-dimensional space is to fail to understand how it is bound with meaning when applied in tasks; in short, it fails to see the relevance gathered through it. Only on the basis of these sorts of gatherings, this system of reference, do things have the properties they do, on later examination as things. To reduce things of the world to mere objects "out there," occupying this or that much space, is to pass over being-in-the-world. To reflect on the way that we use the pen in daily modes of concern, however, gives us a window into the structures that make it possible to be human. The difference between the two kinds of inquiry, Heidegger calls the "ontological difference" (Heidegger 1996, p. 211n).

Though only present in a footnote in *Being and Time* (p. 211n, 230 in the original German), the ontological difference forms the basis of my reading of Heidegger.⁴ The difference is manifest not only in the gathering of things but also in terms of time and space. As Heidegger shows in "The Thing," phenomenal space is found not in the objectively measurable distance between things but rather in terms of availability. My copy of *Being and Time* is not sitting on the table, thirty centimeters away from my hand, but rather is "in reach," "at hand," "right here," and so forth.

⁴That is, the term stated as such only appears in a footnote. The more common expression of "ontic versus ontological," which I treat as an equivalent term, appears frequently throughout Stambaugh's translation of *Sein und Zeit*. I embraced the term "ontological difference" reading Sass' "Heidegger, Schizophrenia and the Ontological Difference" (1992), especially given Sass' "take it or leave it" attitude toward die-hard, to-the-letter Heideggerians.

Thus, instead of existence, the English-speaking Heidegger scholarship uses the untranslated “Dasein,” literally there-being. So too does phenomenal time differ from clock time. The times and spaces of daily life are found in anticipation, in the way we continually dwell in the “what is to come,” not in minutes and seconds. These are what Heidegger calls the times and spaces of “care.” Now, as “The Thing” shows, following *Being and Time*, Heidegger turns from fundamental ontology—a project he abandoned—to the ways of being manifest in modern life. He explored not only in how the measurable modes of time and space were underpinned existentially but also in how they were being obscured by overtly technological life. Heidegger offers both a philosophy of Being and of being measured.

In this book, I use Heidegger’s phenomenology as a way to rethink how disability manifests in our shared world. “Disability,” “ability,” or any other attribute of human being refers not to the ultimate structures of human existence, but is rather a collective achievement brought to life within the interaction order (Goffman 1983). From Heidegger’s early work, I use the fundamental concepts of Dasein, being-in-the-world, and care (to name but three) to describe how meaningful human existence is possible. Despite the varying ways that these structures unfold in a particular life, various modalities of being-in-the-world, and a particular mode of embodiment, they remain intact. So, Heidegger’s work provides an ontological baseline on which we can explore the structures of existence. Alongside this baseline, he offers us a theory of coexistence (with-there-being, “mitdasein”).⁵ This mode of coexistence describes the materially situated, institutionally organized settings in which we body forth into the world (2001), where human lives unfold.⁶ In and through this worldly coexistence, subjectivity can emerge. I write “can emerge”

⁵As with Dasein, mitdasein or mitsein is often left untranslated in English-speaking Heidegger literature. I take the “coexistence” translation from Schatzki (2005). We will return to Schatzki’s reading of Heidegger on sociality in Chap. 2.

⁶I use the term “materialism” throughout this book in various ways. I use the term negatively to describe the ontology promoted by the social model of disability and its methodological emphasis on material barriers that oppress disabled persons. This use is negative because of my opposition to that model’s explanatory potential. I use the term positively, most often as “sociomaterial,” in reference to the institutional and thing-filled circumstances in which disability is disclosed. In this second sense, materials impact the way we navigate the collective world. This difference will be made evident in Chap. 4, where I critique the social model and employ the second, positive use most frequently.

because, in this formulation at least, there is no necessary link between existence, even copresence, and subjectivity. The ability to describe oneself as subject, to participate in the shared structures of intersubjectivity, these are interpersonal achievements put to work in collective life. I will explore the philosophical basis of this threefold typology of human existence, of Dasein–mitdasein–subjectivity, in the following chapter of this book.

REORGANIZING THE CANON

This threefold ontological framework is not simply useful in discussing the politics of disablement as an emergent mode of personhood, but allows us to realign the phenomenological canon in new and novel ways. Taking lead from the queer and feminist phenomenologies of Ahmed (2006) and Oksala (2006), I believe that attending to disablement as a mode of personhood has deeper consequences for the phenomenological product itself. These must be addressed if phenomenology is truly to be inclusive of the various “frontiers of humanity” (Rémy and Winance 2010). By attending to these consequences, I do not mean to suggest that all phenomenology to this point has been rubbish, that this book offers a “Copernican revolution” toward a more enlightened phenomenology. No, my intentions are far more humble. I believe that dwelling on disability as a way of being means that we should question the kinds of bodies and modes of being together that have been taken as representative of human lives in phenomenological philosophy. This means rethinking the place of embodiment and intersubjectivity in the canon. I address each in turn.

Within phenomenological philosophy, social theory, and disability studies, the term “embodiment” and the philosophy of Maurice Merleau-Ponty are practically synonymous. In each case, his *Phenomenology of Perception* is required reading. Looking to disability studies, Hughes and Paterson’s (1997) highly influential embodied critique of the social model, for instance, relies deeply on Merleau-Ponty’s philosophy, especially as it is read by Leder (1990). Bryan S. Turner too, whose *The Body and Society* (first ed. 1984) continues to be extremely influential in the sociology of the body, employs Merleau-Ponty’s embodiment alongside Foucault’s governmentality, charting how disability is lived and managed in Western, somatic society (Turner 2001). Here I do not mean to be unnecessarily iconoclastic. I do, however, want to question the fundamental role that a particular sensuous mode of being, visual perception, plays in human life. I contend, following Aho’s (2005) reading of Heidegger’s

early work, that embodiment is a regional concern to fundamental ontology. It is not regional because it is unimportant. It is regional because it is only on the basis of our existence that we might explore the body as part of human life. The capacity for world disclosure, in the first place, is the preserve of fundamental ontology, whereas embodied existence is a problem downstream from the structures of existence that I will lay out in the following chapter. Merleau-Ponty himself worried that he neglected these structures of Being, “due to the fact that in part I retained the philosophy of ‘consciousness’” (1968, p. 183). There is a political dimension to this as well. The very basis of disability studies is to accord value to all modes of personhood, despite differences in human lives. By outlining “the body” as a regional concern, I am advancing this same goal. I am arguing, and will continue to argue throughout this book, that particular modes of subjectivity, particular kinds of bodies, and particular ways of being together are shaped, received, and accorded in the interaction order.

Attending to disablement as an interpersonal outcome also requires that we rethink the role played by intersubjectivity in phenomenological philosophy. Heidegger’s mentor Edmund Husserl, and particularly his *The Crisis of European Sciences and Transcendental Phenomenology* (1970), is the thinker whose name is closely associated with the concept, especially as part of the shared membership in the “lifeworld.” Merleau-Ponty’s name is invoked here as well, especially in the case of the sociology of “intercorporeality” (Crossley 1995; 2007). Rethinking ability and disability as a gathered outcome, as interpersonal products, forces us to question the assumption that all who coexist in the lifeworld are equally granted subjectivity, if at all. The history of disability as exclusion is not restricted to confinement and institutionalization—though this can never be forgotten. There are more mundane moments of social interaction where subjectivity is denied to lifeworld members right before our eyes.⁷ As I will argue throughout this book, not all persons are granted subjectivity in the same ways, if at all. There are immanent social, material, somatic, and interpersonal requirements that must be met for persons to be regarded as subjects, something that requires us to rethink the postulates of abstract, transcendental phenomenology. Here we must also rethink Heidegger’s opposition to the concept. Subjectivity is indeed a measure of human existence, but it is one put to work in the shared world. This will allow us to

⁷Hughes and Paterson call this a moment of “social dys-appearance,” in line with Drew Leder’s *The Absent Body* (1990).

align Heidegger's fundamental ontology with post-structuralist critiques of phenomenological philosophy. Not only will we revisit Heidegger's fundamental ontology to address subjectivity as an interactive achievement, but we can also do so in line with the politicization of subjectivity, pursued by Foucault and those in his wake (Oksala 2010).

Finally, I cannot, in good conscience, write a book employing Heidegger's philosophy without discussing his involvement with the Nazi party. The "Black Notebooks," named for their covers, are now being released as the final volumes of his collected works. The name fits their content well, too. Here I think it is necessary to move past the questions "was Heidegger a Nazi?" (he undoubtedly was) or "is Heidegger's philosophy thoroughly corrupt because of these politics?" (on this question I am more cautious, but the influence certainly extends past his infamous Rector's address)⁸ and ask, instead, how we might reframe his thought in a manner opposed to such a violent and despicable ideology. Here I must be blunt: There is no place in Nazi ideology for disabled persons or those living many of the other ways of human being I discuss throughout this book. But if we can reframe Heidegger's place in the phenomenological canon to one where his philosophy supports human difference, takes disability and disablement seriously, that affirms the wide variety of ways of being; if this is possible, then we must try. I only pass by the questions about Heidegger's Nazism and its influence on his philosophy because of this greater, pragmatic goal. The goal is not simply to cleanse phenomenology of Heidegger's terrible politics; the goal must include an egalitarian phenomenology whereby all modes of embodiment are taken to account. Despite our variety of embodiments, at our base we exist. I have chosen a philosophical path that takes this as its fundamental point of departure, one where we can put Heidegger's phenomenology to work in life-affirming ways.

THE CHAPTERS TO COME

This book is laid out in three substantive chapters (Chaps. 2–4). The first is philosophically oriented: I suggest that Heidegger's reformulation of human being as being-in-the-world gives a new line of inquiry on which we can do disability studies. The argument in Chap. 2 is necessarily abstract,

⁸That address appears with a subsequent essay by Heidegger on his time as Rector in *The Review of Metaphysics* (Heidegger et al. 1985).

written for those with an interest in phenomenology as the basis for interdisciplinary social science. I recommend philosophically and theoretically inclined readers start here. Chapters 3 and 4, by contrast, apply the dividends of my Heideggerian reformulation of disability to two founding concerns of disability studies, medicalization, and capitalism. Those who just want to get to the point, regardless of philosophical underpinning, can simply read the following summaries, and then turn to the chapter that catches their attention.

Chapter 2 provides a rereading of the Heidegger's early phenomenological philosophy, set against the sociological and philosophical problem of disability. I write "problem" not because disability is an inherently problematic mode of human life. Rather, disability represents a problem to a great deal of sociological and philosophical work because it assumes that able-bodies, and able-bodied existence, wholly encapsulate the human way of being in this world. It outlines Heidegger's phenomenology by exploring two terms found throughout the book, *care* and the *ontological difference*. Both are central to my reading of Heidegger's magnum opus, *Being and Time*, as I have explored above. In Chap. 2, I suggest that reframing disability as a downstream description of instance of care lets us reformulate the basis of disability studies. It accounts for our common humanity, and, subsequently, the social, material, and institutional structures that shape disability as mode of subjectivity. I frame these dynamics through a threefold heuristic typology of Dasein–Mitdasein–Subjectivity (existence–coexistence–subjectivity), through which we can match Heidegger's phenomenology of existence with disability studies' fluid understanding of disability as a sociomaterial outcome. I end by arguing that a common Heideggerian thread lets us realign the existing phenomenological work in the field: Not only is phenomenology able to describe what it means to be a disabled person, here phenomenology allows us to account for the collective emergence of all modes of capacity, labeled "disabled" or not, without recourse to a restricted understanding of human life based on somatic or behavioral requirements. This means a move from the phenomenology *of* disability to a disabled phenomenology—one that sees all modalities of embodiment as derivative of our common existence, and accounts for the unequal distribution of personhood in institutionally organized and materially situated everyday life.

Chapter 3, "Medicalization," looks to the existing disability studies literature on medicine. I emphasize three prominent approaches: the materialist, the embodied phenomenological, and the interpretive (for lack of

a better term). Taking together, we find that medicalization is not simply the outcome of doctors behaving badly or medical practices at their worst. Rather, it refers to an institutionally organized understanding of disability as a functional medical problem, one that comes at the expense of other ways of thinking (namely, the phenomenological alternative). This logic extends outside the hospital setting, to the greater cultural sphere. I argue that Heidegger's reformulation of truth as disclosedness, based on the ontological difference, lets us tie these critiques together with a common existential thread. Not only does this give the medicalization critique with newfound philosophical rigor it also has transformative potential for the kinds of practices pursued by medical professionals, in this case, those active in the rehabilitation sciences. I explore not only the presumptions underlying medical practice but also the way that particular practices interrogate the body and the environment.

With a phenomenological rereading of medicalization in hand, I look to three forms of measure employed during rehabilitation. The first two are numerical measures, applied during and after the clinical encounter. Both of these measures cultivate and distribute disabled subjectivity, as a categorizable, countable, and comparable *thing*. The interview, too, cultivates subjectivity. The point here is not *that* these three measures cultivate subjectivity, but rather *how*. This "how" allows a space for a positive disability studies critique of rehabilitation; I do not want to obliterate all models of measurement within that profession, but I do want to outline how human life is shaped in doing so. Phenomenology, I conclude, gives us an egalitarian space where both rehabilitation science and disability studies can come together and reflect on the forms of measurement employed in both qualitative and quantitative inquiry. It gives us a set of tools and a mode of dialogue through which we can account for the production of professional ability, client subjectivity, and narrow the gap between the two.

Chapter 4 looks to the problem of capitalist social organization, at the core of critical disability studies, and especially those espoused by the British social model. I revisit these classic critiques, framed within the umbrella term "disability studies of capitalism." While I do not want to abandon these classic concerns, I argue that a theoretical synthesis of Heidegger's writings on technology and Michel Callon's economic sociology allows us to interrogate the relationship between disabled personhood and market formations in new ways. Instead of capitalism in general, I examine how particular market formations distribute disabled personhood. This approach I call the "economic sociology of disability." From Heidegger (1993b),

I take the concept of “the enframing,” the way in which beings are organized in terms of their technological utility for the maximization of surplus. From Callon (1998a), I take the notion of “framing,” the process through which things are disclosed within the market space as economically calculable, exchangeable, and transferable. Together, let us understand how disability is made into an economic entity, understand how it is deliverable to forms of calculative agency (including that of disabled persons themselves), and highlight the existential costs of this way of being.

To make sense of the theoretical approach devised in Chap. 4, I turn to the Ontario Disability Support Program (ODSP)’s income and employment supports, with particular emphasis on the latter. The income supports provide a monthly stipend to persons who qualify as disabled, whereas the employment supports are designed to put disabled persons to work. Together, Callon and Heidegger allow us to explore how disabled personhood is shaped (or denied) in the ODSP, outline the mode of economic rationality that governs their inclusion, and outline the existential costs of these economic agencies when they are brought to the Ontario labor market. I end by thinking about future work, both in terms of the materialist heritage of disability studies of capitalism and the future of the employment supports program.

I conclude this book in Chap. 5 by reviewing the progress I have made throughout. Of course, no attempt to rethink a discipline’s founding concepts can take place without some resistance. I acknowledge four forms of opposition to the argument throughout, two internal and two external. Internally, I look to both the social model and the Heideggerian camps. Both would object to my use of Heidegger. Next, I look to two external critiques, from the post-structuralist and post-human camps. Both internal and external critiques, I believe, can be overcome on pragmatic grounds that the ends of this study outweigh stepping on a few toes throughout. I end the book thinking about new ways and new places in which ability can be gathered using the phenomenological language developed and applied throughout this book.

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Martin Heidegger

Abstract Chapter 2 is the most theoretical of all the chapters, where I read Heidegger's existentialism as a way to discuss disability as a way of life. I begin discussing the concepts of care and the ontological difference in further detail than the past chapter. Then I move on to time and space, which are different in our everyday experience than as measured objects. Next, I outline Heidegger's opposition to Descartes' subjectivity, as knowing existence. I then discuss Heidegger on the body and modes of intersectional existence. I end the chapter with a threefold division of existence–coexistence–subjectivity, to combine his work with the sociology of disability. I end by discussing the themes of the next two chapters.

Keywords: Martin Heidegger • Subjectivity • Embodiment • Intersectionality • Disablement • Care

This chapter provides an account of Heideggerian phenomenology, focusing on the philosopher's most famous work, *Being and Time*. That book provides some basic concepts that, when adjusted to suit embodied differences and the problem of normalcy, allows us to pursue disability studies in new and novel ways. Restated: I want to provide an outline of Heidegger's fundamental ontology in his early phenomenological work, and then formulate an account of disability therein. By taking embodied

differences into account, we get a new reading of *Being and Time*, and a new starting point for the phenomenology of disability. In terms of disability studies, this expands, rather than reorients the discipline—a point I emphasize by dwelling on classic disability studies concerns, medicalization and capitalism, in the chapters to come.

I begin this chapter by outlining two key Heideggerian concepts. The first is “care.” Care is our basic mode of worldly engagement, the practical action-structure in which daily life unfolds.¹ While each of us may care for the world in different ways, that we care at all is universal. This is crucial for phenomenological disability studies, as I make clear below. The second concept is the “ontological difference,” at once the distinction between present beings and their capacity for presence, and that between human existence and that of mere things. I will elaborate on this below. For now, we can say that the ontological difference is central to my reading of Heidegger, and care is the concept central to disabled phenomenology. Both will become evident by reviewing Heidegger’s discussion of *worldly things* in *Being and Time*.

While the possibility of care is universal, whether or not *personhood* is accorded to those who exist in this way is another matter—and this is where traditional sociological topics (power, domination, and the like) enter the picture. To address these concerns, and to press Heidegger on disability and disablement, I focus on three sociological topics: subjectivity, embodiment, and intersectionality. In each case, I suggest Heidegger gives us some hints, but a look to the wider literature is required. I thus present Heidegger’s thoughts on each concept (admittedly, very few for intersectionality), tempered with contributions from the phenomenological literature more generally. Taking these insights together, I suggest that

¹In *Being and Time*, Heidegger’s use of the term “care” refers to the disclosure of world through concern, as an ontological structure rather than a simple process with an explicit object (see pp. 178–183). However, most examples provided in that book tend to be individually and objectively based, how one cares for things-at-hand, rather than as a collective process (as in one caring for another). In this sense, he provides the basis for—but not content of—a sociology of care. Two important contributions to that sociology: Van Manen’s “Care-as-Worry” (2002) provides an historical sociology of the term, giving particular attention to its non-roseate use in Western literary culture. Fine and Glendinning (2005) provide an excellent analysis of the emergence of “care” as an object of inquiry in the USA, UK, and Australia, contrasting the (mostly UK) feminist inquiries of the 1970s and 1980s with the (predominantly American) “ethics of care” literature. They contrast the care literature with disability studies critiques of dependency, advocating a sociology of care promoting the fluidity and relational nature of the concept.

a tripartite ontological formulation, Dasein–mitdasein–subjectivity, allows for an existential understanding of disability as a mode of Being *and also* as a site for disability politics, which seeks (in part) to accord personhood to those who have historically had it denied. I conclude with an outline of those to come, and demonstrate how Heidegger’s concepts will allow us to attend to medicine and capitalism below.

CARE AND THE ONTOLOGICAL DIFFERENCE

In Heidegger’s phenomenology, care is our basic mode of being-in-the-world, defined widely in terms of heedful concern for tasks. The “world” of “–in-the-world” is not, Heidegger argues, simply a collection of physically extended stuff that happens to surround our bodies. Not in the first instance. “World” is found in the way that we interact with others and our surrounding environments in daily tasks. This means a reconsideration of “things,” as encountered in daily life. Things are not simply chunks of space–time out there, but are meaningful tools that we use to get things done. The thing-in-practice displays the mode of relevance where things are invested with meaning. The railing is the railing-for-support-climbing-stairs; the whisk is the utensil-for-making-breakfast, and so on.² This is Heidegger’s understanding of “equipmentality.” While each person may have varying modes in which they perform care in their daily lives, the care structure is universal.

The instrumental nature of things is cause for us to reconsider our basic relationship to space. The instrument close to me is not near or far in terms of inches or centimeters, it is “at-hand,” “on the table,” “within grasp”—in short: available. The tool is *near*:

The things at hand of everyday association have the character of *nearness*. [...] The structured nearness of useful things means that they do not simply have a place in space, objectively present somewhere, but as useful things are essentially installed, put in their place, set up, and put in order. Useful things have their *place*, or else they “lie around”, which is fundamentally different from merely occurring in a random spatial position. [...] Place is

²From *Being and Time*: “World is already ‘there’ in all things at hand. World is already discovered beforehand together with everything encountered, although not thematically. However, it can also appear in certain ways of associating with the surrounding world. World is that in terms of which things are at hand for us” (Heidegger 1996, p. 77). I take the culinary example from Dreyfus and Wrathall (2005).

always the definite “over there” and the “there” of a useful thing *belonging there*. (Heidegger 1996, p. 95)

In this ontologically closest mode of spatiality, disclosed in worldly care, we find the Da- (“there-”) of Da-sein (“there-being”). This is not to say that all statements about objective measurable space are incorrect. Rather, the point is that the spaces of meaningful existence are the ontologically prior form of human spatial experience. Measurable space is disclosed in the reformulation of these meaningful spaces to the codified understanding of inches and yards. It is a derivate framing of our being-in-the-world. We *can* understand the world in terms of physical entities occupying three-dimensional space, but this is a secondary mode of understanding, one abstracted from the primary way of human Being as being-in-the-world.

Heidegger similarly reformulates temporality based on the everydayness of care. “Clock time,” the measurable time of seconds and minutes, is also an abstraction from the ontologically closest form of time. Time is found in the way we occupy ourselves with future concerns, the way we stand outside of ourselves, in practical engagement with the world-to-be. The most fundamental mode of temporality is found in our own mortal finitude, in our being-toward-death. Regardless of whether we embrace or retreat from this finitude, it is the baseline on which our lives are lived. The way that we comport ourselves to this undeniable fact is one of the most fundamental aspects to our finite humanity. All human being-in-the-world is, ultimately, being-toward-death. In both our being-toward-death and in our running ahead of ourselves, we *are* temporality: it is the basis of our existence.

The difference between clock time and existential temporality, and the difference between measured spaces and the spaces of care are two modalities of the ontological difference, a concept forming the backbone to my reading of *Being and Time*. Heidegger uses the term to distinguish between the properties of individual beings and the way in which beings *are*, or Being (p. 211n). I suggest that this same difference is found between the fundamental structures of human existence, Dasein, and the worldly entities encountered through *care*. The ontological difference is the difference between meaningful being-in-the-world and the world in terms of what Heidegger calls the ontology of “objective presence.”

Before moving on, and to review our progress, two things should be made clear about understanding disability as care. First, I aim to reframe

disability as a property of particular bodies to a way of being. This does not mean abandoning the body, but it does mean abandoning the body as a solely biological object, defined *only* in terms of proximity to functioning, healthy human organisms. My emphasis will be on the disabled body as disclosed in the everydayness of care. This is the existential baseline on which my investigations of medicine and capitalism will proceed. While disability will be shaped into a coherent object in both medical practices and economic structures, it is always derivative of disability as disclosed in care.

Secondly, I want to use Heidegger's care as a contrast to the philosophical concept of "subjectivity." For Heidegger, care and subjectivity present us two very different versions of "world." Dasein is defined in terms of "being-in-the-world," whereby world surrounding the apprehending is, in his formulation, the world of mere things. Here "subjectivity" means more than simply the apprehension of objective entities by the subject of consciousness; it also implies a critique of the predominantly epistemological orientation of philosophy, whereby the known "world" passes over the "in-the-world" of Dasein. This same world, the world as known to the epistemological subject, is that expressed in the ontology of objective presence. This means that in reframing disability as a mode of care, and not a merely present "thing," we are breaching the ontological difference. In the following section, I want to outline what exactly the ontology of objective presence is, by looking to Heidegger's critique of the medieval concept of substance.

