

Disability, Vulnerability, & Debility

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Introduction

Disability consistently rears its head within various strands of philosophical ethics. All too often, however, it's viewed solely as a misfortune that impedes or prevents well-being. Often, this is because well-being, and even moral salience, are based on the possession of certain properties or capacities—rational autonomy, say, or personhood—that distinguishes good from bad lives. Such criteria are considered essential to humans, and necessary for a good life. Those found deficient in these capacities are compromised in some fundamentally human capacity, and cannot realise the goods that attend a fully human life (McBryde Johnson 2020; McMahan 2009). We could respond that such approaches go wrong because their keystone concept is too restricted, or because they hitch their moral criterion to the wrong attribute (Kittay 2013). However, I share Roberto Esposito's (2015) concern that the notion of definitional properties or capacities is itself fraught. As Esposito sees it, many cherished attributes associated with humans—and perhaps 'the human' itself—far from being universal, are effects of longstanding and deep-seated habits of thought and associated practices. There are no exhaustive and definitive human characteristics, because the human is a historically-elaborating entity whose existence is shot through with power relations. Moreover, if it does have a certain coherence—such that something seems characteristically or even essentially human—this is an effect of practices of differentiation. As Samantha Frost puts it, the human is an “implicitly comparative category” (2016: 8). For Esposito, the human person acquires its coherence via differentiation from what, or who, falls outside the human; or by producing so many gradations within the human, between full and qualified humanity. In some influential positions, aspects like personhood, that define humans, are whatever transcends their

mere bodily or animal aspect. Those who cannot do so are not persons. This approach is on flagrant display in work by ethicists who baldly state that certain atypical individuals who do not think as 'we' do are not persons, and can be mistreated accordingly. However, I worry that any alternative criterion will produce its own constitutive exclusions, and may end up denying moral salience to atypical individuals.

Consequently, I'll aim to sketch aspects of an orientation that doesn't rely upon definitively human capacities. I'll begin with feminist work on vulnerability, and advance some ideas that I hope can also illuminate certain aspects of disability and ability. I discuss vulnerability not in terms of harm, violence, or infraction, but as an openness that, while an ineluctable dimension of embodied existence, is always and everywhere expressed and experienced in concrete conditions. This draws upon feminist uptake of work by Maurice Merleau-Ponty (Gilson 2014, 2018; Shildrick 2012; Weiss 2017). Vulnerability is an indeterminate bodily potential that is actualised differently according to what relations are formed. How it gets articulated fundamentally involves somatechnical relations. Some, but not all, such articulations can lead to the aforementioned harms. I also consider this a promising way to think about disability. It avoids appeals to strong notions of the human, and permits us to attend to somatic aspects alongside contributory factors outside the body. Disability is thoroughly relational, but relations are not between a given impaired body and an external disabling environment. Rather, the potentials of some bodies are mitigated in in social and material situations; those of others are neglected, opening them up to harm, such that disability is actualised as a result. Finally, I'll consider how debility can help to clarify my relational approach.

Theories of Vulnerability

I'll start, then, from feminist approaches to vulnerability. These are strongly critical of the the modern ideal of autonomous subjectivity, for overstating the capacity for transcendence, independence and self-determination, and for denigrating various contrary properties like corporeality, emotionality, passivity, dependency, vulnerability (Keller and Kittay 2017; Lloyd 2004; Mackenzie 2021). Critics instead propose that dependency or vulnerability are ubiquitous, even fundamental, aspects of human experience, with various sources: bodily needs, illness, and disability; social and

psychological injuries like humiliation or shame; or political harms like exploitation and oppression (Mackenzie, Rogers and Dodds 2014). For some, then, vulnerability or dependency are more germane starting points for ethical thought.

Many note how theories of vulnerability frequently tend in one of two directions (Ferrarese 2016; Gilson 2014; Mackenzie, Rogers and Dodds 2014; Scully 2014). A first ‘universalist’ approach says vulnerability is common to all, as somatic, fragile, finite beings. This is well-illustrated by Martha Fineman’s assertion that vulnerability is “a universal, inevitable, enduring aspect of the human condition” (2008: 8). Another, ‘particularist’, approach says certain individuals or groups are especially susceptible to harm. Robert Goodin’s ‘welfare consequentialism’ is sometimes taken as emblematic here (1985). For him, vulnerability identifies proneness to harm of some individuals or groups relative to others. While this makes everyone somewhat vulnerable, Goodin proposes that some are especially vulnerable due to a diminished capacity to protect their interests.

There are good reasons to avoid viewing vulnerability *solely* in universalist or particularist terms. By itself, the former can be vacuous or toothless: saying all are vulnerable does not pinpoint why some are more vulnerable (Mackenzie, Rogers and Dodds 2014; Scully 2014). Some disabled people may be vulnerable in ways that other groups are not (including other disabled people). Yet a particularist approach risks reifying vulnerability as innate to some person or group. Calling some especially vulnerable implies that the normal way of things is to be largely invulnerable. This produces a distinction between those who are constitutionally invulnerable (or are vulnerable within a normal range and sufficiently resilient to safeguard themselves), and those who need extra care and support “to restore them to normality or to offer them ongoing protections that normal people do not need” (Scully 2014: 206). Sure enough, this approximates a common way of comprehending disability: something innate to disabled individuals makes them vulnerable, that does not obtain for nondisabled individuals.

This reference to innateness highlights a possible risk for both: taking vulnerability as something natural and thus presocial. What Estelle Ferrarese says of universalist vulnerability could equally apply to a particularist alternative:

[T]hat there exist two levels of reality, each of them hermetic, or pure... the political, as representing the social world, would be distinguished... from a natural world, which would be that of vulnerability (2016: 154).