HEIDEGGER'S CRITIQUE OF SUBSTANCE ONTOLOGY

The ontological difference becomes clear when we closely examine the difference between Heidegger's being-in-the-world and Descartes' ontology of world, outlined in close detail in the outset of *Being and Time*. Heidegger argues that Descartes' use of the medieval concept of "substance" means that he passes over the basic mode of human being in which things are disclosed (I will explain the concept below). Here the critique is not only leveled at Descartes, but rather it is the underlying ontology of objective presence, of which Descartes' rationalist philosophy is the most extreme example. Heidegger spends a great deal of *Being and Time* arguing this: it is not only Descartes, but rather the philosophical legacy of his substance ontology, tacitly accepted by subsequent thinkers, that is his

object of critique.³ A derivative form of this critique will also be leveled at Heidegger's own mentor, Husserl. My next two tasks, then, are to outline the medieval concept of "substance," and then provide Heidegger's position in detail. This will also serve as a transition to Heidegger's views on the body and subjectivity.

Let us first look at a typically Cartesian statement on mind–body relations, from the fourth of his *Meditations*. This will give us a site to make sense of "substance":

Now, first of all, I observe that there is a great difference between the mind and the body, [...] that the body of its nature is endlessly divisible, but the mind completely divisible: for certainly, when I consider the mind, or myself in so far as I am purely a thinking thing, I can distinguish no parts in myself but understand myself to be a thing that is entirely one and complete. [...] On the other hand, however, no bodily or extended thing can be thought by me that I cannot divide into parts, without any difficulty; and I therefore understand it is divisible. This point alone would suffice to show me that the mind is altogether distinct from the body, if I did not yet sufficiently know this for other reasons. (2008, pp. 60–61)

Here we get a glimpse of the frequently lamented "dogma of the ghost in the machine" (Ryle 1949, p. 15), the belief that mind and body are distinct entities, and that the rational human subject thinks *inside* the mind *in* the body, distinct from the things of the world. The body is merely a fleshy container for the calculating mind, at home in the brain. This account is quite typical to both the sociology of the body (Crossley, 1995) and to phenomenologically inspired disability studies (Hughes and Paterson 1997). I do not want to suggest that these critiques are misplaced—on the

³Heidegger's frequent extra-Cartesian target is the philosophy of Immanuel Kant. Following his critique of Descartes in *Being and Time*, Heidegger uses Kant's 'scandal of philosophy', that a proof of the external world had not been discovered in his lifetime, to demonstrate how philosophy continues to be misled by its overly epistemological orientation, passing over the meaningful structures of Dasein. Indeed, the two thinkers, or so Heidegger argues, have wildly different understandings of the being of Dasein: "we must explicitly note that Kant uses the term "existence" to designate the kind of being which we have called "objective presence" in our present inquiry. "Consciousness of my existence" means for Kant consciousness of my objective presence in the sense of Descartes. The term "existence" means both the objective presence of consciousness and the objective presence of things" (p. 189). I leave it to Kant scholarship to determine the accuracy of Heidegger's critique.

contrary I believe they are correct. Dualism is a bad way of understanding the human mind and body. But they only attend to the conclusion of Descartes' argument, the tip of the iceberg. This ignores what lies below: his use of the medieval notion of "substance."

Philosopher Ian Hacking (2002) tells us that the medieval concept of substance is based on a logical distinction. A substance is characterized by having a principal attribute, without which it would not exist. In Descartes' philosophy, there are two such attributes. One of them is thinking, the other extension, hence the famous *res cogitans* and *res extensa*.

Every substance is characterized by a 'principal attribute.' That is, a property such that if something is of that substance, it must by logical necessity have that attribute. As we all know, occupying space, or being extended, is a principal attribute. So is thinking. They are logically distinct. What you say about anything extended is different than what you say about anything that thinks. A logical distinction. A grammatical distinction. (2005, p. 158)

Hacking's position on the opposition to the so-called Cartesian dualism can be described in a sentence: We cannot wholly disagree with Descartes, because we no longer *think* in terms of substances. "One of [Descartes'] cardinal concepts has gone missing." (p. 158) To do so would be anachronistic; it applies modern understandings to arguments made in the seventeenth century. Indeed, if anything, we are becoming *more* Cartesian, in a world filled with hip replacements, plastic surgery, and other somatic augmentations.

Heidegger, in contrast to Hacking's position, argues that its influence is alive and well, found in what he calls the "ontology of objective presence."⁴ Descartes' philosophy is indeed but one entry in the greater history of philosophy, and to pretend that it represents the entire philosophical canon would be folly. But, and this is very important, the ontological themes that manifest in Descartes are still evident within that philosophical tradition. Descartes is the most extreme example of ontological doctrines that pass over the Being of Dasein, because they read human existence as a merely present thing, existing in the same way that objects do. We have, then, two starkly different ontological positions, definitions of "the real" and understandings of what *is*. The ontology of objective presence,

⁴We find a similar argument, inspired by Heidegger, in Leder's *The Absent Body* (1990), to which I shall return below.

Heidegger argues, is a good model for physics but a bad one to describe the structures of care as our primary mode of being-in-the-world. The mind–body problem, often attributed to Descartes, is simply a result of the ontological tradition’s emphasis on substance. This is certainly found in Descartes’ work, but to restrict that ontology only to the seventeenth century French thinker would be at once historically and philosophically dubious. In what follows, I outline how the critique of substance ontology manifests in Heidegger’s rejection of subjectivity, and again in his understanding of embodiment. Neither can be examined in isolation from Heidegger’s critique of the world as mere “substance”—in both cases I will emphasize the ontological priority of care.

HEIDEGGER CONTRA SUBJECTIVITY

Thus far, I have argued that Heidegger’s opposition to mind–body dualism is derivative of his critique of substance ontology (see also Abrams, 2016). This critique also has important consequences for the concept of “subjectivity,” as a description of human being-in-the-world. In this section, I will argue that Heidegger’s *Dasein* is ontologically distinct from understandings of subjectivity that understand the surrounding world in terms of objectively present *things*. This is not to argue that subjectivity does not describe human existence *at all*, but rather that there is a whole lot of existence that the term fails to capture. In line with the last section, I maintain that it is not only the *Cartesian* subjectivity (of the cogito) that Heidegger opposes, but also any reading of human life that does not see the world as “–in-the-world.”

Outside of *Being and Time*, the most famous expression of Heidegger’s anti-subjectivity is contained in his “Letter on Humanism,” his response to a query from a student, Jean Beaufret. There, Heidegger reframes his phenomenology as anti-humanism, and responds to his French phenomenological colleagues.⁵ In the letter, Heidegger extends the critique of subjectivity found in *Being and Time*. Subjectivity is not simply a misreading of our being-in-the-world; it is also a concept deeply embedded within the history of Western humanism. He begins by outlining the humanistic tradition, as manifest in Roman, Christian, and Marxist thought.

⁵ At least, this is the official narrative; Heidegger only cites Sartre in the *Letter*, and a single passage from his *Existentialism is a Humanism* at that. It is better described as a “dismissal” than a “response.”

However different these forms of humanism may be in purpose and in principle, in the mode and means of their respective realizations, and in the form of their teaching, they nonetheless all agree in this, that the *humanitas* of *homo humanus* is determined with an already established interpretation of nature, history, world, and the ground of the world, that is, of beings as a whole. (Heidegger 1993c, p. 225)

While forms of humanism and forms of subjectivity may differ, they each suppose, Heidegger argues, a common humanistic thread. The “man” at the center of the humanistic tradition is the subject, who apprehends an outside, preformed world.⁶

Humanism is opposed because it does not set the *humanitas* of man high enough. Of course, the essential worth of man does not consist in his being the substance of beings, as the “Subject” among them, so that as the tyrant of Being he may deign to release the beingness of beings into an all too loudly bruted “objectivity.” (1993c, p. 251)

As in the case of the metaphysics of objective presence, humanism passes over the world “-in-the-world,” the being-there of Dasein. Considered in light of the ontological difference, introduced above, we can say that it reduces human Being to mere being.

We can contrast the Heidegger’s anti-humanism and anti-subjectivity with the project presented by his mentor, Edmund Husserl. Here I look to his last work, *The Crisis of European Sciences and Transcendental Subjectivity* (1970), written between *Being and Time* and Heidegger’s “Letter.” Husserl has three goals in that important book. First, he outlines the crisis of positivistic sciences, through an historical account of the “mathematization of nature” (1970, p. 23), originating in Galileo’s physics. This is the historical process through which measurements of nature are taken to represent nature itself. Secondly, Husserl provides an ontology of the lifeworld, “always already there for us, the ‘ground’ of all praxis, whether theoretical or extratheoretical” (1970, p. 142). It is in the lifeworld where measured nature takes shape, in its “mathematized” form. Finally, Husserl explores the basis of transcendental subjectivity, whereby the intentional structures of human thought are turned onto themselves. In so doing,

⁶And he surely is “man.” Neither Heidegger’s phenomenology, nor the humanist tradition explored in the letter, can escape the charge of androcentrism. I return to this issue below in my discussion of intersectionality.

phenomenologists can explore the structures of consciousness as a “pure ego,” and engage others as alter egos in transcendental intersubjectivity.

Obviously there are many similarities between the two projects.⁷ Both Heidegger and Husserl seek to reframe the “world” of mere things to the world of practical action. Both philosophers provide an historical examination of being—although from different angles. Heidegger aims to uncover the hidden privilege of “presence” over existence, as manifest in the Western philosophical tradition; Husserl, by contrast, attends to the formation of mathematical nature. With these commonalities come crucial differences. Husserl’s phenomenological investigation is epistemological. His exploration of intentionality, and of human existence more generally, is restricted to consciousness. By exploring the structures of consciousness, we can explore the “meaning horizon” of the shared human world. Heidegger, by contrast, formulates human intentionality in the worldliness of care. In everyday practical activity, the world is disclosed. This is bracketed in Husserl’s phenomenology because of its explicitly epistemological orientation.⁸ Because of his reliance on transcendental subjectivity, Husserl passes over the world in the very act of trying to reclaim it.

To recapitulate: In *Being and Time*, Heidegger argues that subjectivity passes over the basic structures of being-in-the-world. In the “Letter,” Heidegger connects his critique of subjectivity to one of humanism more generally. Humanism, like subjectivity, presupposes the same metaphysics of presence that have guided the Western philosophical tradition. This does not only apply to Descartes, but all thinkers who axiomatically assume that human being can be fully described in terms of subjectivity. Following Heidegger, I will argue that subjectivity does not fully describe what it means to be a disabled person in the world; it cannot adequately encounter the problem of meaning. With that said, persons often *do* describe their experiences in terms of subjectivity. We cannot deny the “reality” of subjectivity. In light of this, I will argue that subjectivity is an outcome of interpersonal sociomaterial processes, rather than a transcendental description of human Being. It does not account for the world as care, but people do account for themselves with the concept. It is a cultural artifact, rather than a fundamental way of being.

⁷ I write “projects” and not “books,” as Husserl’s *Crisis* was written after *Being and Time*. Heidegger’s opposition to his mentor’s epistemological orientation stems from earlier work, though the *Crisis* continues the epistemological exploration of transcendental subjectivity.

⁸ For a further philosophical investigation of the differences in the two thinkers’ accounts of intentionality, see Dreyfus (1993).

HEIDEGGER AND THE BODY

Heidegger did not say very much about the body in *Being in Time*. His most extensive exploration of the body comes in his *Zollikon Seminars*, held between 1959–1969 at the home of Medard Boss, psychoanalyst and friend to Heidegger.⁹ In the *Seminars*, Heidegger, Boss, and Boss' medical and psychological colleagues explore the relationship between body, mind, and Dasein. In the *Seminars*, Heidegger responds to criticism from his French contemporaries regarding the body's marginal role in *Being and Time*.¹⁰ In this rebuttal, he chastises their ontic approach to the human body, focusing on it ontically, ignoring its more fundamental role, disclosed as being-in-the-world. From his correspondence with Boss:

As for the French authors, I am always disturbed by [their] misinterpretation of being-in-the-world; it is conceived either as being present-at-hand or as the intentionality of subjective consciousness. (text amended by translators; Heidegger 2001, p. 270)

This is the same critique found in the “Letter on Humanism,” seen above. There, Heidegger argues that his French colleagues misunderstood *Being and Time* because they rely on the subjective interpretation of human existence—as found in Descartes, Husserl, and all others who pass over the existence of Dasein—whereby knowing subjects are located in bodies made of present things. Their psychological outlook fails to account for the ontological difference.

To follow Heidegger's logic, let us return to the theme of mind/body dualism. In terms of the ontological structure of Dasein, mind and body are not of different substances, because the logic of substance passes over the Dasein in the first place. Substance defies our being-in-the-world. This same objection is pursued within the *Seminars*. Heidegger constantly reinforces how the bodily being of Dasein, or our “bodying forth in the world,” defies the objectively present measurements employed in modern

⁹The initial seminar was held at the local medical college, but Heidegger characteristically objected to its overtly technological feel (Aho 2005, p. 1).

¹⁰In “Heidegger, The Body, and the French Philosophers” (1999) Richard Askay, co-translator of Heidegger's *Zollikon Seminars*, describes the situation as follows: Sartre reported that in *Being and Time* “there are barely six lines on the body.” De Waelhens' introduction to Merleau-Ponty's *Structure of the Behaviour* pushed the critique further: “In *Being and Time*, one does not find thirty lines concerning the problem of perception; one does not find ten concerning that of the body” (de Waelhens in Askay 1999, p. 30).

science. “The problem of method in science is equivalent to the problem of the body. The problem of the body is a problem of method” (Heidegger 2001, p. 93). In this way, Heidegger rejects the work of the French phenomenologists outright, because they embrace the modern psychological method, itself captive to the ontology of objective presence.

Despite his attempt to avoid critique, the point remains: Heidegger did not say very much about the body in *Being and Time*. Why? Aho (2009) argues that the problem is merely one of priority. In *Being and Time*, Heidegger’s goal is to provide a fundamental ontology of human Dasein, to present an account of how the human way of being in the world is *possible*. The problem of the body is a secondary concern, because it is derivative of this more pressing issue. Ciocan (2008) pursues a similar argument, acknowledging Heidegger’s existential orientation, and attributing Heidegger’s neglect of bodily life to his anti-subjectivity. In both cases: the essence of Dasein lies not in a soul matched with a corporeal body; it is found in *existence*. The ontic disclosure of the body is derivative to this potentiality for Being. While Aho and Ciocan surely get to the heart of the matter, this secondary literature on Heidegger’s position focuses only on its philosophical rigor. Neither addresses the form through which this argument is expressed: It is ugly, arrogant, and pretentious, particularly in how “the French” are lumped together and rejected as a whole. In his disregard for his French colleagues, Heidegger missed a crucial opportunity to explore Dasein’s bodily being. But this is not solely because of its peripheral importance to his overall philosophical project; Heidegger callously dismissed his contemporaries because he was insecure and petty. Regardless of Heidegger’s motives, the seminars address the body in ways that *Being and Time* does not.

In the seminars, Heidegger uses the common phenomenological distinction between the lived body (German: *Leib*) and the object body (*Körper*) to designate how they body is employed in a ready-to-hand fashion in everyday bodying forth (*Leiben*).¹¹

One could understand the living body as a corporeal thing. I am seated here at the table, and fill this space as enclosed by my epidermis. But then we are

¹¹ Ironically, among phenomenologists, this distinction is frequently indebted to Merleau-Ponty. In the *Seminars*, Heidegger suggests that the French psychologists are captive to the French *corps*, cognate to the German *Körper*, and cannot fully understand the lived body. A cursory reading of Merleau-Ponty, fluent in both German and Heidegger’s philosophy, demonstrates this is not the case.

not speaking about my being-here, but only about the presence of the corporeal thing in this place. Perhaps one comes closer to the phenomenon of the body by distinguishing between the different limits of a corporeal thing [*Körper*] and those of the body [*Leib*]. [...] The bodying forth [*Leiben*] of the body is determined by the way of my being. *The bodying forth of the body*, therefore, is a way of Da-sein's being. (2001, pp. 85–86)

In *Being and Time*, Heidegger's famous example of instrumentality is the act of hammering. The hammer in use, as deployed in the everydayness of care, is something other than the materially present, physically extended tool. It exists within a sphere of relevance, a tool-for-action.¹² Similarly, in light of the distinctions between *Leib*, *Leiben*, and *Körper*, we can also recast the arm holding the hammer in light of the ontological difference—something Heidegger neglected to do in his magnum opus. The arm disclosed in hammering as care is like the hammer in *Being and Time*, it is ready-to-hand, thrust into practical action without a thought. The lived body, as found in care, is distinguished from the merely objective-body, as extended thing, *and* the lived body, thematized explicitly in first person reflection on the body. While Heidegger relies extensively on the *Leib–Körper–Leiben* distinction in the *Zollikon Seminars*, the book does not give a robust, existential account of somatic capacities, as found in Merleau-Ponty's *Phenomenology of Perception*. Instead, Heidegger's goal is an emphatic case *against* the body as a measured, skin-bound *thing*, in which our subjectivity is located. He is not ultimately interested in what a body can do, but rather the way that the body demonstrates the ontological difference, showing how the ontic sciences pass over embodied-being-in-the-world.

If Heidegger neglects the theme of the body, why use him to discuss the disabled body? I have two reasons. First, though Heidegger did not *personally* pursue a phenomenology of the lived body, his work provides us the tools to do so. Leder's *The Absent Body* (1990), for example, employs Heidegger's among motley philosophical perspectives on the body to examine how the body is disclosed in our everyday engagements. The experience of the lived body is founded in *absence*: *The Absent Body* draws from Heidegger's instrumentality to demonstrate how the

¹² “Strictly speaking, there ‘is’ no such thing as *a* useful thing. There always belongs to the being of a useful thing a totality of useful things in which this useful thing can be what it is. A useful thing is essentially ‘something in order to...’” (Heidegger 1996, p. 64).

body performing routine tasks disappears from our focal attention. Our brains, our viscera—though these are necessary components for the living, breathing human organism to body-forth into the world, they recede from explicit attention in moments of care. When they do come to attention, they do so in breakdown, what Leder calls *dys-appearance*, during the headache, sore eyes, or indigestion. In these moments, individual organs emerge outside of routine relevance, as sources of aches and pains. Here Leder incorporates Heidegger's occurrence and instrumentality in a phenomenology of the lived body; the difference between the disappearing body and the *dys-appearing* body is the ontological difference. Further, he does so in ways Merleau-Ponty does not, extending an analysis of the lived body past that of perception, to interoception and sensuous existence more generally.

My second answer to the “why Heidegger?” question draws from Aho's argument, as discussed earlier in the section. The argument was this: For Heidegger, the body is a window into a more fundamental concern with Dasein. Heidegger neglected the lived body in his early work because he is interested in the structures of the being-there, and only on the basis of the being-there does the question of the body gain significance. Following Aho, I believe that the divide between being there and bodily presence is of crucial importance for democratic politics, the very point of which is to divide the individual properties of particular embodiments from the general structures of human worth. Whereas individual manifestations of embodiment vary, their existence does not. Not all human bodies perceive as those assumed in the *Phenomenology of Perception*.¹³ Nor do all human bodies stand upright, as assumed in Erwin Straus' *The Upright Posture* (1952). The fact that Dasein underpins all human experience, however, does not vary with particular modalities of embodiment. Regardless of the form that our embodiment takes, each of us exists as being-in-the-world.

In making the claim that Dasein pervades individual embodiments, I am not arguing it is wholly autonomous *of* embodiment. Dasein cannot exist *without* a living body. It is always embodied, as thrown projection.¹⁴ We must, however, extend our understanding of life itself. Following recent developments in the embodied cognitive sciences (particularly

¹³Merleau-Ponty would not dispute this fact; indeed, he would support it, as evidenced by the discussion of “the blind man and his stick” in the *Phenomenology*.

¹⁴I thank an anonymous reviewer for this phrasing.

Thompson 2007)¹⁵ I am arguing that the lifesystems that allow Dasein to emerge are not wholly reducible to the presence of organs inside us. While there is a basic organic package causally necessary for being-in-the-world to be possible, yet both the embodied whole and its sustaining environment are characterized by compositional plasticity. Certain components can take the place of others, sustaining life, living being, and meaningful existence (made evident by the phenomenology and prosthesis).¹⁶ These ingredients are not restricted to those within the skin or skull, but extend institutionally and collectively. The emphasis shifts from objectively present bodily organs to life itself. To admit, this does not, I argue, prevent us from doing disability studies, or critical inquiry or any other sort. Rather, by moving from the merely present object body to the collective environments that distribute embodied capacities, we are doing the work that disability studies has been doing all along.

In sum, and to conclude this section, I see Heidegger's phenomenology as encompassing the wide variety of human existence, embodied and organized in the shared world. This is not to deny the role played by the individual body, disabled or otherwise. Dasein is not and cannot be disembodied. But once the living background for existence is established, it is the goal of disability studies to explore the wide variety of embodiments that are constitutive of "the human" and the capacities culturally allocated and denied to that being. Here I see the strength of Heidegger's reading of the body. I will continue to demonstrate the purchase of this approach as I explore the problem of intersectionality in the following section.

THE PROBLEM OF INTERSECTIONALITY

By using the phrase "the problem of intersectionality," I do not mean to suggest that bodies at the intersections of various identities are inherently problematic. On the contrary, their discussion allows us to interrogate the

¹⁵There are important differences between the approach employed by Thompson and Heidegger's phenomenology. Most notably would be Thompson's frequent use of the term "subjectivity," beginning in his first book with the late neurophenomenologist Francisco Varela and Eleanor Rosch (1991). Varela's project sought to match first-hand philosophical reflection with the scientific exploration of cognition's biological base, through the principal of mutual restriction. Comparing the two would lead to a refined method, needed to explain the possibility of subjective states. Heidegger, in my reading above, would dismiss such a project as treating the human as only a present object, passing over the meaningful Being of Dasein.

¹⁶The famous example, again, is Merleau-Ponty (1962, pp. 165–170).

underlying assumptions of humanity made present in phenomenological discourse. We get to ask an extremely important question: What kinds of bodies and what kinds of lives are assumed when we do phenomenology? Here I look to two texts, “Gender and Time” in Aho’s *Heidegger’s Neglect of The Body* (2009) and Sara Ahmed’s *Queer Phenomenology* (2006). Both Aho and Ahmed pursue an anti-subjective reading of embodied existence, which I will tie into the Heideggerian themes introduced above. By reading these explorations through the fundamental ontology of Dasein, I establish the conditions for a Heideggerian disabled phenomenology, a phenomenological account of both ability and disability as they manifest in the shared lifeworld.

“Gender and Time” explores the problem of gendered hierarchy. Aho’s line of questioning is this: given that Heidegger had very little to say about the body, to what extent can we use his fundamental ontology to talk about gender norms? The overall argument is that Heidegger had little to say about the body, because it is a regional concern of the more important question of Being. Heidegger’s objective is outlining the open space of “the there,” where we *then* dwell as embodied beings.

Dasein, as an open space of meaning, is not only prior to the particular characteristics and practices of individual human beings. Dasein already guides any interpretation that we can have of the world, making it possible for things to show up as masculine and feminine in the first place. (2009, p. 57)

To offer an answer solely based on priority is hardly satisfactory. Reflecting on the aims of *Being and Time*, the problem is apparent. If Heidegger’s major concern is outlining “the there” of “there-being,” within which meaning is first made possible, and we are only able to reflect on this “there” through an examination of our everyday gendered practices, do we not simply ignore the gendered basis of those practices in the pursuit of Heidegger’s fundamental ontology?

Aho argues that philosophical critiques of Dasein’s gender neutrality—or more appropriately, Dasein’s wholesale exclusion of the feminine—miss the mark, because they fail to comprehend Heidegger’s understanding of *temporality*.¹⁷ Temporality, as outlined above, is not simply reducible to the seconds or minutes found on the clock. Rather, the ontologically

¹⁷These critiques come primarily from Luce Irigaray, Iris Marion Young, Judith Butler, and Jacques Derrida.

closest form of temporality lies in the way that human beings dwell outside of themselves in everyday tasks, are ecstatic, in the continual anticipation of the not-yet. The ontologically closest form of temporality is disclosed in *care*. Care is performed in the shared world of meaning where gender norms are encountered, accepted, and—more importantly—can be contested. Aho aligns the ontology of objective presence with the static world of “clock time.” Doing so, he demonstrates that the ontologically closer mode of temporality is critical of the taken-for-granted meaning structures as found in everyday practical life once it is explored philosophically.

In order to gain access to the question of the meaning of being, fundamental ontology must begin with the hermeneutic of ontic Dasein. It is from this ontical starting point that any philosophy “arises” and must eventually “return.” In short, all philosophy must begin with an interpretation offered by a finite, historical *and* gendered Dasein. [...] And [in line with Aho’s greater argument—T.A.] this inquiry ultimately leads us beyond the body and the hierarchical relations of sexual difference to the formal conditions of meaning. It is on the basis of these conditions that we can begin to make sense of things in the first place, and this making sense is itself made possible by the manifold “self-opening” of time. (2009, p. 70)

Aho’s point is that existential reflection on our daily practices at once discloses how gender hierarchy is accepted, reproduced, and how it can be combated. We must begin with the taken-for-granted to understand the basis of our being-in-the-world, but once we do so, we can return to the gendered world with an insight that things can be different; gender can be done differently. How exactly we might do so, however—this is beyond the scope of Aho’s philosophical exploration. That is the kind of project I aim to take up. As I will argue in the conclusion to this chapter, ability is similarly based in care, and reflecting on the existential basis of care allows us to think and do disability differently.

Sara Ahmed pursues the problem of intersectionality by queering the basis of phenomenology itself. Her *Queer Phenomenology* (2006) has three substantive chapters, theorizing our orientation toward things, sexual orientation, and race (more aptly, racialization). The book defies description in a few short paragraphs. Here I only want to emphasize the theme of subjectivity in each chapter. In “Orientations Toward Objects,” Ahmed performs a cultural phenomenology of *things*. Instead of philosophizing with a hammer, she orients herself to tables. Examining Heidegger and Husserl’s desks, she asks: what domestic, reproductive labor must take

place in order to explore transcendental subjectivity or Dasein? “To what extent does philosophy depend on the concealment of domestic labor and of the labor time that it takes to reproduce the very materials of home?” (p. 31). In short, who clears, who cleans—which (gendered) labor makes philosophy possible?

Chapter 2, “Sexual Orientation,” is a phenomenology of desire, how subjects are recognized in desiring particular bodies and things—and not others. Critically reflecting on Freud’s exploration of lesbian desire and interwar sexology as “straightening devices,” each correcting desires out of line with the “field of heterosexual objects,”¹⁸ Ahmed outlines the historical development of “the fantasy of natural orientation,”

an orientation device that organizes worlds around the form of the heterosexual couple, as if it were from this “point” that the world unfolds. [...] Here is a fantasy of the natural fit between men and women’s bodies, as if they were “made for each other” in the sense of being directed toward the other, or ready-to-hand for each other. The very idea that bodies “have” a natural orientation is exposed as fantasy in the necessity of the enforcement of that orientation, or its maintenance as a social requirement for intelligible subjectivity. (2006, p. 85)

Here Ahmed is on familiar terrain for disability studies of sexuality, asking what sorts of bodies are candidates for sexual desire (see also McRuer 2006; Shakespeare 2000). In both cases, attention turns from an inherent desiring subject to the social and material conditions whereby subjectivity is accorded to desirable acts and actors.

In “The Orient and other Others,” Ahmed theorizes race as a mode of alignment. She extends the phenomenological “I can” from spaces of care to the institutional spaces where race is gathered, “to investigate how the invention of race as it were “in” bodies shapes what bodies “can do.” (Ahmed 2006, p. 112) Mirroring disability studies that seek to examine the cultural production of *ability* (see Goodley, 2014), Ahmed’s phenomenology of race includes an examination of *whiteness*.

When I refer to whiteness, I am talking precisely about the production of whiteness as a straight line rather than whiteness as a characteristic of bodies. Indeed, we can talk of how whiteness is “attributed” to bodies *as if* it were a property of bodies; one way of describing this process is to describe

¹⁸The term “field of heterosexual objects” is Judith Butler’s (1997).

whiteness as a straightening device. We can ask how whiteness gets reproduced through act of alignment, which are forgotten when we receive its line. (2006, p. 121)

For Ahmed, whiteness is not resident in bodies—at least not naturally so. It is deployed, made present in those institutional spaces where certain bodies are made at home, and others “Othered.” “Institutions involve lines, which are the accumulation of past decisions about ‘how’ to allocate resources, as well as ‘who’ to recruit. Recruitment functions as a technology for the reproduction of whiteness” (p. 133).

Neither Ahmed nor Aho addresses disability extensively in their respective books.¹⁹ However, I maintain that each author is already doing disability studies of a sort, in asking which forms of human capacity are culturally organized, and how ability is made possible. Ahmed does so by queering the basis of subjectivity, albeit differently in each chapter. In the first, she asks what work must be done for subjectivity to be explored philosophically at all. In the second, she asks what forms of desire disclose natural sexual subjectivity in heteronormative cultures. Finally, she theorizes whiteness as a culturally sanctioned orientation, rather than as a skin-bound, presocial natural kind. Throughout, she explores how particular modes of human being are made possible, how we attain selfhood through our worldly orientation. While she does not address *disability* explicitly, her book is doing the cultural studies of ability, asking how capability, the I-can, is oriented, made possible, given to some and not to others. In these ways, she helps to denaturalize subjectivity—it is no longer an inalienable property of human beings. Subjectivities are made, remade, and denied in our shared lifeworld.

In line with Heidegger’s distinction between the ontic and the ontological, Aho seeks to distance particular modes of meaningful embodiment from the capacity to experience anything at all. This is Dasein, of being-in-the-world. This argument is not incompatible with Ahmed’s. On the contrary, the two projects are complimentary. At the base of Ahmed’s work, I think, is the belief that there is a fundamental capacity for orientation possessed by each human being. This is to be distinguished from the culturally sanctioned, institutional orientations explored in each of Ahmed’s explorations. Philosopher, desiring body, racialized woman; each

¹⁹Aho and Aho, however, devote a full chapter of their *Body Matters* (2008) to medicine, mental health, and the phenomenological alternative.

way of being is made possible by our ability to be oriented. Each is a path through which we can encounter being-in-the-world. This “ability to be oriented” is not strictly a property of bodies *or* of external circumstance. At times, there is a political economy of capacity; at times, it is based in bodily equipment. But it is, at all times, downstream from our existence. The point, then: While Ahmed and Aho do not discuss disability *explicitly*, their work shared a common conceptual distinction between human existence and the ways in which personhood is culturally distributed. This is, I believe, in line with Heidegger’s understanding of the ontological difference, between Dasein and merely present beings. It also provides an adequate philosophical ground, to use a Husserlian term, on which to pursue a disabled phenomenology.

FUNDAMENTAL ONTOLOGY AND DISABLED PHENOMENOLOGY

To this point, this chapter has merely hinted that Heidegger’s *Being and Time* provides an existential account of human Being, one that can, eventually, be used to explore disability as manifest in everyday, shared human existence. Enough hinting; now it is time to do it. In this section, I suggest that the ontological difference, between the “being-of-the-there” and the beings encountered therein, helps us think about and do disability differently. But not *only* disability: because Heidegger reframes everyday human existence as care (certainly not as subjective moments of rational activity), and because “disability” and “ability” are merely descriptions *of* collected incidents of care, Heidegger lets us do what disability studies has been doing since its inception. His philosophy, with some extra work, lets us address the cultural significance of ability *and* disability through the same existential lens. As I will argue in the following chapters, he also gives us a starting point—not directions, but a starting point—to improve the lives of persons so designated.

Elsewhere, I have called this project “disabled phenomenology” (Abrams 2014a, 2016). I have done so not only because I use phenomenology to talk *about* disability; I want to rethink the basis of the phenomenological enterprise itself. The point is to eliminate, from the outset, a priori assumption of what human bodies must be, must do. I want a phenomenology that thinks about bodies that dwell upright and those that do not (Abrams 2014a; Straus 1952). I want a phenomenology that

addresses bodies that are sighted and those that are not (Merleau-Ponty 1962; Michalko 1998). I want a phenomenology that thinks about bodies that are queer, white, or brown (Ahmed 2006), throw like a girl (Marion Young 1980), break down (Diedrich 2001), go to physiotherapy (Abrams 2014b), practice physiotherapy (Shaw and Connelly 2012), that either qualify for disability benefits (Abrams 2013), or are fighting tooth and nail to do so (Wilson 2012); I want a phenomenology that addresses each of these modalities of being-in-the-world without privileging one over the other. Heidegger, as I have argued here, gives us the tools to do so. Each of these modes of being can be expressed through *care*. While their particular forms of practice differ, their common denominator is Dasein. Heidegger's phenomenology is one that lets us treat each of these kinds of lives through an egalitarian philosophical framework, and opens a space to think about imprinting such a framework on our common lifeworld.

The wide scope of this project becomes especially apparent when we think about the literature on Heidegger and the body, as explored above. Heidegger's fundamental ontology is one that looks past the particular instances of somatic being to the existential conditions that make experience of the world, writ large, possible. This exploration means moving from individual somatic being to Being itself. Nonetheless, and as Aho makes evident, the point of entry remains our daily practices, which inevitably invoke individual embodiments, their modes of care, and their far-too-frequent exclusion.

That Heidegger lets us reframe disability as a downstream modality of care, rather than *solely* as a deficient mode of embodiment, will be substantiated in the chapters that follow. At this point, however, I must demonstrate that this approach is necessary to prove that the canon is in need of reformulation. Let me do so by looking to some recent phenomenological literature on health and illness. The work of Havi Carel is particularly instructive, especially because of her incorporation of Heidegger's phenomenology. Here, our readings differ. Further, she addresses two of the audiences with which I will engage throughout this book, practitioners on the one hand, and patients (her word for the disabled and ill²⁰)—on the other. I annotate one paper per hand.

²⁰ Carel does not use category "disability," but includes the experience of disabled persons in her analysis, particularly that of S. Kay Toombs (1995). She does so, however, under the umbrella terms "illness" and "disease."

“Phenomenology and its application in medicine” (2011) provides practitioners a “thick” account of the illness experience, versus the thinner varieties employed in the health professions (diagnoses of disease, primarily). Phenomenology gives us a unique window into patient experience by addressing “*phenomena* (things as they appear to us) rather than to *pragmata* (things as they are)” (p. 34). Carel’s phenomenology draws primarily from Merleau-Ponty, whereby “perceptual experience is the foundation of subjectivity” (p. 36). Following Leder, she supplements her reading of the *Phenomenology of Perception* with Heidegger’s tool analysis, outlining how the lived body erupts as a mere thing in moments of illness (pp. 39–40). Here it is not only the body that is disrupted, but also whole lives and habitual routine: “The change in illness is not local, but global; it is not external but at the core of the self” (p. 41).

The patient experiences her illness from within, as a transforming experience impacting all dimensions of life. She experiences her illness as a disruption of her previous lived experience; this includes bodily alienation, an altered experience of space and time, frustration of bodily intentionality, social changes, and challenges to self identity and integrity. She does not compartmentalize the disease, nor does she understand it solely as a set of physical symptoms. (p. 42)

Thick description is useful because it recognizes the limited utility of mere diagnosis. Contrasted with interviews or narrative analysis, phenomenological inquiry allows a practitioner to explore the tacit, existential background in which illness, as a world shaping, embodied phenomena, is lived (I return to this point in Chap. 3). It offers a robust understanding of patient experience, an existential model in which to understand the affective consequences of disease, and a “more sophisticated and empirically informed view of perception” (p. 44)—a momentary glimpse into the patient’s lifeworld.

“Phenomenology as a Resource for Patients” (2012) provides a conceptual toolkit addressing the first-hand experience of illness. After an introduction framing the paper, exploring her personal diagnosis with a rare lung disease, Carel explores the conditions restricting the patients’ understandings of illness. The materialist, mechanist, and naturalistic understanding of disease employed and transmitted by medical professionals is the primary culprit. Here illness is subject to the “focusing illusion,” whereby a small, thin description of illness—rooted in medical

diagnosis—is taken to be categorically representative of it (p. 98). Again, a thicker account of illness is both needed and provided. Here she addresses Heidegger.

The core philosophical contribution to understanding illness lies in phenomenology's account of human existence. Heidegger's fundamental characterization of existence sees it as possibility. To be human (Dasein), for Heidegger, is to exist as temporal openness and existential freedom. The distinguishing feature of human existence is our ability to choose one possibility over another. This imbues the chosen possibility with significance and views human life as made up of enacted choices. These choices and their enactment take place in time, so Dasein's ultimate structure is that of finite temporality. (p. 101)

This, with the philosophy of embodiment articulated in the “Application” paper, underpins her existential reading of health and illness. Carel highlights three themes of illness, “Space and Time,” “Lost Abilities,” and “Adaptability.” The first two are the result of disability, a restructuring of times and spaces of capability following the intrusion of ill health. Spaces and times of availability are altered; the body is brought to objective presence in breakdown. Third is the gradual process of adjustment, “where the ill person discovers new ways to perform tasks or experiences well being within the context of the illness” (p. 106). The enjoyment people receive in this process, she writes, “is often overlooked by the deficit centered-medical approach, and this leads patients to give little weight to the possible positive, if secondary, consequences of illness” (Ibid.).

Carel's phenomenological toolkit is heuristic, aiming primarily at flexibility and adaptability, to be deployed within a daylong workshop. It has three stages. Like phenomenological reflection, it begins with the *epoché*, bracketing the “objective disease entity” in light of its phenomenal disclosure: “Once the belief in the objective disease entity is bracketed and we are distanced from our usual way of experiencing, we can begin to explore how illness appears to the ill person, its structure, its essential features” (p. 107). Second is thematizing illness, following the reduction. Here the aim is for a plurality of attention, from various voices and perspectives.

The patient may thematize her illness emotively, while a health professional with thematize it cognitively. A family member may thematize illness as an experience of empathy. [...] Thematizing creates a complex, shifting, view

of illness as moving from foreground to background, as changing in meaning, as consisting of multiple perspectives. (p. 108)

The third and final step of Carel's toolkit is to take the bracketed, thematized understanding of illness, and have patients explore how it has altered their being-in-the-world. "Because illness turns from being an external intrusion to being a form of existence, the notion of being in the world is particularly appropriate. It helps understand the pervasive impact illness may have on all life domains, which are seen as interconnected" (p. 109).

I have two interrelated objections to this application of phenomenology, which I will explain following this caveat. Carel's goal in both pieces—if not her work more generally—is to give a phenomenological account of illness. How do we live with illness? How can phenomenology expand our predominantly medical ways of knowing the meaning of illness? These are not the kinds of questions I intend to explore in this book. Carel's is a phenomenology of illness; I aim to establish a cultural phenomenology of ability. I do not want to criticize Carel for mere differences in perspective. Both inquiries are needed—and needed together.

With the differences in purview made clear, my objections are at once philosophical and political. In both senses, I find Carel's application of Heidegger to be extremely individualistic. Conventional Heideggerians will find this suggestion laughable, for *Dasein* is, in Heidegger's account, always characterized by "mine-ness" (German: *Jemeinigkeit*). This mine-ness frames *Being and Time* from the outset: "It is being about which this being is concerned. [...] The being which this being is concerned about in its being is always my own" (p. 42). The way we orient ourselves toward our own death, for example, individualizes *Dasein*. This grounding temporality is only and always ours, our "ownmost potentially for being," to use The Master's terminology. It is against this mine-ness that one can be authentic or not, heed the "call of conscience" or not, and so on and so forth.

My concerns are that reading health, illness, ability, disability, whatever, solely through this lens of mine-ness is that it emphasizes individual modalities of Being over the existential structures, existence and coexistence, that make these modalities possible. This is more than simply an abstract philosophical objection. I worry that reading *Being and Time* to interrogate the world changing impacts of illness gives the impression that ill persons are ontologically different than healthy ones. In my reading,

abled, disabled, healthy, ill persons—all these people experience being in the world through the same fundamental ontological structures. The way that subjectivities are generated and accorded, the way lives are lived, where meaning is made, and where choices take place: these differ *ontically*. The fundamental ontological structures that make each mode of dwelling possible: these do not. Moods differ, but the mood structure in which we engage the world: this does not. This does not mean rejecting Carel’s existential analysis of illness, but it does mean accepting the fundamental distinction between Being and beings, the ontological difference. A truly inclusive and egalitarian phenomenology must, I believe, start with this distinction. Now, whether or not Heidegger’s phenomenology is the correct method to attain such an egalitarian ontology is not beyond dispute. I turn to this problem next.

HEIDEGGER’S POLITICS AND DISABILITY POLITICS

Many of those doing disability studies are going to reject this book’s efforts because of Heidegger’s well-known political involvements, his membership in the Nazi party and party service as rector of Freiberg. The most vulgar formulation of this rejection would be: “Why would we want to do disability politics with the philosophy of a Nazi?” I need not write that Nazi politics and activist disability studies are not compatible. To this I reply: Yes, we must root out, in every form, politics based in bigotry, hatred, and malice. Phenomenology is one place where these attitudes can become manifest. But rooting out these attitudes is not enough for me. While we seek to cleanse academic life and text of these pervasive evils, we can also uncover the assumptions, at the core of phenomenology, of normal embodied capacity (of sightedness, of uprightness, and so forth). Doing so means that we can make academic life, and hopefully life in other forms, flourish in ways contrary to that awful ideology. While remaining vigilant about Heidegger’s Nazism, we can improve the phenomenological tradition more generally, eliminating pernicious biases obscuring diverse modes of embodiment, disability among them.

To this point, I have outlined what Heidegger means by care, explored his anti-subjectivity, reviewed his (admittedly brief) hermeneutic of embodied being, and charted—with some help from the adjacent phenomenological literature—how we might think about intersectionality through a Heideggerian lens. I have, however, said little about social interaction, or exclusion from it. *Being and Time*, too, spends little time addressing

themes of politics or conflict.²¹ He does, however, address our coexistence, as with-being (*mitsein*) and with-there-being (*mitdasein*), particularly in Division I, sec. IV “Being-in-the-World as Being-with and Being a Self: The They.” Reflecting on *mitdasein* will give us a space to think about how embodiments become meaningful, orderable, and includable in our shared world, let us rethink Heidegger’s cantankerous thoughts on publicity, and will provide us a space to theorize subjectivity as a mode of being *downstream from*, rather than *opposed to*, *Dasein*. It also will be the final substantive section of this chapter.

Heidegger begins *Being and Time*’s chapter on *mitdasein* outlining the fundamental relationship between being-in-the-world and being-with-others. Just as in the hammering example, other persons are not merely present for *Dasein* in their occurrence. Being with one another escapes the metaphysics of objective presence, as in the “thinking subject in the world as substance” rejected above. Rather, we encounter others as we encounter the things of the world, in terms of meaningful totality.

The structure of the worldliness of the world is such that others are not initially objectively present as unattached subjects along with other things, but show themselves in their heedful being in the surrounding world in terms of things at hand in the world. [...]

[The] other is initially disclosed in the taking care of concern. (p. 116)

It is important to note that for Heidegger’s phenomenology, the other is not solely implicated in terms of co-presence, in terms of mutual location together in objectively present space; one can be measurably closest to another body and be existentially distant from them, to have wholly unique modes of concern. Rather, we dwell in coexistence through the structure of care. The dinner table, even when encountered alone, is the family’s table, the place for homework assignments and making tough budget decisions. To borrow Ahmed’s language: Our shared orientations to the table make it a gathering space. The spatiality of “closeness” *with*

²¹ Stuart Elden’s *Speaking Against Number* (2006) is an extremely dedicated account of Heidegger’s early thought on speech, politics, and calculation. We get a very different reading of *Being and Time* when situated in Heidegger’s lectures from the time of its publication. *Speaking Against Number* shows us *Being and Time* is only the tip of the iceberg, in terms of Heidegger’s political thought. Without disregarding Elden’s tremendous effort, my goal here is to think about embodied politics with some of Heidegger’s terms, rather than reread Heidegger’s political thought.

the table, *with* others, is reflective of a common mode of being-in-the-world, in accordance with the ontological difference.

Heidegger ends the chapter with a discussion of “the they,” the anonymous anyone of public life. Here he does not simply mean “other persons who are distinct from my being-in-the-world; rather, the they are ‘those from whom one mostly does *not* distinguish oneself’” (1996, p. 111). In everyday commonality, Dasein has the tendency to lose itself in publicness, to engage things in life “as one does”; “the they *disburdens* Da-sein in its everydayness.”

Not only that; by disburdening it of its being, the they accommodates Da-sein in its tendency to take things easily and make things easy. And since the they constantly accommodates Da-sein, it retains and entrenches its stubborn dominance.

Everyone is the other, and no one is himself. The *they*, which supplies the answer to the *who* of everyday Da-sein, is the *nobody* to whom every Da-sein has always already surrendered itself, in its being-among-one-another.

So, while our being-there-with-another is ontologically distinct from the notion of intersubjectivity, and in line with the ontological difference, Heidegger uses the term as an entry point to discuss the leveling down effect public life has on our “ownmost potentiality for being”—to pick one typically Heideggerian phrase from of a sea of others. To repeat: “Everyone is the other, and no one is himself” (*loc cit*).

To those interested in pursuing comprehensive social theory—of disability or anything else—Heidegger’s theorization of sociality leaves a lot to be desired. I suggest, in line with the secondary literature, that there is an important distinction to be made between Heidegger’s application in *Being and Time*, and the potential to use such an approach in other ways. This is the line of argument Schatzki pursues in his “Early Heidegger on Sociality” (2005): Heidegger’s project in *Being and Time* is to explore how Dasein is encountered individually. “More strongly: sociality is treated of *only* as a feature of individual life” (p. 233). This particular application does not represent the limitations of Heidegger’s on coexistence. Aho (2009) uses the discussion of public anonymity in *Being and Time* as an entry point to discuss gendered hierarchy. It is through the anonymous being of “the they” where our mundane practices draw their initial meaning—gendered and gendering practices included. It is also in this space where we can resist the pull of nameless norms; where we can resist the

pull of the meaningful world in which we are thrown. My application takes inspiration from these secondary discussions.

I maintain that Heidegger's *mitdasein* allows us to formulate disability, ability, and personhood more generally, each as a cultural event, moments of coexistence—in peaceful operation or in breakdown—among people and things, each the outcome of the meaningful shared world. This is not to deny that the anonymity of public life can obscure the exploration of our ontological depths, in light of the merely present. But it *is* to argue that there is much more to our coexistence in the public realm than this concealment. Heidegger's shared mode of existence, *mitdasein*, coupled with his understanding of human existence, *Dasein*, provides an existential basis on which we can pursue the classic concerns of both sociology and disability studies, without recourse to atomistic, epistemological subjectivity as an *entry point* to the common world “out there.”

Here, however, I want to depart from Heidegger's strict opposition to subjectivity as a measure of human existence. Heidegger's position is this: Subjectivity reeks of the ontology of objective presence, through and through. Subjectivity, as a philosophical understanding of human life, presumes an a-cosmic thinker, thrust into a world reduced to physical extension. Subjectivity and the medieval concept of substance go hand-in-hand. We must reject both, because they pass over being-in-the-world. My argument here, and in the chapters to follow, is that subjectivity is not incompatible with the existential analytic of *Dasein*.²² It is, rather, an ontic description of human being, a character of beings and not an interrogation of Being. That is, it does not encapsulate the fundamental conditions in which a human being exists. But it does not have to do so to be real. It is, rather, a sociocultural assemblage, a label put to work in everyday life. Thus, I suggest a tripartite reformulation, of *Dasein*–*mitdasein*–subjectivity. Here the conditions of our existence underlie the interaction that takes place in the shared world, where our existence can be made anonymous, individual or otherwise. This formulation is more than simply a means to suture philosophical and social science work on subject formation with the fundamental ontology of Martin Heidegger (though there is no reason why this justification should not stand on its own). My argument, and this is in line with Ahmed and Aho's work read above, is that this resituation of subjectivity as a sociomaterial outcome allows us to think about

²²This argument is also presented in my “Heidegger, Subjectivity, Disability” (Abrams 2015).

disability as an after-the-fact outcome of shared existence, something of great sociological utility. It is also an excellent way for me to introduce the substance of the rest of this book, letting me demonstrate how forms of subjectivity and existential phenomenology diverge and come into contact in the chapters to come.

Consider the case of medical labels. “Functional limitation,” “muscular dystrophy,” and “dissociative identity disorder” are terms used to label particular kinds of people, and particular kinds of bodies, in the business-as-usual medical enterprise. Few would deny the “reality” of these terms, they hold meaning for us, and effect worldly change. Yet few would argue that these terms encapsulate our human existence in full. They are but snapshots of the process of what Ian Hacking (2002, p. 100) calls “dynamic nominalism,” the process through which labels are accorded to (and contested by) people so defined. Disability studies as an academic enterprise has historically been involved both. It has resisted so-called medicalization, the belief that all problems of disability, and all disabled modes of being, are the sole preserve of medical know-how. Secondly, it continues to reframe the conditions where “disability” is put to work, emphasizing enabling and disabling environments, eschewing the logic of problem bodies. In both cases, we can divide disability as a mode of being from the universal structures of *care*. By dividing subjectivity and Dasein, by using the ontological difference as a methodical strategy, we can at once attend to the generation of personhood in the rehabilitation sciences, and align this mode of subjectification with our everyday mode of being, care. This means more human (or at least less objectively awful) medical practices. Such are the aims of Chap. 3, aligning medical care with Heidegger’s concept of the same name.

Finally, we turn to the problem of capitalism. Recasting subjectivity as a product of our shared being, albeit one derivative of the fundamental structures of Dasein, has important connotations for the economic sociology of disability. Since the origin of the so-called social model of disability, critical disability studies has emphasized the disabling nature of capitalist social organization (Finkelstein 1980; Oliver 1992). Here, medicalization and capitalism are the two greatest barriers preventing the full participation of disabled persons in society. In Chap. 4, I argue that the organization of economic markets in a capitalist society does indeed represent a key issue for disabled persons and disability studies. But capitalism does not exclude disabled persons without help. Economics, as a discipline, often employs a model of economic agency

that excludes, from the outset, many of those with embodiments that do not fit the able bodied rubric. This dominant model of human action is not without contention. Economic sociology has long contested the atomistic rational decision maker as wholly encapsulating human life, let alone economic decision-making. While economic subjectivities may not wholly represent the fundamental structures of Dasein, they still shape reality in one way or another. One dominant mode is through employment policy. By applying disabled phenomenology to disability employment support policy in Ontario, Canada, we find empirical support for the philosophical arguments made in this chapter, and can demonstrate the human benefits of organizing such policy along times and spaces of care.

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Medicalization

Abstract Chapter 3 reconsiders disability studies' founding concern with medicine through Heidegger's phenomenology. I suggest Heidegger's reframing of truth as disclosedness, or the Greek *Alētheia*, lets us reframe these concerns along his fundamental ontology. After outlining Heidegger's understanding of truth, I review the relevant literature, looking to the social model of disability, other phenomenological approaches, and similar, but more recent, interpretive perspectives. I suggest that medicalization not only refers to medical practices, but models that see disability only in terms of restricted function. I make sense of this using the case of rehabilitation science, and three measures employed therein. Two are numerical measures; the interview is the third. I end by discussing future work in rehabilitation.

Keywords: Medicalization • Rehabilitation • Functional measures • Phenomenology • Existentialism • Disablement

Both critical disability studies and the rehabilitation sciences share a common object of critique: the so-called medical model of disability. They differ, however, on what exactly that model is. Classical disability studies—most prominently the British social model (Barnes 2000; Oliver 1986)—understand the medical model as one that frames all problems of

disability within the rubric of medicine (rehabilitation included). Medical practices, so they argue, attend solely to the individual, and pass over the problem of oppression. Disability, once medicalized, is thus an individual tragedy, not an outcome of exclusionary environments. The rehabilitation sciences, by contrast, take a more holistic approach to human life than organic dysfunction, instead emphasizing human “function.”¹ In attending to two very different models of medicine, the disciplines talk past one another.² Those doing disability studies will be very skeptical about the suggestion that rehabilitation can proceed without employing a medicalized framework. Those doing rehabilitation, in turn, would dispute that they ignore lived environments, or that disability in rehabilitation practice can be reduced to the body outside of its functional environment. My goal is collaborative dialogue; this situation is hardly satisfactory.

In this chapter, I suggest that Heidegger’s phenomenology allows us to bridge this impasse. While classical disability studies and the rehabilitation sciences differ on their opposition to medicine, they share a common understanding of what the world is, what bodies are, and how human lives unfold. I argue that this common ontological framework, the ontology of objective presence, passes over the common existential structures that make meaningful existence and medical practices possible. These structures are being-in-the-world, Dasein, and care. By attending to existential ground on which both medical and mundane practices are based, we can begin to reorient those practices in line with the human way of being. My goal is a description of the basis of human experience, in which both critical disability politics and life-affirming rehabilitation science can take shape, and take shape together.

My argument unfolds as follows. I begin by outlining Heidegger’s position on truth. I review the concept of care, and show how it reorients the dual critiques of the medical model, expressed above. I then introduce Heidegger’s *aletheia* (very roughly translated as “disclosedness” or “unconcealment”), the existential structure underpinning the commonplace understanding of truth. Reformulating truth as *aletheia*, I argue, lets us rethink the medicalization hypothesis in line with the ontological

¹ See, for example, the tools employed in rehabilitation, as in the “patient specific functional scale,” and the “functional independence measure” (Stratford et al. 1995; Keith et al. 1987).

² A notable exception, at once addressing the disability studies and rehabilitation literature, is Gibson (2016).

difference. It is a space where bodies can be disclosed as merely present objects, or otherwise. In “Three Readings of Medicalization,” I turn to three common disability studies position on medicalization, the historical materialist (the social model), the phenomenological (Hughes 2000; Hughes and Paterson 1997), and the interpretive, for lack of a better term (Michalko 1998; Titchkosky 2007). I suggest that each perspective hints at the problem of the ontological difference, though admittedly the latter two are friendlier to such an interpretation than the former. Finally, I turn to the rehabilitation sciences. I move to two rehabilitation measures, first encountered in my own experience of physical therapy. They are the Patient-Specific Functional Scale (Stratford et al. 1995) and the Client-Centered Rehabilitation Questionnaire (Cott et al. 2006). In each case, rehabilitation shapes patient subjectivity, often in concert with those so evaluated (to varying degrees). I contrast these two measures with a third, their frequent qualitative foil: the interview. I suggest the clinical encounter is a space of *mitdasein*, where subjectivity is accorded or claimed. This is so both in the moment, and in its reflective exploration, as in post hoc surveys or interviews. I end the chapter discussing the consequences of such an existential analysis for future disability studies and rehabilitation science, particularly the kind of phenomenology employed therein.

HEIDEGGER ON TRUTH AS *ALETHEIA*

Heidegger’s understanding of truth is deeply linked to his fundamental ontology. Thus, my goal in this section is an account of Heidegger on truth that can be used to reframe the medicalization critique in terms of being-in-the-world. Heidegger’s ontological interrogation of truth is a relatively straightforward extension of his critique of epistemological subjectivity, in line with the ontological difference. Just as he contrasts the worldly nature of Dasein with Descartes’ objectively present view of the world as *res extensa*, he similarly opposes his definition of truth with the “traditional concept of truth,” expressed in tripartite fashion:

1. The “locus” of truth is the proposition.
2. The essence of truth lies in the “agreement” of the judgment with its object.
3. Aristotle, the founder of logic, attributed truth to judgment as its primordial locus, he also started the definition of truth as “agreement” (Heidegger 1996, p. 198).

This commonplace conception of truth, Heidegger argues, is itself based in the prior ontological structures of being-in-the-world, disclosed in care. Truth “must always first be wrested from beings” (p. 204).

The structure of care as *being-ahead-of-itself*—already being-in-a-world—as being together with innerworldly beings contains the disclosedness of Da-sein. *With* and *through* it is discoveredness; thus only with the disclosedness of Da-sein is the *most primordial* phenomenon of truth attained. [...]

It comprehends the totality of the structure of being that has become explicit through the phenomenon of care. (p. 203)

This revised fundamental ontological role of truth is itself derived, or so Heidegger argues, from that tacitly held by the pre-Socratics—an argument that he would develop throughout the course of his work. Perhaps the best definition, compatible with his later work and the early phenomenology, comes from “On the Essence of Truth”: (“Truth” is not a feature of correct propositions that are asserted of an “object” by a human “subject” and then “are valid” somewhere, in what sphere we know not; rather, truth is the disclosure of beings through which an openness essentially unfolds (1993d)).

Following Guignon (1983, 1990), I believe it would be incorrect to argue that Heidegger’s phenomenology of truth attempts to *replace* the more common understanding of that term with the (supposedly) Ancient Greek interpretation—despite the tone of the “Essence” essay. The point is, rather, to expand truth from mere representationalism, the position “that we are essentially minds or subjects set over against a world of objects” (1990, p. 105), to the meaningful conditions in which beings cohere in such-and-such way, scientifically or otherwise. This is a movement from particular truths to truth-conditions. “When truth is seen not as correspondence to reality, but as an unfolding event through which reality first emerges, the whole idea of representation comes to appear as a side-effect of a more basic “self-manifestation” of Being” (1990, p. 106). It is not that the traditional definition of truth is wrong—it just becomes a derivative consequence of our meaningful engagement with the world.

Two examples should flesh out the benefits of this expanded, ontological underpinning of truth. The first is artwork (Heidegger 1973, 1993a). The experience of artwork cannot be captured in the subjective apprehension of an objective thing before us. Rather, the truth of the artistic encounter is found where beings are brought forth. Here the standard of

truth can be accuracy (“a true Rembrandt”), or it can be found in beauty. In “The Origin of the Work of Art” Heidegger uses the example of a Greek temple, and a painting of peasant shoes by van Gogh (among other works). In “Art and Space,” sculpture. In each case, Heidegger judges the work of art in its ability to disclose an authentic encounter with Being: The bringing forth of the peasant shoes in Van Gogh’s painting discloses the shoes’ worldly sphere of relevance, in sculpture we find the ontologically primordial mode of space: availability, and not objectively present measure. In each case, we have a fleeting glimpse of Being, as disclosed in beauty. “*Beauty is one way in which truth essentially occurs as unconcealment*” (emphasis in original; Heidegger 1993a, p. 181).

A second substantiation of truth as disclosedness comes in *dialogue* or *discourse*. Heidegger’s phenomenology treats language as a site of co-revealing, where persons in common dialogue disclose shared meaning. From *Being and Time*, division one: “to say that a statement is *true* means that it discovers the beings in themselves. It asserts, it shows, it lets beings “be seen” [...] in their discoveredness” (1996, p. 201). Here again Heidegger is to be contrasted from an epistemological interpretation of language. Language is not, in the first instance, an objectively present thing or process that can be dissected to its linguistic fundamentals. It is a mode of care, where beings are disclosed. For Heidegger, the care structure pervading participatory dialogue discloses both the matter-and-hand and each participant as being-for-dialogue. “Participant” here is distinct from “one who speaks”; one can participate in a projection of being and of a matter at hand through a knowing silence or a blank stare, in ways that idle chatter cannot. He we can return to the “common mode of anonymous public life,” for which Heidegger held little regard, or those norms of communication that disclose speech impairment as such. Here, then, we can make a difference between talk and “speaking one’s mind,” as Heidegger explores in *The Concept of Time*.³

To speak is to *talk* about something, in such a way that what we are talking about is co-revealed as we speak. [...] But talk that says something is speaking *to* and *with* others. And, as a mode of speech, talking about something is talking things out and to say what is on one’s mind.

³ *Note:* This is the 2011 Continuum edition of Heidegger’s book on the Yorck-Dilthey correspondence, not the text of the Marburg lecture of the same name, from Hackett Publishing.

Listening-to-one-another is part and parcel of speaking in the fullest sense. Being-there in the mode of talking-with-one-another means: to listen to (to belong to) one another. This *belongingness* also characterizes the sense of being-together-with-one-another. (Heidegger 2011, p. 21)

While it is undeniable that Heidegger's early work emphasized the leveling down effect of our public life over the *potential* for genuine dialogue, it would be incorrect to say that potential was not explored at all. What I want to argue in this chapter is that in medical practices, rehabilitation practices in particular, this potential exists as well. Ways of acting in the clinical environment are not inherently medicalized, used in the pejorative sense explored above. Nor are the actions of all persons with medical training, or certified by medical authorities. Rather, what is at issue is the modes of disclosure those practices reflect, how truth is formed and how it is put to work.

Kevin Aho's "Medicalizing Mental Health: The Phenomenological Alternative" (2008) is an excellent illustration of how hermeneutic phenomenology can address medicalization. Aho begins with a political economy of (globally dominant) American psychiatric care and the deep pharmaceutical involvement therein. He documents, historically, how both diagnostic labels and pharmaceutical treatments have coalesced in emergence of the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* (or DSM, then in volume four, now five. Aho refrains from very common "medical imperialism" critique of the DSM, instead emphasizing the forms of individual, world-less personhood put to work in the strict application of these diagnostic categories, and how they might be eschewed, in line with Heidegger and Gadamer's hermeneutics of human existence. His work, then, is more in line with "postpsychiatry" than in "antipsychiatry" (see Thomas and Bracken 2004). Aho does not dismiss that diagnostic categories and pharmaceutical products can be useful in allowing persons to live meaningful lives, but that a true interest in meaningful life is based in collaborative dialogue and exchange. A phenomenological psychiatry is a human science of illness: It recognizes how emotion, meaning, and embodiment coalesce into being-in-the-world, and this mode of existence is the proper object of treatment. This is the same approach that I will emulate below.

In the remainder of this chapter, I reframe medicalization, particularly rehabilitation practices, as a site of this disclosure. Here medicalization does not make something more medical and less social. Rather,

medicalization—reframed as an organized process—can shape human lives in terms of mere function and failed embodiment, or pursue genuine ontological exploration into human finitude and existence (or perhaps they can do both). In any case, I suggest that Heidegger’s view of discourse as co-revealing, as part of a more comprehensive definition of truth as *aletheia*, provides new insight on the way that bodies and lives are brought to presence in the rehabilitation process. Not only this, however. He also lets us engage with those pursuing rehabilitation, in both critical and business-as-usual camps, in new and novel ways.

THREE READINGS OF MEDICALIZATION

I am not particularly interested in a comprehensive theory of medicalization. I say this not because the concept is useless. On the contrary, it is extremely important—but coming up with a hard and fast definition of the approach obscures more detail than it reveals (for my purposes here, at least). I have elected to sketch three strands in the medicalization literature, whose applications vary. I begin with the social model of disability, which I address only briefly. I do not share the social model’s reductive materialism, nor do I think that approach’s methodological divide between disability and impairment is very useful to the project I am pursuing here. But it is important to have an historical understanding of the discipline, particularly so when framing the development of phenomenological disability studies, building on such thinking. We must begin there.

I take Oliver’s pioneering work to be representative of social model thinking. Here medicalization is reflected in the twofold institutional dominance of medical professionals, both in the administration *of* disability, and the generation of knowledge *about* disability, or “the social relations of research production” (Oliver 1992). The emphasis is on the process where disabled persons are delivered to the purview of medical practice, versus other forms of scrutiny, obscuring their marginalization in society. It hides oppression. The result of this professional dominance, embedded within capitalist economic structures, is the “ideology of individualism” (Oliver 1990). The result is the widespread belief that disabled persons are excluded from society because of their medical problems, not exclusionary environments and social structures. Medicalization is thus the overreach of the medical profession—directly and culturally—into matters best left to activist politics. The social model aims at dividing disability, as social oppression, from its legitimate matter of concern: impairment.

Hughes' phenomenological approach to medicalization stems from his earlier work with Kevin Paterson, critical of the social model's assumptions about the body and disability. A short, introductory discussion is worthwhile. "The Social Model and the Disappearing Body" (1997) argues that the social model literature posits "an untenable separation between body and culture, disability and impairment." In claiming that medicine overextends itself to social and economic structures, the social model "concedes the body to medicine and understands the impairment in terms of medical discourse." Missing is a sociology of the impaired body. In "Disability Studies and Phenomenology: the carnal politics of everyday life" (1999), they use Leder's *The Absent Body* to do just that. Leder's emphasis is on bodily *disappearance*, how parts of body recede from attention in routine function, and *dys-appearance*: moments where the body emerges as object in dysfunction (how the stomach emerges in pain during hunger, for example). Paterson and Hughes extend this position from organic—that is, relating to organs—to social dys-appearance, how disability is disclosed *as* dysfunction during interpersonal interaction.

To make their case, Paterson and Hughes use the example of speech impairment. Norms of communication "are based in a carnal order, which is primarily informed by non-impaired bodies" (p. 603). The social model's emancipatory politics are based in objectively present spaces of exclusion. This passes over the carnal micropolitics of speech, and the dys-appearance of embodied differences therein.

When one encounters prejudice in behavior or attitude, one's impaired body "dys-appears". The body of a person with a speech impediment "dys-appears" when faced with (socially produced) embodied norms of communication. Since these norms largely reflect the carnal information of nondisabled people, the relationship of disabled people to them is one of significant disadvantage. The "dys-appearance" of the impaired body is structured by this disadvantage. (Paterson and Hughes 1999, p. 63)

This demands a reconsideration of the social model's cut-and-dry materialist definition of disability as social versus impairment as—maybe medical, perhaps biological, whatever it is: something else. Here the body and the senses enter the scene, where able-bodied norms are encountered and can be contested. Here Paterson and Hughes are setting the stage for "disability aesthetics," one that takes sensuous apprehension and sensed apprehension as its object of scrutiny, and a site of disability politics

(see Abrams 2014c; Siebers 2010). Disability aesthetics is not only found in the museum space—Hughes and Paterson take us out to the streets.

Hughes (1999, 2000) builds on this newfound understanding of the aesthetic, and addresses medicine as such. Fitting with the emphasis on sensuous apprehension, Hughes reads medicalization as a modality of the modern gaze, to name, classify, and apprehend disability as a technical medical problem and not a problem of any other sort.⁴ As above, the social model unwittingly aids such an apprehension by demarcating what is, and what is not, within the political purview.

There is more to oppression [than] the material “facts” of discrimination. One must also take into account the cultural and aesthetic struggles of meaning and perception between disabled people and the powerful medical profession armed with the legitimate authority to name and classify impaired bodies. (Hughes 2000, p. 559)

Here, then, the sociology of impairment is a political project: it opens up new spaces of contestation, engaging controversies foregone by the social model of disability. This sociology of impairment takes medicalization as its object, and understands that concept in terms of a wider cultural apprehension of disability as an asocial and individually manageable instance of the body-gone-wrong. Here we are on somewhat similar ground as the social model, though we take different paths to ableist cultural formation. Whereas social model thinkers employ the concept of ideology as an explanatory device for this pervasive individualism and medical formulation of disability in the West, Hughes, and Paterson appeal to the sensate, as manifest in the lifeworld, as the location for carnal disability politics.

A short review: to this point I have reviewed two camps in the disability studies literature on medicalization. The first was the historical materialist approach, the social model of disability. Here, medicalization is the causal attribution of social exclusion to medical impairments. The ideology of individualism maintains this dominant and oppressive understanding of disability as personal tragedy. This same ideology is found throughout medical approaches to social issues. Next, I turned to Hughes and Paterson’s phenomenological alternative. Yes, material exclusion is an obvious source of oppression. But the sensuous apprehension of disability

⁴This line of thought will continue in my reading of Titchkosky and Michalko (2012), below.

cannot escape our attention. There is more to medicalization than the material. I have called the final approach to be examined as “the interpretive” reading, but not because it is a movement away from phenomenology to something non-phenomenological. Alone and in tandem, Titchkosky and Michalko employ many phenomenological ideas to explore medicalization—embodiment, the lifeworld, and so on. But they draw from work from many other camps as well, the symbolic interactionist, cultural studies of gender and race, and post-structuralist thought (naming some and not all). Their work is certainly phenomenological—but it is much, much more. In what follows, I read a book apiece authored apart and a book chapter, together.

Rod Michalko’s *The Mystery of the Eye and the Shadow of Blindness* (1998) is a personal journey through the cultural politics of sight. My interest is in how Michalko theorizes medicalization in “Discovery” and “Rehabilitation,” Chaps. 3 and 4. “Discovery” asks us how symptoms of blindness are carved out of the lifeworld, how ophthalmology sees—and it surely does “see”—blindness-as-error-in-nature. In *The Mystery*, the medicalization of blindness not only involves the medical treatment of blindness, but the sociotechnical apparatus through which blindness is bound with sighted life, norms, and aspirations (and shown lacking in each case). It marks the transition from the discovery of embodied difference to the recognition of the failed body. This imagery of movement and process is particularly important, telling us that medicalization is more than simply the analysis of a problem through a medical lens. It has an endpoint, or, to use Husserl’s term, a horizon. Once framed as an incurable error in sight, blindness moves from ophthalmological practices to rehabilitation. In “Rehabilitation,” Michalko outlines how blind persons are made to “see” (his word) their blindness in the imitation of sighted norms, framed as “passing,” borrowed from Garfinkel (1967). They are trained to use sighted expressions, to mimic sighted norms, to accept that their condition is a condition, but a shadow of healthy eyesight. Rehabilitation is, then, an exercise in subject formation, training those with eyes that cannot see to act as if they could.

In *Reading and Writing Disability Differently* (2007) Tanya Titchkosky theorizes medicalization as manifest in the “everyday life of print” (p. 11). Here she mobilizes an army of different thinkers—from Michel Foucault to Dorothy Smith, Maurice Merleau-Ponty to Donna Haraway—to explore how disability gains meaning in societies like ours, where text has a normative value. Disability is shaped by biomedically informed discourses at

numerous registers, in everyday newspaper articles (Chap. 4), government survey texts (Chap. 2) and policy documents (Chap. 5). As in Oliver's "ideology of individualism" (1990), Hughes and Paterson's "aesthetic of oppression," and in Michalko's *Mystery*, medicalization pertains more to one mode of (medical) care versus others; medicalization is made meaningful by cloaking disability in solely medical terms. It reducing whole lives to disability statistics that locate disability in some bodies—and not others—and obscures the oriented social action in which "official text producers" (Smith 1990) frame disability outside normal, natural and non-problematic modes of human embodiment.

Titchkosky and Michalko's twin perspectives meet in their collaborative chapter, "The Body as a Problem of Individuality" (2012). It is also the most phenomenologically pure of their work examined here—evident in the subtitle, "A Phenomenological Disability Studies Approach." They employ two paradigmatic phenomenological concepts, Edmund Husserl's "lifeworld" and Alfred Schütz's "natural attitude," to discuss how disability is made meaningful in daily life,⁵ experienced as a problematic threat to the common stock of knowledge pervading throughout modern, individualist existence.

Disability, framed as a problem, becomes one of the fundamental "unnatural aspects" of the otherwise natural, good and right way of being-in-the-world. [...] What disability often represents is the taken-for-granted sense of the unnatural, of the value-less and that which does not belong. (2012, p. 132)

They turn to the problem—and problem it is—of accessibility discourse at the University of Toronto (see also Titchkosky 2011). Titchkosky and Michalko read the problem–solution pairing endemic to accessibility discourse as a site where disability is put to work, made problematic, made strange and apolitical, made-and-unmade as a thing in our midst that needs technical "problem solving." Disability needs to be fixed. General practitioners, psychologists, learning specialists—each attend

⁵I have addressed Husserl in the previous chapter, contrasting Heidegger's *Dasein* with Husserl's (1970) transcendental subjectivity. Banker by day and philosopher by night, Schutz's intellectual project was a synthesis of Husserl's phenomenology and Weber's sociology. Notably, he also exerted significant influence on Harold Garfinkel, whose *Studies* (1967) features a chapter-length exploration on Schutz's formulation of rationality in the social world.

to the problem–solution coupling to make disability less deficient, to normalize, medicalize, and mainstream the exceptional state of individualized disability.

Titchkosky and Michalko's is the closest to the phenomenological approach I have provided in Chap. 2 of this book. They attend to the interpersonal conditions whereby disability is apprehended, be it sensuously, textually, institutionally. Medicalization is apparent at each register, in how disability is disclosed as a coupled problem–solution, where medicine figures prominently (“doctors can fix this problem”) and more pernicious ways, cultural representation through medical nomenclature and causality. Framed at this level of abstraction, theirs aligns with the two other perspectives on medicalization explored earlier in this section. Medicalization describes far more than medical practice out of place—it expands to the wider cultural register, whereby disability is apprehended and enacted through such a framework in various modes of worldly conduct.

I began this section hinting that an abstract definition of medicalization obscures more than it illuminates, electing to read different applications instead. In each successive account addressed here, we were brought closer to the practices that medicalization describes than a comprehensive definition of the concept. Of all three, Titchkosky's *Reading and Writing Disability Differently* provides the most explicit substantiation of my point. While undoubtedly steeped in social theory and philosophy, her aim is to make explicit how particular forms of text make sense of disability as a medical problem—and not as something else. The important question is not, then, what is medicalization? It is: What is the alternative to the understanding of disability apprehended as problem? The goal is a response, rather than simply pointing fingers at that which is medicalized and that which is not.

I would like to make a final observation before concluding this section. In the *Interaction Ritual* essay “Mental Symptoms and Public Order,” Erving Goffman laments the psychological shorthand of his day, used for its clinical expedience, “but which provides the practitioner with a handful of thumbs” (1967, p. 138). I share this sentiment when it comes to critiques of medicalization. The term is quite useful when it comes to teaching *Introduction to Sociology*, adding keywords to journal articles, or assembling indices. It is a starting point, from which we can begin to do important work down the road. The point is to move on, going from medicalization in the abstract to the particular practices highlighted by the

term. Abstract critique can only get us so far. We need to move from The Medical Model to medical *modeling*.

To make a case for a focus on medical practices, I have chosen to examine the rehabilitation sciences. I do so through Heidegger's redefinition of truth, in light the fundamental ontology explored in the previous chapter. I suggest that Heidegger's understanding of truth helps us attend to medicalization at each register explored in this section. The clinical encounter, the aesthetic, the policy approach—in each case, I will argue that Heidegger's fundamental ontology lets us pursue critical disability studies with a newfound philosophical rigor. It lets us attend to the concerns of the social model—the disclosure of disability as individualized tragedy. It lets us examine the aesthetic invalidation of disabled persons, as seen in Hughes and Paterson. Finally, it lets us interrogate the wider spaces of coexistence where disability is disclosed as problem, as deficit, as exception. In each case, Heidegger lets us understand how disability is made present as such. Further, and following the redefinition of disability as a mode of care, it lets us understand how we might alter these modes of disclosure to better reflect disability as a mode of human being. This is the lens through which I will reflect on the rehabilitation sciences in section “Rehabilitation Science.” For the moment, however, we turn to Heidegger's fundamental ontology, and the disclosure of truth therein.

REHABILITATION SCIENCE

This section explores the rehabilitation sciences through the phenomenological philosophy outlined to this point. I argue that a realigned, Heideggerian disabled phenomenology allows us to pose the same sorts of questions that have posed under the name “medicalization” *and* gives some hints about how rehabilitation can be pursued as a human science. Throughout this section, I will refer to the “rehabilitation sciences” and “rehabilitation,” and use those terms synonymously: What, exactly, are the contours of this science? The World Health Organization provides the following definition of “Rehabilitation Practices”:

Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides

disabled people with the tools they need to attain independence and self-determination.⁶

Perhaps. To verify, I suggest we mimic the methods employed in *Laboratory Life* (Latour and Woolgar 1979), namely, following rehabilitation scientists around.⁷ By looking to the practices pursued under the auspices of those sciences, we will be better able to define them. This may not reflect their (or the WHO's) definition—and that is just fine.

A final note before I continue: I am clearly not a physiotherapist, occupational therapist, allied health professional, or anything of the sort. But, I have worked with many of them, read their literature, participated at their events, and have listened to their concerns regarding professional practice. I will consider myself an *ally* to the rehabilitation sciences, a disabled person helping them to reach their full scientific potential, and “optimal functional levels” (loc. cit.). Here I am not only being snide: I maintain that the rehabilitation sciences can be improved by exploring the lives of disabled persons as equal partners, rather than simply as scientific objects or interview subjects. This means more than technical solutions to problem bodies, and charting the so-called “lived experience” of disability and rehabilitation, through methods and terminology outlined solely by the professional body. This means, in part, dialogue with persons who have undergone and are undergoing rehabilitation, in the same language. Phenomenology provides us one such language.

I begin by exploring the rehabilitation sciences at two different registers. On the one hand, I explore traditional functional measures, looking directly to the ways in which disability is brought forth as a coherent object for rehabilitation. On the other, I look to internal critiques of the rehabilitation sciences, advocating more holistic approaches to function and individual lives. Here I focus mostly on to qualitative health research, most often pursued through interviews. Next, I consider both modalities of rehabilitation practice through the three perspectives on medicalization provided in section “Heidegger on Truth as Aletheia,” the social model's professional/institutional critique, Hughes and Paterson's aesthetic

⁶From “WHO: Rehabilitation,” at: <http://www.who.int/topics/rehabilitation/en/>, accessed June 11, 2015.

⁷While inspired by Latour and Woolgar's book, the phrasing, originally “Following Scientists Around,” is Shapin's (1988).

critique, and finally, Titchkosky and Michalko's interpretive approach. I suggest that the phenomenology employed above gives us a unitary method through which we can attend to each of these concerns, while making reference to the rehabilitation practices examined in this section. I conclude this section by reflecting on future methods, in reference to both models of patienthood and personhood, and, finally, to the activities of rehabilitation practitioners themselves.

These explorations began with my own recent experience of rehabilitation therapy. Diagnosed with Becker muscular dystrophy at age ten, a congenital progressive neuromuscular disorder, I have had a long career as patient of physical therapy. Only recently, however, did I notice its phenomenological implications. I shall not explore that experience directly here, but rather emphasize two measures of human existence that were applied in my case. Further, I take these two measures as exemplary of rehabilitation's emphasis on human function. I look first to the "Patient-Specific Functional Scale" (Stratford et al. 1995), then the "Client-Centered Rehabilitation Questionnaire" (Cott et al. 2006). Both are measures that select and amalgamate the various experiences of living with a disability, both in everyday life and in the clinical setting, into a numerical, codify-able, categorize-able, accountable clinical object (1967).⁸ My goal is not to pick on these two measures or their authors in particular: I am not intent on obliterating all measures of disability's impact on function or treatment, but outlining how they constitute disability as a particular mode of being, or, using Heidegger's words, how they deliver Dasein to objective presence, how worlds are articulated and reshaped in and through the clinical form of life.

The "Patient-Specific Functional Scale" (hereafter PSFS; Stratford et al. 1995) is a relatively straightforward functional measure, to be employed at the outset and throughout the individual patient's rehabilitation

⁸Here we can also include the Functional Independence Measure™ (FIM), explored by Gibson (2014) through a Deleuzo-Guattarian lens. Despite the difference in philosophical heritage, Gibson shares the same skepticism to subjectivity as a pre-given mode of human existence that I maintain throughout this book. Rather, it is an ethical and philosophical artifice of a tradition that values rational individualism over all else, to which the independence-minded rehabilitation sciences are uncritically oriented. A first step to critical reorientation is framing dependence—a Bad Thing in business-as-usual rehabilitation—to connectivity, a shared and constant mode of becoming-human, one to which we are all committed, in one way or another.

career.⁹ It consists of an eleven-point scale, ranging from zero “Unable to perform activity” to ten “Able to perform activity at pre-injury level.” Accompanying the scale is a script, reading as follows.

Read at Baseline Assessment

I’m going to ask you to identify up to 5 important activities that you are unable to do or have difficulty with as a result of your problem.

Today, are there any activities you are unable to do or have difficulty with because of your problem? (show scale)

Read at Follow-up Visits

When I assessed you on (state previous assessment date), you told me that your difficulty with (read 1,2,3,4,5 from list).

Today, do you still have difficulty with 1 (have patient score each activity) [And so on—T.A.]. (adapted from Stratford et al. 1995, p. 262)

Though initially applied to patients experiencing back pain, the scale has since been applied pervasively in a vast array of clinical settings.¹⁰ As mentioned in the introduction to this chapter, the focus is on function within the environment, rather than a particular human component. This is, of course, intentional: Stratford et al. note that the scale is designed for a wide variety of applications in the clinical setting. My aims, however, are to explore how patienthood is shaped—more aptly, “specified”—within the application of these and similar criteria, set against their clinical and wider cultural domain.

The “Client-Centered Rehabilitation Questionnaire” (hereafter CCRQ; Cott et al. 2006) consists in thirty-three questions, rated on a six-point scale, based on the principles of “client-centered care.” Cott et al. use that concept as defined within the Canadian occupational therapy literature.

Client-centred practice is an approach to providing occupational therapy, which embraces a philosophy of respect for, and partnership with, people

⁹I borrow the phrasing of “patient career” from *Asylums*’ “The Moral Career of the Mental Patient” (Goffman 1961).

¹⁰My scholar.google.com search for “Patient-Specific Functional Scale,” in quotation marks, yielded 1210 results, June 15, 2015. Outside of these numbers, my reasons for picking the scale are greedy: I believe it was this scale to which I was assessed throughout my own rehabilitative career. I describe that experience, with help from phenomenological theory, in Abrams (2014b).

receiving services. Client-centred practice recognizes the autonomy of individuals, the need for client choice in making decisions about occupational needs, the strengths clients bring to a therapy encounter, the benefits of client-therapist partnership and the need to ensure services are accessible and fit the context in which a client lives. (Law et al. 1995, p. 253)

They translate this definition to seven principles of Client-Centered Rehabilitation. In what follows, I outline each principle, and provide a singular example of its use in the final Questionnaire:

1. Client participation in decision-making and goal-setting:
CCRQ24: I was encouraged to participate in setting my goals.
 2. Client-centered education:
CCRQ30: My therapy program was explained to me in a way that I could understand it.
 3. Evaluation of outcomes from client's perspective:
CCRQ26: I learned what I needed to know in order to manage my condition at home.
 4. Family involvement:
CCRQ4: My family/friends were given the support they needed.
 5. Emotional support:
CCRQ36: My emotional needs (worries, fears, anxieties) were acknowledged and addressed.
 6. Co-ordination/continuity:
CCRQ22: I knew who to contact if I had problems or questions during my rehabilitation program.
 7. Physical comfort:
CCRQ8: My physical pain was controlled as well as possible.
- (adapted from Cott et al. 2006, appendix)

Again we see that the somatic pathology logic is absent, emphasizing instead (supported) individual function within both the clinical and home setting. It is important to differentiate the impact of the CCRQ on individual rehabilitation careers from that of the PSPS. The CCRQ is a post-treatment assessment measure, used by clinicians to rank the efficacy and patient satisfaction with various treatment options, whereas the PSFS is a method used to garner patient participation throughout that career. The two can, obviously, overlap, as in the case of CCRQ24, "I was encouraged to participate in setting my goals." My interest is not, however, in comparing the two directly, but in reflecting on the medicalization theses (pluralized intentionally).

It is certainly possible to read both the PSFS and the CCRQ through the various modalities of medicalization outlined at the beginning of this chapter. The social model—and to a lesser extent, each other theorization—would emphasize how the Scale and the Questionnaire find disability within a particular problem body. In the Scale, this is found in the use of “...as a result of *your* problem...” and “...because of *your* problem.” Similarly, the Questionnaire implicitly encodes disability as a problem people have because of their condition, regardless of environmental circumstance. In CCRQ26, for example, conditions are “managed at home,” as if they can be picked up from the location of their proper management (the clinic) and sent, with the body that contains them, home. Here the clinicians give the advice needed for their domestic management, in strategies, referrals, and so on. These forms of causality are the stuff of the medical model: This is how medicine thinks (and we cannot much fault it for that). Medicalization begins, however, when this form of thought crowds out other explanations that point to extra-individual barriers and attitudes, when the medical model is the only way that society can think—or do—anything about disability. We *can* fault medicine for this, and point to its overextension. The goal of disability studies is to make apparent the barriers missed by misplaced medical logic. Hence, the social model’s categorical division between medical impairment and social disablement.

Hughes and Paterson would criticize the social model here. To let medicine have impairment (in function or anything else) is to ignore the way that the medical gaze apprehends the body: something of crucial sociological and phenomenological importance. Whereas the body disappears in the social model critique, as a medical object, an embodied phenomenology of disability points to ways that the body is made to dys-appear in the clinical setting and in everyday life. There is a sensuous embodied politics, an aesthetic dimension we cannot ignore by giving up the body to impairment. Of particular importance here is the way that disabled persons are made to see their disability as a problem for rehabilitation, as explored in Michalko’s *Mystery*. Patients—as they emerge in the medical assemblage—face their bodies as they disclose problems to function, which is the preserve of professional treatment. Disability becomes, as in Titchkosky and Michalko’s collaborative chapter, a merely a technical problem in need of therapeutic solution. It is an affront to natural attitude. The patient is to accept the situation as such,

and have their “emotional needs” of their functional state met, managed, and accommodated.

Finally, we can explore the Scale and the Questionnaire through the textual lens provided by Titchkosky’s *Reading and Writing Disability Differently*. Both the PSFS and the CCRQ take very restricted understandings of the experience of disability and rehabilitation, distill them to numerical values, and deliver them to statistical analysis. This movement demonstrates Donna Haraway’s (1988, p. 589) “God trick,” as employed by Titchkosky’s exploration of policy documents “about” disability. The trick is the textual and rhetorical work done to make objective truth appear value free. In both cases, the human costs are apparent: in Titchkosky’s study, eliminating the material, and interpersonal environments where disablement occurs, obliterated in the cultivation of objective numbers on disabled Canadians as a distinct population group. In the rehabilitation sciences, this obscures the actual, materially laden clinical spaces where patients and practitioners coexist, producing a whitewashed, apolitical and humanly vacant set of numbers about therapeutic operations.

Notwithstanding the achievements made in each of the above approaches to medicalization, I suggest that Heidegger’s phenomenological work allows us to pursue each of them at once, in the same language. This phenomenology also gives us the tools to improve those practices—as displayed in Aho’s (2008) work above. First, reading human ability alongside the ontological difference allows us to attend to the materially situated environments where disabled subjectivity emerges, as in the social model, but without the perils of its reductive materialism (which I shall outline in turn). Second, reframing truth as *aletheia*, or disclosedness, provides a method through which we can address the embodied and aesthetic concerns shared by Paterson, Hughes, and Michalko. Finally, Heidegger’s phenomenology—or so I will argue—gives us a theoretical alternative to the “god trick.” It gives us a theoretical apparatus that preserves the lifeworld origins of rehabilitation and practices, before they are abstracted through divine pranks or the thoughtless “mathematization of nature” (Husserl 1970).

First, the phenomenological perspective provided here allows us to talk about medicine in ways that the social model of disability does not. Once medical perspectives have been restricted to impairments, the social model has little to say about them, other than the fact that disabled persons should be in full control of the treatments to which they are

subject. The social model is not a sociology of medicine—nor does it purport to be. The phenomenological perspective that I have advocated to this point addresses material entities not merely in terms of their presence before disabled subjects, but interrogates how “the material” is incorporated into our worldly being (or not), how these ready-to-hand entities are brought from their initial system of relevance to their status as merely present entities.

To follow a well-worn path, we can look to *Being and Time*'s carpenter. In her daily life, the carpenter's tools enter exist within a system of relevance; they are tools-for-carpentry. Only when the hammer breaks and is explicitly inspected is it a merely present thing. In direct analysis, it is a merely present thing, whereas it recedes from attention in the everydayness of the care structure. Similarly, the theoretical approach applied in the CCRQ and the PSFS asks patients, with the help of practitioners, to shape activities of daily living, successful or not, and address them in objectively present terms. This is only the “tip of the iceberg,” so to speak. Further, instruments like the PSFS also recede from practitioner attention as explicit objects in *care*—they think with them, without a second thought. Here Heidegger's notion of truth as disclosedness provides us a way to inspect how disability is made into an explicit clinical object, how daily life is made into a present entity to be mapped and charted, and how materials are incorporated in both the clinical setting, and in the everyday existence of (disabled) persons more generally. In these circumstances, it is analytically preferable to the social model.

Though the terminology differs, my critique of the social model closely mirrors that presented by Hughes and Paterson (1997). To explore disability only in terms of objectively present exclusion gives a restricted view of disabled personhood, both as it is lived and in terms of its institutional production. To be blunt: There is a lot more going on here. Further, their phenomenology shares a great many similarities with the Heideggerian version explored in this book. They use the metaphor of the gaze is matched quite well with the “ontological difference,” outlining how particular entities are brought to presence, shaped out of the structures of shared human existence, *mitdasein*. While they use a visual metaphor to this end, “the gaze,” we can think of this emphasis on the sensuous in terms of a wider disability aesthetics, theoretically framing how disability emerges as it does, too often in deficit and in deficiency, in societies such as ours. They appeal to personal experience and historical policy to make their point. I have,

by contrast, used two rehabilitation measures to explore existentially based medicine (to corrupt a dominant phrase).¹¹

The PSFS and the CCRQ are not, as Titchkosky's *Reading* makes clear, benign representations of states of being that exist outside their textual representation. Rather, they are places where Dasein is formed into a particular object, the stuff of truth as *aletheia*. They organize disability. In assessment, both during and after the fact, persons are made to see¹² their modes of existence in terms of objectively present categories of "ability," "disability," "function," and "impairment." Here disability and the natural attitude do not pre-exist as opposites; rather, disability is made present in a materially situated manner, carved out of worldly coexistence with the assistance of these paper tools and motley others. Here, of course, rehabilitation is not alone. All human activity is equipped. The social model, too, is such an instrument. It also informs a politics of the gaze, an aesthetic disclosure of disablement. It sees, apprehends, and organizes disability in an objectively present manner. So too will the phenomenological alternative I propose. My goal is not to eschew all modes of measurement—I am not even sure if we could do disability studies or rehabilitation without them. The point is to admit the collective human origins and costs of each mode of measurement, to assess who and what gets counted in the clinical encounter (and who and what does not), to make both disability studies and the rehabilitation sciences accountable to the politics of the gaze, and the ontological difference.

There is a final tool I wish to explore in this chapter: the interview. In sociology, the rehabilitation sciences, and countless other disciplines, the interview is the technology used to garner information from research informants. In terms of disability studies and the rehabilitation sciences, the interview is often opposed directly to the medical model. The medical model deals only with illness or pathological organic states, respectively; interviews cultivate the perspective of disabled persons, reflect the subjective experience of disability, and address human *meaning*.

¹¹ In making fun of the phrase "evidence based medicine" I do not mean to downplay that movement's impact on health sciences research. Holmes et al. (2006) employ poststructuralist philosophy, notably Foucault, Derrida, Deleuze, and Guattari, to explore the truth regime underpinning evidence-based research practice. They argue the predominance of randomized control trials establishes a micro-fascism, perpetuating epistemic violence against other forms of health sciences research.

¹² My use of "see" here is informed by Michalko's (1998).

INTERROGATING THE INTERVIEW

The interview as a research method is not without critique; here I look to two examples. In her groundbreaking “Interviewing Women: A Contradiction in Terms?” (1981) Ann Oakley attends to the “proper” interview technique, found in then) contemporary social science research methodology texts. Together, they promoted one of two understandings of what the interview is: the mechanical or the psychoanalytic (pp. 37–38). The former entails mere reproduction of opinions expressed by the research subject, with as little interruption by the researcher; the latter requires the researcher cultivate potentially unformed opinions of that subject, to find meaning where it has not yet taken shape.

It seems clear that both [...] typifications [...] and, indeed, the entire paradigmatic representation of “proper” interviews in the methodology textbooks, owe a great deal more to the masculine social and sociological vantage point than to a feminine one. [...] The] paradigm of the “proper” interview appeals to such values as objectivity, detachment, hierarchy and “science” as an important cultural activity that takes priority over people’s more individualized concerns. Thus the errors of poor interviewing comprise subjectivity, involvement, the “fiction” of equality and an undue concern with the ways in which people are not statistically comparable. (Oakley 1981, p. 38)

In both cases, interviewers were guided to exclude themselves from dialogue, to parry requests for input from subjects, to avoid at all costs letting subjects cultivate further information from the researcher. If sociology is indeed the “science of the interview” (Benney and Hughes in Oakley 1981, p. 31), then this method is the farthest from it. Rather, the successful interview is only possible upon the shared disclosure of meaning, in and through the interview as human encounter; “the mythology of ‘hygienic’ research [...] must] be replaced by the recognition that personal involvement is more than dangerous bias—it is the condition under which people come to know each other and to admit them in their lives” (58). Oakley does not will the obliteration of the interview; its recovery requires the recognition that it is, fundamentally, a messy moment of shared human life.

Callon and Rabeharisoa’s “Gino’s Lesson on Humanity” (2004) frames the interview as a technology through which humanity is deployed. Situated in the “After Actor Network Theory” tradition (J. Law and

Hassard 1999), the two sociologists reflect on their work on muscular dystrophy research in France. In a visit to La Réunion Island, they interviewed two men. One, Léon, was happy to discuss his experience of the condition, the activities he organized as head of the local chapter of the *Association Française Contre les Myopathies*. His brother Gino, less effected and less affected by the disorder, does not share Leon's enthusiasm, commitment to the cause, or participation. On three occasions, Gino is asked to act as interview participant, and on three occasions, Gino's recedes from action, to the point of complete dismissal. Even when faced with questioning on the genetic transmission of his, Léon and my neuromuscular disorder, Gino chooses inactivity, keeps quiet. How can he keep quiet, and call himself human? Callon and Rabeharisoa reflect on this silence, using Julien's work on ancient Chinese moral philosophy.

Genetics, by its very object, helps make new entanglements visible and tangible, and causes them to proliferate. And, in addition, as a scientific discipline it introduces and forces these entanglements into a public space where it becomes the subject of discussion. [...]

Gino is neither an idiot nor a monster. His refusal to hear the genetics lesson signifies a rejection of a network of attachments that would cause him to behave differently. If he accepted the theory of the healthy carrier and the transmitted gene, a wider space of moral behaviour would open up before him. He would have to show concern for his children and grandchildren with whom he is inextricably involved. As we know, genetics, by increasing the number of links, relations, interdependencies as passages, multiplies the possible sources of compassion and pity. (Callon and Rabeharisoa 2004, p. 17, 18)

The interview is a technology, Callon and Rabeharisoa argue, does not make the private public, but rather deploys the public and private spheres as spaces in which to be human. It entangles and directs personhood, brings facts and moral judgments into alignment. It is a technology that discloses human life. They end by asking what sociology might look like, should it take the many ways of being human seriously.

What does any of this have to do with rehabilitation practice, disability studies research, with the various theories of medicalization and medical modeling presented in this chapter? Quite a bit: I want to argue, following Aho's position in "Medicalizing Mental Health," that the interview, critical disability research and clinical practices alike participate in the deployment of human life, and do so in phenomenologically similar ways. In line

with Heidegger's reformulation of truth as *aletheia*, each is a sociomaterial assemblage that discloses human life as a particular kind of being, at the expense of other possibilities. The interview gathers of human being; it is a vessel of ontological differentiation, bringing Dasein to objective presence. I do not want to argue, as some medicalization proponents have, that medicine is solely implicated in this regard. This kind of argument is to absolve "critical researchers," and our critical research disciplines, of the ways in which we organize humanity in opposing naïve empiricism, and other similar ways of framing disability as a modality of human existence. Whether modeled as organic malfunction or social oppression, each outlines the contours of human life. Phenomenology is not, in this case, absolved. A great deal of the critical work being done in the social and rehabilitation sciences uses phenomenological concepts in shaping the questions asked of research subjects, using the data garnered as empirical verification for their purchase. As a phenomenologist living with disability as a part of my life, I see no reason why this should not be so. My worry is this. If it is granted that the interview has world-making potential, and we are using phenomenological concepts to inform that practice, then at what cost do we deploy concepts that treat embodied differences as peripheral modes of human life at the outset?

Like most abstract questions, this is best sorted out by example. Martiny's recently published "How to develop a phenomenological model of disability" (2015) argues that there are important existential differences between congenital and acquired disabilities. The phenomenological "I-can" has been the basis of many accounts of disability as an acquired condition, whereby bodies stand out from their routine use, are unable to do what they had before, and are thus dis-abled (as we saw in Carel, above).

People living with congenital disabilities don't necessarily experience such disabilities as examples of "I no longer can" or "I cannot". In these congenital cases, as in the way we normally experience our body, our field of bodily action is structured by our actual body and its (dis)abilities. [...] The reason why people living with congenital disabilities don't necessarily experience their disabilities as a form of illness is because they have developed their field of action according to their bodily (dis)abilities. (Martiny 2015, p. 9)

He uses examples of interview responses from an ongoing project with persons diagnosed with congenital cerebral palsy to make his case for

phenomenological reflexivity. A particularly clever reply came from respondent “TV”: “Living with CP ... that’s difficult to describe, because I’ve never tried anything else” (p. 5). I can add further personal support to Martiny’s argument, admitting the distinctions between muscular dystrophy and cerebral palsy. The ongoing experience of my muscles atrophying—particularly in my legs—is not a sharp, marked decline in mobility. The slow deterioration of muscular strength means minor, day-to-day adjustments in the phenomenological “I-can,” in the mode of availability through which the world unfolds. If it is going to explore disability as a way of being, phenomenological inquiry must be sensitive to this fact.

Martiny is to be thanked, in expanding the phenomenological imagination to see disability as more than simply an acquired somatic deficit; rather, it is an indivisible lived experience, in congenital cases and in acquired ones too, where body and world coalesce in a state of being-there, in human life. Body parts may come and stand out of themselves in times of temporary dysfunction, but they do so only against this greater phenomenological whole. I believe, however, that Martiny’s critique should be pursued further, to the phenomenological work on disability as a whole. For it surely is *on* disability, it is a philosophically robust application of phenomenological theory to disability, a state of being made present through the interview of research subjects, in concert with previous findings. The role of disabled thinkers—not of disability as a present object—but disabled persons in the architecture of philosophical frameworks, it is rather restricted. My hope is that a phenomenology that takes disability seriously might include, as much as is feasible, philosophical input by persons who live through disability on a daily basis.

This argument is not to advocate an exclusionary standpoint epistemology (Hartsock 2003), according only “the disabled,” hypostatized as a singular social entity, the capacity to speak on matters that pertain to their livelihood. Such a position presupposes a model of rational agency that has excluded so many human lives for so long. Phenomenology itself is opposed to such a framework, one that would take epistemological activity to be the sole register of our humanity, and not our materially situated, embodied coexistence in the human lifeworld. Standpoint epistemology requires a devotion to a deep-seated philosophical perspectivism—my point is far less elaborate than that. I merely want to have the goals of disability research, and the philosophical concepts with which those goals are achieved, to be shaped, in part, by those who would be described by them. My hope is for participatory “social relations of research production,” as

Oliver (1992) would put it. Exploring how these relations can unfold in future research will be the final theme treated in this chapter.

Here “participatory research,” or “participation” more generally is not some feel-good abstraction valued on its own merit. It makes for better human science. Looking again to the literature: Martiny’s goal is a phenomenological account of disability that does justice to those living with congenital disabilities. In the both the phenomenological disability literature and the embodied physical therapy literature, mind–body dualism is a frequent foe. But is either of these problems fundamental to day-to-day life with a disability? They are philosophical problems that we have aimed to resolve with an appeal to disabled life. A more fundamental, more important problem is that of shared humanity. Phenomenology, in my view, is not a science intent on sorting human lives between criteria based on mental capacity, physical ability—the list of objectively present criteria goes on and on and on. It is, at its basis, an exploration of the shared structures through which human life unfolds. While particular modalities of human life vary from person to person, while the ways through which we practice human lives differ, the basic modality of human Dasein does not. To be human is to be a being-in-the-world, to coexist in and among each other, to dwell in daily life as care. It is here where truths are disclosed, to the shared world. Barriers to life in society are affronts to this common existence, for all persons, born with disabilities, who have acquired them, or who live, for the moment, without. Each of these labels—abled, disabled, again the list of attributes continues indefinitely—is a downstream description, but one form, of this existential commonality.

In the second chapter of this book, I suggested that we reformulate disability along the lines of a threefold existential structure, based on the ontological difference. At the base was Dasein, our capacity for Being, quickly accompanied by *mitdasein*, the coexistence made possible by Dasein’s worldliness. Only against these structures, of the individual disclosure of the world and of its common point of entry to others, should we account for subjectivity. To become subject is historically emergent, institutionally organized mode of existence that projects or deploys Dasein in various ways. When we address the medical model, as in the rehabilitation sciences’ objection to the causality of organic pathology, or in disability studies’ opposition disability via the disease model, we are contesting subjectivity. Heidegger’s phenomenology, I believe, is the best option that we have in interrogating the emergence of subjectivity, because it does not embrace one or the other as its point of departure. To take modali-

ties of embodiment (like Merleau-Ponty) or transcendental subjectivity (Husserl) as the basis for a phenomenological project is to secure oneself to a particular mode of existence, rather than embrace all human life as Dasein, whereby these derivative modes are then able to unfold. This is not to deny the importance of the embodied or epistemological understandings of human existence, but it is to indicate they are derivative of Heidegger's brand of ontology.

This threefold existential structure of Dasein–mitdasein–subjectivity, based on a rereading of Heidegger's phenomenology, allows us to align the themes encountered throughout this chapter on common philosophical ground. While they initially appeared to talk past one another, both disability studies and the rehabilitation sciences oppose models of disability that do not treat it as a way of being. They appeal to healthy organ-states, not lived disability. In Oliver, Paterson and Hughes, Titchkosky and Michalko, we saw a series of critiques that documented how medical models crowd out other modalities of human existence. Each entailed contesting models of personhood at the register of institutionally and interpersonally organized subjectivity. Next, I suggested that Heidegger's ontological formulation of truth as *aletheia* tied these critiques, at their various levels of abstraction, to a common set of philosophical ideas—even if they were not explored in this way originally. Heidegger's *aletheia* frames truth as it is encountered by Dasein and in mitdasein, rather than the calculative outcome of mind-bound rationality, representing a premade external world, made of extended substance. I then turned to rehabilitation measures. In measures employed in vivo, questionnaires sent after the fact, and interviews of disabled persons, subjectivity is shaped within a particular framework, be it numerical or phenomenological. Disability is brought to presence in one way or another, made objectivity present in the shared world. The aim throughout the chapter was to establish a conceptual catalogue, a common language through which we could address the concerns of disability studies and rehabilitation sciences, intent on a robust account of medical modeling, defined in two ways. As I have shown, phenomenology provides us that language.

In the following chapter of this book, I explore how the same dynamics of existence, coexistence, and subject formation are presented in the Ontario Disability Support Program. There, I will apply Heidegger's later work on technology in tandem with more recent economic sociology, to show how ability is gathered in Canadian disability supports, and how it could be gathered differently.

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Capitalism

Abstract In Chap. 4, I discuss disability studies' founding concern with capitalist social order. Traditionally, disability is defined as social oppression, based on the inability to work. I outline this traditional perspective in social model thought and the historical materialist perspectives. I then suggest we look to particular market technologies, by combining Heidegger's work on technology with Callon's theory of market formation. I then look to the case of disability supports in Ontario, Canada, to make sense of this theory. I suggest that reframing disability as care would allow a more extensive version of disability that would include episodic disorders, currently excluded from these supports. I conclude with a discussion of capitalism in general.

Keywords: Capitalism • Historical materialism • Oppression • Ontario Disability Support Program • Heidegger • Callon

From the inception of disability studies as an autonomous academic discipline, it has pursued a critique of capitalist social organization. This is for good reason: With the decline of the welfare state, cuts to social services cost lives. "The economy" is not only some theoretical fabrication put to work in boring textbooks, government reports, or section "B" of the

newspaper.¹ Too often for disabled persons, it is the end of the line—for the discipline, this means the human costs of ignorance are too high. Two founding questions: How does disablement get organized in capitalist societies? How could it be organized differently? In this chapter, I suggest a movement from a critique of capitalism in the abstract—what I will call “disability studies of capitalism” to a less-abstract focus on particular markets, how they shape disability, and how they could be altered to shape it differently. This latter effort I will call the “economic sociology of disability.” In this movement from capitalism to markets, I suggest, the phenomenological theory applied to this point is dually appropriate. First, it allows us to chart the ways and spaces in which the world is disclosed as an object of economic calculation, though what Heidegger calls “the enframing” (1993b, cf. Heidegger 1977). Second, phenomenology allows us to challenge the dominant model of economic agency projected within economic science, often lamented in sociology, *homo economicus*. Here I suggest that Heidegger’s phenomenological critique of subjectivity applies to action in both markets and wider social structures. In both cases, I argue, economic discourse relies on ontologically problematic presumptions about what the world is, what humans are, and how they act. Disabled persons are not simply excluded from market activity; the criteria on which rationality is understood are themselves frequently exclusive of embodied differences.

I proceed as follows. First, I chart some themes in the existing literature on disability studies and socioeconomic formations. I describe the movement from the social model’s thought on the economics of disablement, toward the market-focused work I want to explore here. Next, I turn to Heidegger’s famous essay “The question concerning technology,” reading the historical materialist themes alongside Heidegger’s phenomenology. Next, I suggest that Heidegger’s writings on technological framing are compatible with recent work in economic sociology, beginning with Callon’s edited collection *The Laws of the Markets* (1998b). Callon’s economic sociology, particularly his concept of “framing,” gives us a theoretical apparatus through which we can explore how markets are shaped, and how calculative rationalities are disclosed within. He does not, however,

¹ I write “only” intentionally: These texts are still very important. See especially Titchkosky’s “The Cost of Counting Disability” (2015), outlining the production of disability as a “countable matter of economic expense” (p. 1) in various modalities of public economic discourse and practice. This extends her phenomenological critique of disability as a technical problem, explored above, to the realm of economic expertise.

provide us much information on what it means to be so situated, nor what better options might look like. This is where a revised reading of Heidegger's phenomenology comes in: together they allow us to pursue a sociology of economic enframing, in line with themes developed throughout the history of disability studies. Reading Callon and Heidegger together is not unprecedented—it is also found in the work of Michael Schillmeier, which I will also read in detail. Finally, and to substantiate these critiques of disability studies' classical reliance on reductive materialism, I turn to the economic governance of disability in Canada, particularly the Ontario Disability Support Program (ODSP). This will demonstrate the empirical worth of the theory, as well as the limitations of the alternatives, should they be applied in isolation.

DISABILITY STUDIES OF CAPITALISM

To address the central problem of capitalism, I begin with the social model as the basis of an historical materialist approach to disability politics. As in the previous chapter, I do so not out of devotion to that model, nor because of Oliver et al.'s understanding of what disability studies should be. I address the social model because it has placed the problem of capitalism before disability studies. Next, I consider two critiques of social model writing on capitalism, one from Roulstone, and then one of my own.

The best expression of the social model's materialism comes from Gleeson's "Disability Studies: A historical materialist view" (1997). It begins with a review of the basic concepts of disability studies through a disciplinary history emphasizing the social model's core concepts and concerns. Disability studies as a whole, he argues, have failed to provide an adequate theoretical basis needed to understand the production of disability, in either present or historical circumstances. His charges against the discipline are fourfold: disability studies suffer "theoretical unconsciousness" (p. 182); they are idealist, espousing "an epistemology which presumes the human environment to be the product of ideas and attitudes" (p. 183)²; they are insistent on normalization via apolitical "social role valorization" (p. 184); and, finally, have "trivialized the past to the point where it is little more than a reification of the present" (p. 185). To make

²In this critique, Gleeson cites Goffman as an example of apolitical symbolic interactionism. This mirrors those of numerous social model positions, which I explore and dispute in Abrams (2014d).

up for this systemic inadequacy, Gleeson provides a historical materialist alternative.³ This entails, among other things, that disability be recast as an outcome of historical sociomaterial processes, which are more fundamental to the symbolic structures explored by “idealist” disability studies.

The critical point is that the social construction of physically impaired people as *disabled* people arises, in the first instance, from the specific ways in which society organizes its basic material activities [...]. Attitudes, discourse and symbolic representations are, of course, crucial to the reproduction of disablement, but are themselves the product of the social practices which society undertakes in order to meet its basic needs. (Gleeson 1997, pp. 193–194)

Gleeson is quick to indicate, however, that impairment, too, cannot be thought of without this historical base. “The capacities of impaired people are conditioned both culturally and historically and must therefore be defined through concrete spatiotemporal analysis” (p. 194). In the case of both disability and impairment, Gleeson’s historical materialist approach maintains a rigid divide between economic base and cultural superstructure.

In light of this base/superstructure, division, Gleeson’s emphasis on labor is as follows. To combat the poverty of history in contemporary disability research, he provides a short history of labor power from feudal England to the early factory, as explored in his doctoral research. Here he traces the emergence of commodified labor with the sociospatial transformations of the labor process, and the movement away from peasant household as a “relatively autonomous production unit.”

The commodification of labor resulted in the production of increasingly disabling environments in Britain and its colonies. The emergence of the industrial city in the late eighteenth century crystallized the sociospatial oppression of disabled people which had been slowly rising after the appearance of the commodity relations in the late feudal era. [...]

For impaired people [...] the social history of capitalism appears as socio-spatial dialectic of commodification and spatial change which progressively disabled their labor power. (p. 195)

³ Gleeson defines materialism “very broadly” as “a mode of social explanation that emphasizes the economic and social activities that humans undertake in order to meet their everyday needs. In this view, ideological, psychological and other non-material processes, are seen as important, though not in themselves determinative, dynamics, in social life” (p. 197n).

Gleeson is adamant that such a small section of human history should not be taken to reflect the history of disability, and that further research in non-Western and pre-feudal sociospatial organization is needed to give a robust account of disabling economic relations. Moreover, addressing disabling work environments only scratch the surface of exclusion:

The real source of economic devaluation is the set of sociostructural forces that condition the production of disabling employment environments. [...] [The] commodity labor market must either be dispensed with or radically restructured so that the principle of competition is displaced from its central role in evaluating fitness for employment. (p. 197)

Gleeson is clear, it is the economic base, rather than its immediate manifestation, where our attention must turn, should the social relations of economic life be conducted without the exclusion and oppression of disabled persons.

The Politics of Disablement (Oliver 1990) employs a similar model of economic development, drawing extensively from Finkelstein (1980). Finkelstein was member to the *Union of the Physically Impaired Against Segregation*, from whose *Fundamental Principles* (1975) Oliver and Gleeson take their disability/impairment dichotomy.⁴ Oliver's *Politics* employs a three-stage model of economic development, similar to—but less nuanced than—that used by Gleeson. For this reason, I shall not interrogate it here. My interest, however, is in Oliver's similar material substantiation of “attitudes, discourses and symbolic representations,” in his “ideology of individualism” (former terms are Gleeson's, the latter Oliver's). The dominant understanding of disability as a medical (and not political) issue, Oliver argues, is derivative of the historically emergent capitalist economic relations, similar to the sociospatial mode of wage labor as outlined by Gleeson.⁵

⁴From the UPIAS *Principles*: “Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation from society. Disabled people are therefore an oppressed group in society” (p. 4).

⁵In the *Politics*, Oliver distinguishes his project from a strict historical materialism, choosing it as one of motley perspectives on economic development. Elsewhere, however, he addresses both Marx and fellow travelers (Gramsci, especially) more extensively and exclusively. See Oliver (1999) and Oliver and Zarb (1989), respectively.

The requirements of the capitalist economy were for individuals to sell their labor in the free market and this necessitated a break from collectivist notions of work as the product of family and group involvement. It demanded nothing less than the ideological construction of the individual. [...] Hence, individuals always existed but only as part of larger social groupings whether they be families, clans or communities. It was only with the rise of capitalism that the isolated, private individual appeared on the historical stage. (Oliver 1990, p. 44)

In this historical stage, the attitudes excluding disabled individuals are underpinned by their inability to generate exchange value at the same rate as others. Combined with the institutionalized power of medical professionals, this brings forth a hegemonic order, whereby the social and material exclusion of disabled persons is attributed to “faulty bodies,” not to an exclusionary economic and social order. Thus, individualism is exposed as an ideological fallacy, with it the medicalized understanding of disability as individual tragedy with a technical, rather than political, solution.

Roulstone’s “Disabling Pasts, Enabling Futures?” (2002) asks how the social model can account for transformations in the labor process throughout the history of capitalism. What, exactly, does the social model’s focus on oppression have to say about the structural changes to the workplace itself, for those seeking and participating in wage labor, especially since the end of the twentieth century? Roulstone shifts from Gleeson and Oliver’s emphasis on modes of production, to one situating the disabled worker in the changing workplace, looking to the USA and the UK as examples. Here he sees a role for both the new social movements and older forms of collective economic agency, trade unions.

If disabled people, the disability movement and disabled academics are to grasp the factors that shape employment and barriers in the twenty-first century we need to reflect on how the nature of employment is changing, to reflect on the global challenges for disabled workers, and to look again at the state project, trade unions and older collective struggles. Employment and disability policy research have to engage with the impact of globalization on the nature and availability of work. (2002, p. 638)

This extends the historical focus in Gleeson’s account to one where disability is central to the greater transformations in the labor relations. Movements to globalized work, flexible accumulation, and fast-moving

capital flows all greatly impact the form that disabled labor will take (each example taken from the paper). This is not to disregard the important work done by Oliver et al., but shows that a historical account of exclusion from labor should not eclipse an account of those types of work that disabled persons can perform, and highlights a shared space for disability *and* labor politics in the twenty-first century. To do both, we need a simultaneous focus on labor market inclusion and exclusion, set against a greater economic history of capital.

Second, a personal critique. I do not like the concept of ideology. In Oliver's use, the term distills the cultural and personal experience of disability to the inability to produce surplus labor at a competitive rate. His sole emphasis on material conditions of human existence is ill equipped to address the problem of meaning. Those blind to these economic realities—in effect, anyone who is not an adherent to the social model of disability—is treated as a cultural dupe, and the concept of ideology is used to discredit other approaches to disability as it manifests in the shared world. I think, following Roulstone, that this takes a restricted understanding of what economic activity is—exclusion from labor—as the basis of a political economy of disablement. It takes objectively present understandings of the experience of work as representative of that experience itself, ignoring the more fundamental mode of care, and human existence more generally. This mode of being-there, and the generation of meaning therein, is ontologically closer than the social and material regime, Capital, to which Oliver attributes all problematic and regressive attitudes on and actions toward disability.

What I hope to show in the next section of this chapter is that historical materialism is not the only way that we can understand economic processes while still attending to the politics of disablement in useful ways. I suggest that phenomenology is compatible with the economic sociology of disability, and it can attend to the (frequently exclusionary) political economy without recourse to “ideology” as an explanatory device for all contrary thought and action. My preference is found in phenomenology, once matched with Callon's economic sociology. This does not mean that I will discount some of the very important work done under the social model or historical materialist banners—we still need a conceptual account of what commodities are, how capital circulates, how the disabled body is put to work, and so forth—but it does mean an “ideology free” sociological account.

FRAMING/ENFRAMING

In this section, I first provide a brief summary of Heidegger's essay, followed by an introduction to Callon's ANT-inspired economic sociology. I will then consider the two essays in relation to each other, both in terms of the role calculation has played in shaping the contemporary world⁶ and disability. This will provide us a theoretical framework for the following section. From Callon, we will have a method to trace the way that markets, economic things, and economic persons are shaped. From Heidegger, I will take both a philosophical understanding of how technology as a dominant mode of existence discloses disability as a technical problem, and suggest that his fundamental ontology gives us a better model than the objectively present one that informs disability supports in Canada. I begin with Heidegger's essay, since it will also review some themes encountered to this point that find comparison in Callon.

Heidegger's understanding of technology draws on the notion of truth as disclosedness. For Heidegger, the essence of technology is not found in a particular technology itself, but rather in the dominant mode of disclosedness it brings upon the world. Fundamentally, technology is an ordering of the world, envisaged as a set of comparable sources of utility. This bringing-forth, or disclosedness, is a challenging to other understandings of being. Things are "enframed," as Heidegger puts it, by this technological frame of reference: "Enframing means the way of revealing that holds sway in the essence of modern technology and that is itself nothing technological" (1993b, p. 325). Nature—human and nonhuman alike—is understood and acted on in terms of a generalized system for the efficient distribution of energy.

The revealing that rules throughout modern technology has the character of a setting-upon, in the sense of a challenging-forth. Such challenging happens in that the energy concealed in nature is unlocked, what is unlocked is transformed, what is transformed is stored up, what is stored up is in turn distributed, and what is distributed is switched about ever anew. Unlocking,

⁶Instead of "calculation," Callon and Law (2005) use the dreadful term "qualculation," borrowed from Cochoy. I will not, so long as we extend calculation from "an assessment of the risks, possibilities, or effects of a situation or course of action" (Oxford English Dictionary), "broadening it to include categories of action such as judgment with which it is usually contrasted" (Callon and Law 2005, p. 718), including the social and material conditions that make these forms of action possible.

transforming, storing, distributing, and switching about are ways of revealing. But the revealing never simply comes to an end. [...]

Everywhere everything is ordered to stand by, to be immediately on hand, indeed to stand there just so that it may be called on for further ordering. (Heidegger 1993b, pp. 321–322)

Here, the human being becomes one being among others, a resource, or a source of capital. We encounter ourselves in terms of the “standing reserve,” a source of action and energy like any other piece of nature so enframed. In sum, while *Being and Time* describes the emergence of the world as mere presence in philosophical history, Heidegger’s later writings on technology demonstrate its continual emergence in the modern world, using the same understanding of truth as *aletheia* found in the final section of *Being of Time* division I, and the previous chapter of this book.⁷

Heidegger’s essay does not focus on singular technologies. Rather, his interest is in how things are enframed according to the dictates of the technological mode of Being. Michel Callon’s economic sociology takes a different approach. He is interested not only in “the economy,” or capital-C Capitalism, but also in the empirically traceable manner in which markets take the shape that they do. Markets and their occupants do not fall from the sky: They are put to work like any other actor–network. Markets and resident activities are *framed* through materially equipped action, both by economics as a discipline and those studied by that discipline.

Framing is an operation used to define agents (an individual person or a group of persons) who are clearly distinct and dissociated from one another. It also allows for the definition of objects, goods and merchandise which are perfectly identifiable and can be separated not only from other goods but also from the actors involved, for example in their conception, production, circulation or use. It is owing to this framing that the market can exist and that distinct agents and distinct goods can be brought into play. Without this framing, the states of the world cannot be described and listed and, consequently, the effects of different conceivable actions cannot be anticipated. (Callon 1998a, p. 17)

With this notion of framing in hand, Callon suggests that we can follow (a) how economists study markets, outlining how particular market

⁷Traditional English-speaking Heidegger scholarship has posited a divide between his early and later work, following “the turning” (*die Kehre*) in the 1930s. See Hemming (1998) and Olafson (1993).

activities take place; (b) the way that markets are shaped, by outlining their partly academic origins and the sociomaterial paths taken by things so distributed; and (c) economic agency, by reframing market action as yet another site of actor–network association.

Just as Heidegger’s earlier work on the *philosophical* formulation of substance ontology meets a focus on modern world-making, ultimately world-denying, *practices* in his technology essay (“unlocking, transforming, storing, distributing”), Callon’s economic sociology documents the interaction between the academic description of market dynamics and the activities taking place therein.

By ridding ourselves of the cumbersome distinction between economics (as a discipline) and the economy (as a thing) and showing the role of the former in the formatting of markets, we find ourselves free from a positivist or, worse still, a constructivist conception of law. Market laws are neither in the nature of humans and societies—waiting for the scientist, like a prince charming, to wake and reveal them—nor are they constructions or artifacts invented by social sciences in an effort to improvise simple frameworks for explaining an opaque and complex reality. [...]

It is therefore wrong to talk of laws or, worse still, of the law of the market. There exist only temporary, changing laws associated with specific markets. (pp. 46–47)

Callon’s emphasis on individual markets at the expense of a general law of all such formations surely comes from his pioneering role in the actor–network theory tradition, as I have argued above. Seeking to combine his theory of market activity with Heidegger’s phenomenology, I must reframe this position somewhat. Economic agency is one mode of subjectivity that takes shape in the lifeworld, in the shared space of *mitdasein*. It is, in line with Callon’s introduction, put to work in the materially equipped interaction order, and it is not primordial to human existence. To put things this way is not to deny their reality. We, both (political) economists and people who perform market actions, enact these framing structures in our daily practices, and in turn are shaped by them, as Schillmeier’s work demonstrates. Markets and market agencies are institutionally organized spaces where ability, meaning, economic agency, and subjectivity are shaped, accorded, and too often denied.

In the conclusion to his lengthy introduction, Callon addresses the problem of *homo economicus*, one more frequently lamented in social sciences outside economics as a fiction than as a tool actively employed within.

Yes, *homo economicus* really does exist. Of course he exists in the form of many species and his lineage is multiple and ramified. But if he exists he is obviously not found in a natural state—this expression has little meaning. He is formatted, framed and equipped with prostheses which help him in his calculations and which are, for the most part, produced by economics. (1998a, p. 51)

Here, three points must be addressed. First, on the gendered language: This unfortunate phrasing presents an opportunity to critique not only Callon but also the androcentric language of economic discourse and practice more generally. As we will see in the following section, “the economy” and “economic agency” is gendered not only in the uneven distribution of resources but also in the kinds of activity that are framed as “economic” in Canadian disability supports. Second, Callon’s use of “prostheses” is worthy of discussion, especially when considering his work on muscular dystrophy elsewhere (Callon and Rabeharisoa 2003; Rabeharisoa and Callon 2004), and in the ANT disability literature more generally. He makes apparent that prosthetic terminology is a way not only to address the equipped nature of economic activity but also to describe deliberate attempts to augment bodies to economic tasks. These modes of adaption are contrasted with those that adapt environments to body forms, what he calls “habilitative agencies” (Callon 2008). We shall see the importance of such a spectrum in the last major section of this paper. Finally, we might question the broad frame of reference when Callon writes, “[...] for the most part, produced by economics.” This may be so in some markets. However, things look differently when we look to disability income and labor market supports in Canada, where economic theory plays a role, but not the only or most prominent one, in market formation.

I believe the best sociological synthesis of Heidegger and Callon’s work comes from the work of Michael Schillmeier. “Dis/Abling Practices: Rethinking Disability” (2007) explores how (visual) disability is made present through interaction with both human and nonhuman intermediaries, focusing on the process of currency exchange through a science and technology studies (STS) lens. Money is not simply a store of value or only a medium of exchange, but serves, in part, to constitute both calculable objects and calculating subjects in everyday transaction.⁸ Reflecting on its sociomaterial origins, Schillmeier redefines disability as “the effect of

⁸This use of “subject” and “object” is consistent with Heidegger’s anti-subjectivity, so long as we admit that they are objectively present understandings of the more fundamental mode of being-in-the-world.

complex sets of heterogeneous relations that link bodies, material objects, and technologies with sensory and other practices” (p. 195). In short, there is more to disability than the social model suggests.

Dis/abling practices do not sum up as sociostructural modes of oppression *or* as mere individual tragedies suffering an a-normal bodily or mental condition. Disability cannot be exclusively divided into the duality of social and cultural *or* individual and natural matters of fact. Rather, dis/abling practices are mediated cultural/natural relations and make apparent that human affairs extend into the non-human, reconfiguring the spatialities and temporalities of societal relations. (Schillmeier 2007, p. 198)

This is a common move in contemporary STS, re-engaging the material in new and novel ways, exploring how social order is made and remade in human nonhuman relations. The move begs the question: “Can we get our materialism back, please?” (Latour 2007) The goal is to reframe social order as the result of heterogeneous natural/social, human/nonhuman configurations, rather than describe a priori sets of affairs designated as social *or* natural *or* otherwise. Disability may indeed be a mode of oppression, but it is only on the basis of these sociomaterial assemblages that it can take shape as such.

Schillmeier demonstrates the utility of such a sociological reformulation by exploring how blindness and currency practices coalesce in everyday life, drawing on two years’ ethnographic work in northern England. Blindness is made present in currency relations that translate embodied differences in the course of exchange. He observes that money relations are made “blind friendly” when currency is organized and shaped as such, as in ““left pocket money,” “folded money,” “one pound only” storage money, “single coin” payments, money counted by trustworthy people, etc.” (p. 200). Money practices are disabling, however, when exchange relations are rushed, when bills cannot be appropriately folded, or when a trusted assistant is unavailable. Most important to Schillmeier’s theoretical contribution, alongside others in science and technology studies of disability, is that these same sorts of relations are made invisible for all persons, disabled or not, when things are going smoothly, when currency relations are “black boxed.” All successful practices for all persons, then, are subject to the smooth navigation of sociomaterial passages, to the natural and social, human and nonhuman assemblages that make up our world (Moser and Law 1999).

Schillmeier's "Time/Space of Independence and Dis/Ability" (2008). There he presents the existential consequences of applying a hard and fast understanding of "independence," or its opposite, to disabled existence. To use independence as a goal or optimal bodily state in itself is, as we have seen in the previous chapter, to take a second hand abstraction of particular types of lives, those "free of worry" or "free of assistance" and so on, and ignore the infrastructure—nonhuman or otherwise—making these states of affairs possible in the first place. Of particular importance to us is how Schillmeier uses Heidegger's philosophy to demonstrate how in/dependence and dis/ability are better recast as "events," matching the phenomenology of time-spaces with the notion of handiness (both discussed earlier in this book), enmeshed within their sociomaterial distribution. To make sense of this, he uses his ethnographic work on commercial relations and visual disability. In sum:

If associations are badly put together, disconnected or displaced from ready-to-hand situations, the very rhythms, the temporalities and spatialities involved are disrupted, questioned and altered. Estranged, humans and non-humans alike become merely present-at-hand. This means, although dependent on each other, humans and non-humans don't "understand" each other. They become disabled and dependent entities due to the relations involved: bodies cannot move, courtesy rules are broken, white canes and guide dogs become problematic tools that symbolize blindness, money cannot be read properly as money which won't allow payment to be made, objects become obstacles to run against, minds are not able to think and the senses are unable to feel or decide what is felt. (Schillmeier 2008, p. 227)

Here Schillmeier presents us a tool-kit through which to interrogate the ODSP program, both in terms of the economic relations in which program participants are enframed, and the ontological, social, and material prerequisites that must be met for successful economic agency to be assembled.

Before moving on, I would like to allay potential criticism. Schillmeier's alignment of Heidegger and ANT will surely cause some to grumble, within both ANT and phenomenological die-hard camps. These objections are not unprecedented.⁹ I believe that this focus on the social

⁹There have been many critiques of phenomenology, Heidegger's philosophy especially, coming from the ANT literature—and so too the other way around. ANT spokesman Bruno Latour, for example, reads Heidegger as a curmudgeonly technological determinist, one

material networks that distribute disabled persons is compatible with the Heideggerian phenomenology that both he outlines and I have espoused throughout this book. The ANT focus on network interaction helps us understand the population of the shared world of *mitdasein*, the materially equipped mode of being where we encounter things, others, and ourselves in practical life. It does so, however, in an objectively present way. ANT sees no a priori distinction between things, between Being and beings—it only sees networks. For Heidegger’s phenomenology, this is unacceptable; it collapses the ontological difference, flattening meaningful human life to the level of mere things. This would be the victory of the modern, public realm of “the they” par excellence—the outcome being a lifeless world devoid of meaning. To the ANT camp, however, the ontological difference is an anthropocentric fallacy, a textbook case of unwarranted human exceptionalism, ironically hidden in anti-humanist rhetoric. Ultimately, I will take the phenomenological track, suggesting that *Dasein* is a fundamental mode of being, which must be in place before we can meaningfully navigate the world filled with other people and things, albeit one that is constantly being reassembled.¹⁰ This will aggravate ANT adherents by suggesting that there is something fundamental to human existence, to *Dasein*, unavailable to other networks.¹¹ Further, I will irritate Heidegger’s followers by using his meditations on human being for a regional, human resources problem, the discipline of disability studies. Discussing or, worse yet, attempting a productive critique of any mode of “enframing”—this is a deadly sin in Heideggerian doctrine. If, however, I can pursue disability politics in new and novel ways, while upsetting die-hard adherents on both camps, then the gains greatly outweigh the costs.

whose search for a new relationship to technology, for a new mode of Being, is in vain. I think there is plenty of fodder for Latour’s characterization (as we shall see in the following section). At best, Heidegger is weary of technology, calculation (Elden 2006) and “machination” (Heidegger 2012) throughout his writings. However, Kochan (2010) argues that Latour’s (1993, pp. 65–67) supposedly a modern critique of Heidegger presents a very modern, metaphysical line of argument, particularly in terms of what science is. Further, Dreyfus (2004) disputes the reading that Heidegger sees no end to the reign of technology as it exists today.

¹⁰For an excellent account that combines the two perspectives and addresses disability and its technological mediation through the example of the wheelchair, see Winance (2006).

¹¹This objection only pertains if we accept that Callon’s economic sociology is a successor to the ANT project. Since he was important in establishing both, I do.

THE ECONOMIC SOCIOLOGY OF DISABILITY SUPPORTS IN ONTARIO, CANADA

Disability policy in Canada is fractured and piecemeal. I do not have the space—nor will the reader have the attention span—required to address it in its entirety. Instead, I take a program-specific view, looking to the ODSP's income and employment supports.¹² As their names suggest, while the former provide a basic income for program participants that varies on individual circumstance, the employment supports establish a market where third party service providers receive government funding based on job placement numbers. In both instances, I argue, we can apply a robust phenomenology of human existence alongside an emphasis on market formation. This allows us to trace which forms of embodiment count as disabled (and those that do not), which times and spaces of disablement matter (and those that do not), and, finally, give some suggestions as to what can be done to make these disability supports more reflective of the human way of being, as first formulated by Heidegger and refined throughout this book.

ODSP income supports are paid out to “benefit units,” defined by the Act (1997, sec. 2) as “a person and all his or her dependents on behalf of whom the person receives or applies for income support.”¹³ Like many social assistance programs, individual earnings reduce these monthly payments. Of course, this requires people count as disabled in the first place. The ODSP Act (1997, sec. 4.1), persons are “disabled” so long as:

- (a) The person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more.
- (b) The direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and the impairment and its likely duration and the restriction in the person's activities of daily living have been verified by a person with the prescribed qualifications.

¹²For a far more comprehensive account of disability and social policy in Canada, see Prince's *Absent Citizens* (2009).

¹³A unit comprising a single person, as of October 1, 2014, is eligible to receive a monthly total of \$1098, sum of the “Basic Needs” and “Max Shelter” amounts, \$619 and \$479, respectively. A single parent with two children, 13–17, as of the above date, receives a maximum \$1798 (\$764 and \$816, plus \$218 from the Ontario Child Benefit).

The test of disability as “direct and cumulative effect of impairment” is assessed according to activities of daily living (ADL), required of all program applicants.¹⁴ It lists twenty-four activities, ranging from body functions (as in number 16, “bowel and bladder control”; 24 “able to transfer to/from chair, toilet, wheelchair, etc.”) to more complex interpersonal tasks, like paying bills (19, “Financially responsible for his or her own affairs”). Each is ranked on a four-point scale, from Class one “within normal limits” to Class four, “Severe or complete limitations on most occasions to complete the task,” with Classes two and three differentiated by the length of time taken to complete the task, or reliance on others.

As the case of the functional measures explored in Chap. 3, and taking the case law into account,¹⁵ these qualification criteria are an extreme example of the ontology of objective presence. They, like many others in public policy in Canada and elsewhere, ignore the times and spaces and materially situated institutional circumstances in which disablement takes place. They pass over the everydayness of existence as a disabled person, instead put to work in terms of a singular, disentangled, and apolitical thing. They, by their ontic nature, ignore the ontological priority of care. Again, my critique does not lie in the fact *that* disability is measured as a thing, but rather in *how* it is measured. The point is to outline the ontological consequences of the movement from Dasein to objective presence, as impairment upon abstract “activities of daily life.” It is not only a matter of which bodies are disabled for a span long enough to be worth of support. The criteria pass over the temporal basis of the phenomenological I-can, the “bodying forth” I have explored throughout this book. Instead, disability is a restricted form of the capable lives pursued by normal members of Canadian society. The employment supports are very similar.

¹⁴This same duration requirement is found in the criteria federal disability tax assistance. I explore its existential consequences in Abrams (2013). For a critique of tax policy as disability policy in Canada, see Prince (2001). Outside of the Canadian context, Mladenov (2011) provides a robust phenomenological critique of Bulgarian disability support programs, in many ways similar to their counterparts in North America.

¹⁵Should persons be denied benefits because of these criteria, they may appeal a decision to social benefits tribunals, located throughout the province. The onus of proof is on the appellant (per ODSP Act sec. 23.10), but case law (*Gray v. Director of the Ontario Disability Support Program* 2002) demands the Tribunal take a holistic understanding of impairment across various criteria.

The employment supports take a slightly different form than the income supports, while maintaining similar criteria.¹⁶ The ODSP-ES “provides employment assistance to people with disabilities who are interested in preparing for, obtaining, and maintaining competitive employment.” (Ontario 2013, p. 6) Following their reform in 2006, the ODSP-EP are “market based,” whereby service providers (of which there are around 150 in the province) are paid via a piecework calculation based on their client’s ability to reach employment milestones, \$1000 when clients reach six weeks’ employment, \$6000 at thirteen, or \$1000 once self-employed clients generate \$400 net business income. While the ODSP income supports a monthly stipend, the employment supports establish a service market where Ontarians are outfitted to find and continue to work. In this sense, the employment supports are a textbook case of framing as explored in Callon’s *Laws* (1999b) introduction, while at the same time reproducing the ontologically void understanding of disability as a thing, which I have critiqued with Heideggerian philosophy throughout this book.

Recent disability studies literature on the ODSP has critically explored the emphasis on “work” in both the income and employment supports. My scare quotes are intentional. When used, the term rarely refers to actual workplaces or the act of working on behalf of program participants. Work is treated as an abstract good—like “freedom,” “adaptability,” or “utility”—of great benefit to all, deficit to none. Vick and Lightman (2010), for example, document the negotiation of complex episodic disability by five Toronto women,¹⁷ through a queer theory lens (notably, not Ahmed’s). Rather than highlight sexual orientation, that theory is used to rethink our orientation to bodies and things, to consider the fluidity of embodiment, agency, and ability (to name only three queerable ways of being) in the lives of women who fluctuate between health and illness, employability and its opposite. The flexible economy tends only to bend one way. “Jobs that demand flexibility from workers offer little flexibility in return and exclude bodies with differing work capacities” (Ibid. p. 77). This argument can be easily extended from the

¹⁶ Applicants who receive ODSP income supports can be automatically enrolled in the program. Those who do not apply by submitting a less rigorous application than that needed for the ODSP income support, albeit one still verified by a “qualified practitioner,” and describes individual conditions in terms of their impact on the applicant’s daily life lives.

¹⁷ They define complex episodic disability as “fluctuating mental health issues that coexist with the volatility of physical health conditions in relation to changing bodily experiences, life circumstances, and physical environments” (Vick and Lightman 2010, p. 71).

employability of episodically disabled women to all members of our society who do not fit a very restricted, and ultimately impossible, idea of what humanity is: As Vick and Lightman demonstrate, permanently able, straight and narrow—though certainly, some members fall farther out of line than others.

The point to be made here is not only that the increasingly precarious—part time, on call, physically demanding, low skilled, low wage—forms of work in this country are exclusive to women with episodic disabilities, and that this form of work is not that which underpins the “ability to work” which is presupposed by the application criteria (though this point cannot be neglected). The ODSP employment supports themselves reinforce these forms of precarious labor. This line of argument is extended by Vick’s “Living and Working Precariously with an Episodic Disability” (2014). She reviews thirteen ODSP recipients who had all previously used, or were currently using, employment supports. Here, the piecemeal funding structure for employment supports service providers creates incentives to place program participants in precarious work situations; they are the easiest way to meet the six- and thirteen-week funding milestones.

This focus on the fastest route to employment through low-wage, unskilled, often physically demanding jobs homogenizes all workers as always ready, willing, and able to work at any job in any setting. Compounded with the competition for jobs in an already inadequate labor market, the fixity of this kind of employment model can result in poor outcomes rather than equitable job integration. (Vick 2014, p. 16)

This same argument is found in other studies on the employment supports. Gewurtz (2011) accounts for the costs borne by mentally ill program participants with the transition to the existing market-based model, including the perspective of policymakers and program managers as well. She emphasizes that this piecemeal funding structure excludes those who cannot be easily (“cost-effectively”) outfitted for the labor market, whereas they received some supports, however modest, under block funding model. The “outcomes based” system meets targets at the cost of participant health.¹⁸

¹⁸This connection is made explicitly in Gewurtz et al. (2012, p. 43): Although the rate of job placements might increase, inadequate attention to matching individuals to appropriate jobs, job quality, skills training, and the provision of ongoing support can maintain individuals in unstable, low-paid jobs that do not improve their quality of life. Such precarious

These analyses are thinkable through phenomenological perspective employed throughout this book, and the economic sociology introduced in the previous section. Vick and Lightman’s queer perspective on bodies as fluid and context dependent, for example, can very easily be cast using both Ahmed’s *Queer Phenomenology*, and the threefold existential structure I have used throughout. The mode of temporality employed in the ODSP criteria, and the precarious work environments they support, can be reframed through the idea of a “stopping device”: excluding those modes of embodiment that do not follow a very restricted line of ability, and a “normal tempo” of everyday (working) life. Working bodies must be “on time,” the pace of which is set by the pervasively precarious and not-so-flexible market for labor. Reflecting on the threefold structure of existence, coexistence, and subjectivity, we can say that the capacity for “being on time” is one of the upstream conditions that inhibit individuals from realizing a mode of laboring subjectivity.

Taken together, both Heidegger’s enframing and Callon’s framing suggest that a great deal of work takes place “under the hood,” so to speak, before technological objects become self-contained pieces to be manipulated instrumentally. Heidegger argues that the essence of modern technology—not technology, but its essence—is only possible once a science exists that understands nature in terms of a uniform standard (or, put otherwise, the outcome of Husserl’s “mathematization of nature”). Nature is not, in itself, calculable. It is made amenable to measurement, imprinted on. Far less abstractly, Callon addresses the processes of standardization and measurement that are required before goods can be individually defined and brought to market. This is where the economics profession does more than simply represent economies “out there”; it participates in “economization” as a framing process (Çalışkan and Callon 2009). In both cases, regardless of the levels of abstraction, isolated and comparable *things*—be they economic, natural, or technological—arise out of various forms of effortful, purposive *work*.

What does this expanded understanding of work mean for the ODSP? Throughout this book, I have presented the argument that “disability” is not simply a pre-existing thing that can be accounted for outside of the social and material conditions in which bodies become defined as such. Disability takes shape in the shared world, it is assembled, organized, and

employment arrangements, where individuals have little control over their work conditions, have been shown to compromise both physical and mental health.

“put to work” in oriented collective action. But this reformulation of disability as a fluid way of Being should not distract from the fact that in order to navigate the ODSP architecture, disability must be flattened (or distilled, or reduced) to a coherent object, usually a pile of paperwork, that can be rejected or assessed as “good enough” to be worthy of support, then passed on to the next link in the chain.¹⁹ Not all of this effort is exerted by the ODSP. Program applicants spend a great deal of time, and a great deal of effort, making their files amenable to the various criteria distributed throughout the Program.

Here again we can return to the literature on episodic disability. Both Crooks (2004) and Wilson (2012) have investigated the collective methods through which women with fibromyalgia navigated the health and social policy infrastructure in Ontario: the former looking to women’s online activity and the latter pursuing participant observation of self-organized FM sufferers. In both cases, women with episodic conditions are doing a great deal of the organizational work needed in order to count as disabilities in the first place. They are holding informal seminars, generating literature on the healthcare and social services in the province, and sharing tactics necessary to get the medical recognition and government supports they need. Vick further documents the kind of organizational work that is needed in order for conditions to be recognized, assisted, and managed by women experiencing episodic illness.

Managing an episodic disability often becomes a full time “job” in itself that precariously situates individuals as able and ready to work sometimes, in the right conditions, and at other time, forces individuals to live with a shifting uncertainty that promotes an unstable, poor quality of life and ongoing economic and societal disadvantages in a precarious labor culture that remains closed to the diversity of disability. (2014, pp. 12–13)

My point here is not that all verification criteria should be tossed out the window. Rather, an accurate portrayal of the social assistance balance sheet, in this and every other province, must take them into account if it is going to be reflective of the human and fiscal costs incurred. Here, the difference between mere being and the human way of Being is not simply some abstract philosophical concept: It is an achievement that comes

¹⁹Here I am borrowing from Latour’s theory of paperwork, or “immutable mobility,” found in his “Visualization and Cognition” (1986).

with a very real price tag. That cost is borne, in part, by the Ministry of Community and Social Services, who pays a monthly stipend to program users, and the service providers that outfit them for the labor market (or at least thirteen weeks of work). It is also borne by the health system, the one that fills out the forms required for social assistance, and it is borne, ultimately, to those who undertake the effort to navigate between these two bureaucracies.

RETURNING TO DISABILITY STUDIES OF CAPITALISM

Of course, the skeptic will say, this bureaucracy is in place in order to prevent malingerers and welfare cheats from choosing government-sponsored leisure over self-sufficient labor. This is the usual position found throughout neoclassical perspectives on social assistance, and that these schemes skew labor markets because they provide disincentives for participation therein (Lindbeck 1995). But this simplistic calculus misses the point. It does so not because it fails to reflect reality (though many, myself included, would argue such a position). It misses the point that economic subjectivities, as my synthesis of Heidegger and Callon hopefully demonstrates, do not simply take shape out of the ether. Persons are not born as calculating economic agents, capable of choosing one pre-made bundle of preferences over the other. It takes ability, economic agency, and calculativeness as inherent properties possessed by a self-contained rational subject, who then “goes with the flow,” and follows the path most compatible with these preferences. This is inhuman in (at least) one sense: It ignores the variability of human embodiments, and the sociomaterial environments in which meaningful human existence unfolds, as care.

Now the above phenomenological critique should not be overextended. If it is accepted that the founding empiricism underlying rational choice theory is naïve, passing over the existential structures of human Being, this concession does not mean that neoclassical economics lacks all predictive capacity, nor is it to deny the way that economic ways of thinking have shaped the market for social services in this province. This is precisely the point of Heidegger’s technology essay. Technology is a compelling way of ordering the world (though it comes at the cost of true thinking). An understanding of the world made up of rationally calculable things certainly has some purchase, albeit in particular circumstances. Further, through the lens used in this chapter, we can see how those circumstances are enacted, to varying degrees of success, in the ODSP. Not only does

economic thinking guide the way that ODSP supports are structured—reducing stipends by amounts earned in wage labor, for instance²⁰—but it also shapes the way that program participants actively conduct themselves. Individuals will align themselves to the incentives provided by the system, so long as they are willing and, more importantly, able. As I have argued throughout this book, “able” is not only a measure of embodiment. It also has to do with bureaucratic passages. So long as these passages are maintained with limited funding and only stretch to 13 weeks of precarious employment, it is a wonder why anyone would undergo the supports process, even if they were able. If we accept that some persons have chosen the mantle of *homo economicus*, then we must also have a realistic conversation about the actual costs of participation in programs, including verification, the kinds of work that we want to have emphasized under the employment supports rubric, and the actual costs of bringing people to forms of meaningful and safe work.

I could not end this discussion without returning to the disability studies of capitalism, as outlined at the outset of this chapter. I anticipate two potential responses coming from the members of this camp. One is theoretical, the other political. The theoretical objection would say, “yes, perhaps you are correct. The classic focus on capitalism has not looked to labor market inclusion. But in doing so, you have continued to emphasize the themes that were explored in the social model. Are you not pursuing the exact line of argument?” This is correct—to a point. This, and other inclusion-minded analyses, have continued the social model’s emphasis on roadblocks to participation. But I have done so by emphasizing the particular social and material instances where these barriers manifests on the road to employment. To simply define disability as labor market exclusion is to forego that task. It is antithetical to the goals of the discipline if we accept the evils we set out to combat. We cannot accept disability as inevitable economic exclusion any more than we can accept disability as only medical impairment.

The second potential objection is political. “In suggesting internal change, however vaguely, to the piecemeal disability support scheme in

²⁰A point of particular contention at the moment is the status of the “work-related benefit,” \$100 monthly to ODSP clients who worked, volunteered, or underwent employment training. In the case of work, this is to offset the 1:1 reduction in income supports for earned wages. At the time of writing, the benefit was to be cut, but the elimination has since been delayed, and is up in the air. See the ODSP Act, sec. 44(1), sub sec. 6.2.

Ontario, are you not implicitly accepting its continuation?” Here I must be clear: The disability support scheme in this province is not sustainable, nor is it acceptable. It is marred by an extreme backlog in medical reviews, provides an employment supports system that rarely actually does so, and spends more in administration costs than is politically acceptable.²¹ None of this can be denied. It is a band-aid solution to a dire problem in Ontario, and Canada as whole. We are stuck with it, however, until the political will and political purse deems it worthy of change. While agitating for a better option, we must do our best to learn from its mistakes, as I have tried to do in this chapter.

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²¹These major problems were highlighted by the provincially sanctioned Commission for the Review of Social Assistance in Ontario (2012).

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Gathering Ability

Abstract In this final chapter, I review the ground covered throughout this book. I then look to four different critiques of my argument: the social model, the phenomenological, the post-structuralist, and the post-human. I spend more time on the first and last critiques of my argument. I suggest that each of these different opposing perspectives can be overcome with a pragmatic perspective, that the good done by the philosophy explored to this point will justify its use, and that some minor alterations to Heidegger's work are similarly acceptable. I end by reflecting on this study, and think about its future importance.

Keywords: Heidegger • Disablement • Foucault • Braidotti • Post-humanism

Throughout this short book, I have argued that reformulating the philosophical basis of disability studies through Heideggerian phenomenology allows us to pursue disability politics differently. By rethinking everyday existence as care, by exploring disability and ability as gatherings, shaped in the interaction order rather than merely present objects, we can account for the emergence of disabled personhood as an embodied mode of meaningful being-in-the-world, rather than as a form of personhood wholly defined by deficiency. To view disability as an objectively present mode of biological lack, on the one hand, or only in terms of social and material

exclusion, on the other, does not adequately reflect how disability is meaningfully lived. To adequately explore disability as a way of being, we need to attend to the times and spaces of human existence, the spatiality and temporality of Heidegger's Dasein. This lets us dwell on disabled personhood, medicine, and capitalism in new and novel ways. It is an institutionally situated, materially equipped, and politically charged way of being disabled, not as a stagnant outcome of miserable circumstance, as held by both the social and medical models.

In this concluding chapter, I want to review the ground covered in this book, to make explicitly clear why I believe Heidegger's phenomenology provides a way forward for disability studies. I look to four challenges that can be leveled against my argument. The first two I will call "internal," from the Heideggerian and social model camps. The former group will worry that I have corrupted Heidegger; the latter will worry that I have corrupted disability studies using his philosophy. Next, I look to two "external" camps: the post-structuralist and the post-human. Here the charge will be that I have provided an "essentialist" understanding of disabled existence, as all phenomenological perspectives must. None of these four objections can, I shall argue pragmatically, stand in the way of the phenomenological project I have explored in this book, so long as its renewed understanding of capitalism and medicine are effective. I end this book by exploring places where we might put its contents to work in the future.

DISABILITY, GATHERED

In "Martin Heidegger," I suggested that the existential philosopher's fundamental ontological project gave us the tools to reframe disability as a mode of existence, rather than a merely objectively present *thing*. Here we first came across the ontological difference, and care. The former addresses the properties of being versus the existential structures of being-in-the-world; the latter is the everyday human way of being. These two structures are fundamental to Heidegger's reformulation of measured space and clock time, as availability and the temporality that Dasein itself *is*. Phenomenologically, measured space and clock time are achievements, historical and philosophical entities that have been brought into being under the auspices of the ontology of objective presence. This finds philosophical realization in the concept of "substance," most explicitly in the thought of Descartes, to which we are still unwittingly captive in the

Western philosophy, and ways of life. Here I reformulated Heidegger's critique of subjectivity, such that it, too, is an achievement of the interaction order, rather than merely a humanist mistranslation of Dasein.

To address the problem of ability or disability, we needed to address Heidegger's neglect of the body. Aho (2009) was able to provide guidance, whereby Heidegger's neglect of the body could be addressed in terms of his fundamental ontological framework. Embodiment is a regional philosophical problem—regional because it relies on the ontological structures that make meaningful existence possible in the first place. This is not to deny that embodiment flows into the world, as held by Merleau-Ponty, but it does argue that while embodiment varies, the underlying structures of existence do not. The tone shifts from a significant omission in Heidegger's philosophy to the democratic potential of his phenomenology, in according worth to all forms of existence, despite their embodied presence. This argument resonates with the existing literature, as found in Aho's "Gender and Time" (2009) and Ahmed's *Queer Phenomenology* (2006). From this solution came the threefold existence-coexistence-subjectivity framework, one that I would employ throughout this book.

Next, "Medicalization" explored the missing dialogue between disability studies and the rehabilitation sciences. The aim was to move from The Medical Model, a critical abstraction, to medical *modeling*. I suggested we explore Heidegger's understanding of truth as *aletheia*, roughly translated as "disclosedness." Here we were able to link Heidegger's critique of subjectivity and the ontology of objective presence with the dominant cultural disclosure of disability as defective embodiment, an organized mode of human subjectivity. I turned to three disability studies perspectives on medicalization, the social models, the phenomenological, and the interpretive. Together, medicalization is not only a case of doctors behaving badly, but extends into the wider cultural register, culminating into an institutionalized understanding, where disability is apprehended solely as medical lack, and not as a form of meaningful life. My focus was not solely on the ontological difference—the difference between Being and beings—but ontological differentiation as a process, the movement from human existence to objective presence and back again.

To make sense of this approach to medicine, I explored three forms of measurement found in the rehabilitation sciences. The first two were numerical measures, of patient function (the PSFS) and clinical efficacy (the CCRQ). Third was the interview, the primary technique for qualitative health research. Each of these technologies could be explored as

a site of *aletheia*, where beings are disclosed in a particular fashion, at the expense of others. Taken together, here we were able to extend the Heideggerian critique of being measured to the forms of humanity presumed by both qualitative and quantitative measures. The point was not, to repeat my past qualification, to obliterate all forms of measurement. Rather, the point is to highlight the existential consequences of medical measurement. Phenomenology offers both a critical method to highlight these practices and a language through which we can explore health and humanity differently.

In Chap. 4, I explored disability studies' classical concerns with capitalism, combining Heidegger's writings on technology with Callon's economic sociology. I began by outlining what I called "disability studies of capitalism." As in the previous chapter, Oliver's social model framework was the first to be explored, then its historical materialist extension by Gleeson. I then provided two critiques. The first came from Roulstone, arguing disability studies' relationship with capital needed further historical substantiation, giving particular importance to the labor movement. His goal is a historically sensitive political economy of work. My personal critique had to do with the concept of ideology. The term, at least as it appears in disability studies, glosses over the problem of meaning, treating the objectively present economic structures isolated by the social model as the primary cause of all regressive attitudes toward disability. My preference lies in the phenomenological alternative, as expressed in Chap. 2.

Looking to the work of Heidegger and Callon, I suggested a dual sociology of framing would allow us to explore the meaningful experience of disability under capitalism, while attending to the process of market formation. To combine these two ways of thinking was not without precedent, as Schillmeier's *Rethinking Disability* attests. With a phenomenologically robust economic sociology of disability in hand, I turned to the Ontario Disability Support Program's income and employment supports. Both were cases where ability and economic agency were gathered—so long as applicants met a restricted idea of what disability is, as the burgeoning literature on episodic disablement in Ontario made clear. Admittedly, while there is certainly room for improvements within that system, it remains a meager attempt to social and labor market inclusion in this province, and this country.

As a whole, I have argued that Heidegger provides an existential baseline on which we can do disability politics. By reframing human existence as care, we are able to do disability politics with a renewed concern for

meaningful life, given to all who exist despite the variety in their modes of embodiment. By reframing disability studies as such, I have argued, we can address medicine and capitalism with a newfound philosophical perspective, one where we can reformulate the discipline's founding concerns in a shared phenomenological tongue. Here, old hierarchies can be bracketed (client–practitioner, doctor–patient, etc.), however briefly, as we reformulate our coexistence anew.

FOUR OBJECTIONS AND FOUR REPLIES

Throughout this book, I have argued that Martin Heidegger's existential phenomenology can reformulate the basis of disability studies. Any reformulation, regardless of how radical, will have detractors. In this section, I want to address four potential critiques of this project. I divide them between those “internal” and “external” critiques, closer to the project I have pursued here, versus those farther away. This will not cover all potential objections, nor is it intended to. My hope, however, is that by addressing critiques, some barriers to future thought might be averted.

The loudest objections will likely come from the social model. This is, of course, warranted: In Chaps. 3 and 4, I made it explicitly clear that the social model's materialism (“reductive materialism,” as I called it) is harmful to the discipline, especially representative of the ontology of objective presence, the explicit target of *Being and Time*. I anticipate three forms of criticism. First, why should disability studies care about existentialism, especially Heidegger's? Second, they will object, as Oliver (2004) has, that I have characterized the social model as a theory, which it is not. Finally, social modelists will argue that I have betrayed the goals of the disabled persons' movement, collaborating with the rehabilitation sciences.

In the introduction to this book, I acknowledged that Heidegger's philosophy could indeed be read in a hateful way. As his recently released personal journals have made clear, his politics and his personal perspective on this world were plain awful. But to simply describe a state of affairs as awful and leave it be—this is to take the easy route. I suggest that we revisit Heidegger's philosophical path, in the hopes that something good can come out of it. If the lives of disabled persons can be improved by reading his philosophy against the goals of critical disability studies, then it is useful. Existential questions *do matter* to disability studies, if only for the fact that the social model's materialism excludes a priori a great deal of persons, persons deserving of help they do not currently have, where

material barriers are not of primary concern. If asking existential questions helps us expand the franchise and argue for this inclusion, they are worthwhile, they are meaningful, and they are important.

Second is the objection that the social model of disability is not a theory, that it “seems unnecessary to criticize the social model for not being something it has never claimed to be” (Oliver 2004, p. 9). Barriers come in a variety of forms. Some of them are theoretical and some of them are not. The reductive materialism involved in the social model is a barrier. If it is indispensable to that model, then that model should not be used. If it is not, then all the better. I am not arguing against “the material”; surely, all carpenters must have hammers and shelter before they can employ their tool in a ready-to-hand fashion, where it recedes from attention. I am, however, expanding the material phenomenologically to include its meaningful incorporation into our lives. Finally, the question of medicine: I can anticipate that many people doing disability studies, social model subscribers or not, will object to a collaborative project with the rehabilitation sciences. If, indeed, establishing a new phenomenological language allows us to eschew existing hierarchies, and reframe the aims and methods of that science, then I believe we must try. Perhaps this project will fail; perhaps it is impossible. But again, we must try.

Heideggerians may object to my use of that thinker’s existential philosophy to a regional concern, disablement. To employ this philosophy in search of solutions to the ontic, human resource problem of disablement, they would argue, is to misread Heidegger’s intentions. His early goal, though abandoned, was a fundamental ontological account of Dasein. The reading I have undergone in this book, exploring human possibilities despite the variety of embodiments linked to them, would only exacerbate the “enframing.” Though Chap. 2 outlined Heidegger’s critique of subjectivity, this entire book has been a misrepresentation of that very argument, attempting to overcome the subjective worldview with more of the same. This project, dragging Heidegger through identity politics, is as naïve as it is fruitless.

Much of this cannot be disputed. I have not followed Heidegger’s philosophy to the letter. At times, this book has directly contradicted what he has argued, especially so in terms of “subjectivity.” Here, then, the response is going to be affirmative. This book has indeed applied Heidegger’s philosophy to a merely ontic, regional, objectively present concern. Further, the reading of Heidegger on technology presented in Chap. 4 treats technology in a far more roseate light than he ever would

have—though again, his concern is with technology as a mode of being than with its individual components. But none of these admissions detract from the pragmatic argument I presented in the introduction to this book. My goal is not to parrot the arguments that Heidegger presented in *Being and Time* or elsewhere, nor to extend his philosophy to places he was not able to during his lifetime. My point was that if we can use Heidegger's thinking as inspiration to further the aims of democratic politics, then we should. It is on these grounds that I hope my effort is judged to gather ability where it was not present previously.

Though primarily written with the guidance of Heidegger's phenomenology, the argument presented throughout this book is very much influenced by Michel Foucault's thought in the constitutive role that the sciences play in subject formation. Despite this, Foucauldians may be discouraged by my attempt to align his work with Heidegger's, even if they admit that the two philosophers briefly shared common concerns of language and history. Following the work of Ian Hacking, I believe that Foucault regarded his own work with the same pragmatic motive that I have used to justify my selective reading of Heidegger. Lamenting the popularity of Foucault's "discourse," Hacking writes (1998, p. 85):

Foucault carved numerous turns of phrase into ice sculptures, which had, for a moment, sharp contours. Then he walked away from them, insouciant, and let them melt, for he no longer needed them. His less gifted readers put the half-melted shapes into the freezer and, without thinking, reproduce these figures as if they still glistened in the midnight sun and meant something.

Hacking's point: Foucault was more pragmatic than many of his followers. His interest was in coming up with philosophical concepts that allowed him to read histories of the present, not in establishing hard-and-fast set of concepts to be re-used eternally, unchanged. At least, this is my reading of the French philosopher. In this way, I have stepped on both Heidegger's and Foucault's toes, but only in the service of doing disability studies in ways we have not before. This, in my mind, overshadows minor theoretical incompatibilities.

Finally, the post-humanist critique, the most radical challenge to what I have argued in this book. Though the literature is extensive, here I take Braidotti's (2013) book as representative, alongside a more recent paper by Goodley, Lawthom and Runswick Cole (2014), establishing that argument firmly within the disability studies canon. Braidotti's book is based on the figure

of the post-human, a vitalist, materialist, embodied, non-anthropocentric, non-dualistic, and relational subject, founded on Spinoza's monistic ontology. This post-human subject lies outside the exclusionary ideals of the European Enlightenment to which much of social theory is still captive.¹ Hence, we need to rethink life beyond the human, beyond death, beyond the species, and beyond the classical humanities to come into contact with our relational selves dwelling in the post-human age.

The charges to be placed against the work I have done here by post-human theory would be threefold. First, although I claim an opposition to subjectivity, the project presented here is similarly captive to its exclusionary ideals, through Heidegger's romanticism and Eurocentric outlook, despite his radical reformulation of the Western canon. Second, and despite my frequent use of "materially situated," the post-humanist would argue I have posited an untenable divide between "the material" and "the vital," the social and the natural. Finally, and related to the second charge, the work I have done here can be cast as anthropocentric, if not androcentric, through and through.

Some background is required, as I have not discussed post-humanism, or its interpretation by Braidotti, previously. Braidotti is not very sympathetic to phenomenology throughout her book. She does not cite Heidegger's "Letter on Humanism" directly, despite its influence in post-humanist thought; she discredits Husserl's *Crisis* as Eurocentric (p. 15) despite the fact that the book is *about* European sciences, and does not look to internal phenomenological critiques that have attempted to move past the traditional biases of the canon, Marion Young's (1980), Ahmed's (2006), and Oksala's (2006) being particularly noteworthy. While I would agree that Heidegger is very much a representative voice of the Western canon, despite his opposition to it, this is no less true of the Spinozist basis on which she attempts to reformulate critical social theory.²

¹ Here I am doing my best to mimic Braidotti's prose, both form and content. The reader can judge the accuracy of my attempt: "The posthuman nomadic subject is materialist and vitalist, embodied and embedded—it is firmly located somewhere, according to the radical immanence of the 'politics of location' that I have stressed throughout this book. It is a multifaceted and relational subject, conceptualized within a monistic ontology, through the lens of Spinoza, Deleuze and Guattari, plus feminist and anti-colonial theories. It is a subject actualized by the relational vitality and elemental complexity that marks posthuman thought itself" (2013, p. 188).

² Braidotti does not engage Spinoza directly. As noted earlier, she draws extensively on Deleuze's (1992, 2001) reading, its application in Deleuze and Guattari (1983, 1987), and Gatens and Lloyd's (1999) study. Curley (1994) translates the standard English edition.

It is important to understand the difference between Spinoza's ontology and Heidegger's, particularly in the reaction to Descartes'. In Chap. 2, I noted that Descartes' understanding of "world" came from the medieval concept of "substance," where all things of that substance must have a single, principal attribute. Heidegger argues that the principal attribute of extension, on which Descartes' ontology is based, passes over the world in our being-in-the-world; it fails to understand or worldly existence, *Da-sein*. This prejudice has been passed down through the Western canon. It can, however, be uncovered, when we look to our daily practices, to care. Spinoza takes a different argument. He takes Descartes' ontological argument (a logical argument for the existence of God) and turns it upon itself. If God is indeed perfect, then God has all attributes. Nothing else can share them as their principal attribute. Thus, there is only one substance: God, or nature (*Deus, sive natura*). All things are simply modalities of this one substance, mind, body, man, nature, and technology included.

Braidotti is correct: Spinoza does indeed present a unitary ontological framework, free of the nature–culture distinction. But his argument is very much founded within the same Eurocentric, Enlightenment, rationalist framework that Braidotti attempts to eschew with her post-human subjectivity. Heidegger would argue that this same argument passes over the basic mode of existence, since substance is still the way that all things *are* (albeit distinct from the form found in Descartes). We can side with either Heidegger or Spinoza on this argument. But we must understand that Braidotti's use of Spinoza, and her theory of anti-rationalist subjectivity, requires particular ontological commitments that she later denies. If we hold her argument to the letter of the *Ethics*, her logic is inconsistent. Admittedly, this same objection can be raised against my project here and Heidegger's work, which I have accepted. My reply moves, then, from philosophical to sociological grounds.

Despite my philosophical objections to the argument found in Braidotti's book, my reply to each of the three post-human objections lies in a pragmatic rationale. We can debate two competing ontological frameworks all we want, but the more fundamental question, on which I have based this book, is what a particular ontological reformulation *does* for disability studies. Braidotti may want to toss out the category of the human, because it is Eurocentric and exclusionary. To this, I would agree. But what it excludes is not subjects—for that term is rooted in humanism—but rather the more fundamental way of being found in *care*. By reformulating

medical practices and disability supports more in line with the human way of being, we can do disability studies more effectively.

The second and third post-human objections are that my project is dualist, anthropocentric at best, and androcentric at worst. This book is anthropocentric in that the focus is on disabled humans, written by a disabled human, and reorienting a phenomenology that opposes humanism “because it does not set the *humanitas* of man high enough” (Heidegger 1993c, pp. 233–234). However, my attempt has been to resituate disabled humanity in the social, material, institutional, and technological environments in which it is established. Yes, at the base of this is *care*, an essential structure, but where care is made meaningful, *being-there*, leads into the world. In Chaps. 3 and 4, I emphasized the technological spaces whereby humanity is made and remade. In this sense, then, the book employs neither a nature–culture distinction nor an anthropocentric lens. Despite this, I will certainly agree that Heidegger’s work is androcentric, but I believe it need not necessarily be so. I maintain, again following the phenomenological lead of Ahmed (2006), Aho (2009, esp. Chap. 4), and Oksala (2006), that phenomenology has the potential to explore each new dimension of life in all forms, so long as we do the work to reframe our concepts as necessary. This is not an argument to throw out phenomenology as an antiquated exploration of our shared existence—this is an argument for its continued extension. With these four objections addressed, though perhaps not to the satisfaction of the objectors, I can conclude this book.

THE ROAD AHEAD

In pointing to the road ahead, I do not mean to suggest that we can pick up and leave our present concerns, moving toward some other goal with this one achieved. These present concerns remain important and are, as yet, unresolved. We should review them. I began this book by reading and realigning Heidegger’s ontology, looking to the disciplinary purview of disability studies, attending to two of its most pressing concerns. The aim was to refine our conceptual tools, and our terminology, to attend to the problems of capitalism and medicine with a refined phenomenological lens, one devoted to gathering human ability in places where it does not currently exist. I suggested that Heidegger’s concepts of the ontological difference and care let us account for disability and ability as they emerge in the interaction order. This meant aligning sociology and philosophy toward the same goal, a newfound, politically charged and

ontologically coherent account of human existence, in contrast to the dominant understanding of disability as restricted capacity. So long as this latter understanding remains dominant, we have work to do.

Nor can we fully move on until rehabilitation science has accepted that it participates in shaping what “the human” is, rather than measuring pre-existing functional limitation among its patients. Here, disability studies can be of great assistance, though it must, I maintain, engage with the rehabilitation sciences as an equal partner. To do so, we must move from abstract critique of the medical model to the particular practices that take place under its name. This was not a call to abolish all forms of quantitative measurement in light of a superior qualitative model—these approaches employ humanity, too, as seen in the critiques of the interview. Rather, it is a call to take heed of the gathering potential of all modes of measure, to take stock of how we account for human lives when we attempt to organize them in the medical encounter. This, too, is an ongoing task.

Nor can we move on so long as disability supports in Canada, or any country for that matter, remain oriented toward an unacceptably narrow understanding of what human life is, what its capacities are. In this task, and so I have argued in this book, we need to reformulate the critique of capitalism that has been employed so long as disability studies has existed. To indicate that capitalism accepts some forms of embodiment and excludes others, as social model thinking has, is only part of the task. We must, I maintain, reformulate our conceptual tools so that they are up to the job. In the province of Ontario, there is a half-hearted attempt to get disabled persons the jobs they need and to support them in the workplaces they deserve. The barriers to gainful employment are extensive. Many of these are fiscal, but they are ontological as well. Yes, programs designed to get people to work in Ontario suffer from chronic underfunding. But with restricted understandings of both what disability is and how economic agents can be shaped coded into the governing legislation, these attempts will remain half-hearted. Here I have suggested a shift in emphasis, from capitalism to the marketplaces where capital, human or otherwise, is put to work. Doing so, we may lose some of the catchphrases on which much of critical theory has made a name, but it is also here where we have the most to gain, as a discipline devoted to improving the lives of disabled persons. This may change after the historical materialists’ revolution—but given the circumstances, it is, I think, the path to follow.

I concluded this chapter with a reply to four potential objections, from a variety of perspectives in the social sciences and the humanities.

In providing them, I do not mean to suggest that Heidegger's work, however modified, will give us all the answers needed to do disability studies in the future. For now, my belief is that Heidegger's division between the capacity in which humans meaningfully dwell in this world, upstream from the forms that dwelling may take, is a powerful argument for a disability politics that takes human difference seriously. Heidegger's phenomenology of the ontological difference has been the basis on which I have written this book. The goal of critical theory and critical disability studies is to formulate thoughtful alternatives to the status quo, so long as it is rife with inequality and injustice. Philosophy and social theory, in this view, are useful so long as they let us question the inevitability of what lies before us, especially when human lives are at stake. It is on this same motive that I have based my reading of all phenomenology, Heidegger's included. My hope is that this questioning continues, in some way or another, with the arguments I have provided in this book. "For," Heidegger writes, "questioning is the piety of thought" (1993b, p. 341).

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