This, for me, is crucial. As Erinn Gilson notes, understanding vulnerability solely in terms of bodily susceptibility—whether such susceptibility is considered universal or particular—conflates two separate things: somatic susceptibility or openness in general; and proneness to, and experience of, harm. And in so doing, this underplays how social and material situations play a co-constitutive role in the latter, either by safeguarding from harm, or opening to or even causing harm. The latter aspect is a relational process, that exists in and as *interactions* among bodies, discourses, practices, environments, and so on. This also contributes towards a picture of disability as something that similarly emerges out of relations among a variety of contributory factors.

Vulnerability as Relation and Process

I'll now explicate this account of vulnerability further. I first follow Gilson (2014), and Margrit Shildrick (2012), for whom basic bodily susceptibility can be understood via the corporeal openness outlined by Maurice Merleau-Ponty (1968, 2012). For Merleau-Ponty, bodies are active and meaning-constituting participants in consciousness and selfhood: complexes of habituated comportments and stances, always perceptually, affectively, and pragmatically open and responsive to the multiple valences of their surroundings. This basic perceptual and pragmatic orientation leads Merleau-Ponty to describe the fundamental condition of living bodies “simply as openness” (1968: 99). This openness, as Gilson puts it, is an indeterminate capacity for experience, where that involves “myriad connections to and relations with other bodies and the world, all of which define the openness it shares with the world” (2014: 132). Since other bodies are likewise open and connected, their orientations interpenetrate in an overlapping, sometimes consonant, sometimes contradictory, field of interwoven, perspectives (Shildrick 2015). As Gail Weiss notes, this means “each of us experiences our interiority through (and not despite) our connections with the bodies of others” (2009: 184). Moreover, bodies acquire habits, comportments, and characteristic ways of acting, within surrounding technological milieus. Their very emergence and continuation is conditional upon these intercorporeal fields and enabling technological milieus.[³]

Overall, as open to various kinds of relations, bodies are vulnerable to being affected, transformed, extended, hindered, invigorated, depleted, solicited, enabled or disabled. This openness, prior to any concrete instantiation, doesn't entail a negative sense of harm (Gilson 2014). It can lead to harm, but to many other things besides. I will indicate where I mean vulnerability as openness, or as harm.

Yet, bodies *are* always within concrete relations. Whilst I lack time to elaborate this fully, I understand the domain of everyday reality in process-relational terms (broadly influenced by actor-network theory), as ongoing, emergent outcomes of encounters between entities of various kinds: some living, others not, but all with characteristic agencies and effects (Latour 1999, 2005; Law 1993; Mol 2002; Moser 2006). This approach has two important ramifications. First, all human activities involve nonhuman, technological contributions, even where these are inconspicuous. No one acts alone. Second, it doesn't brook any nature-social distinction, in which social reality is draped or constructed on an indifferent natural substratum.

If that's right, bodies have no simple natural life prior to their involvements. How, then, can we understand vulnerability-as-openness? Here, I follow Gilson, who proposes that this has the status of potentiality (2014). She refers here to work by Gilles Deleuze (1994), which derives in turn from Henri Bergson's account of potentiality and actuality (1968). Bergson highlights a common tendency to understand possibility retrospectively, as "a mirror of the real" (May 2005: 48). Here, the only significant difference between reality and possibility is that reality already exists while possibility hasn't yet occurred. Possible and real have the same basic form or structure. Possibility only lacks existence. The realisation of a possibility involves no modification besides going from being possible to being real. On this misguided picture, a possibility is full-formed, waiting to become real, such that "the future is given in the present" and "is theoretically visible in it" (Bergson 1968: 18). Bergson proposes potentiality and actuality as concepts that better capture the temporal unfolding of events. The coming to pass of any event—from the genesis of a crystal to the composition of a symphony—is the actualisation of a differentiated field of potential. Potential is already real: it is a permanent dimension, folded within what is actual, and continually generated as events unfold. Importantly, this is a field of tendencies, not an assortment of definite outcomes that just haven't happened yet. As such, it exceeds what will eventually be

actualised, and its structure and composition don't mirror those of the actual. Finally, the products or outcomes of such potentiality cannot be known in advance: their actualisation varies according to the relations they form.

Viewed thus, bodily openness has the status of potential until placed in concrete relations. It is actualised differently according to the relations it enters. Consequently, "its meaning and value cannot be determined in advance but only in relation to such specific positions, experiences, and events" (Gilson 2018: 231). This position allows us to recognise the salience of bodies without, first, requiring that these cause entirely predictable and context-transcending effects; and second, without placing them on a natural substratum. Potentiality should convey a certain polyvalence: it implies 'tendency towards', or 'openness to' where positive or negative attribution doesn't immediately follow, because we can't know the outcomes or value of those potentials until they form relationships. This doesn't make bodies totally undetermined. Their range of potentials or tendencies still entails certain morphological constraints. These, however, can neither be reduced to predictable and context-transcending effects, nor fully known in advance of situations, since the latter modulate how bodily tendencies are actualised.

Vulnerability & Disability

I'll now outline some implications for vulnerability and disability. %%attribute to EG%%. First, vulnerability-to-harm isn't a quality that inheres in bodies. Nor are possible contraries like resilience. Bodily potentials always and everywhere open onto concrete sociomaterial relations: the intercorporeal meanings in which they anchor and produce themselves; love, care and support provided by others; all the organisations of environments and tools that contribute to care, support, and realisation of capacities. These relations modulate the expression or effects of bodily potentialities.

Second, this means that where vulnerability-as-harm does occur, it is not a state but a process (Gilson 2018). It is produced at the intersection of bodies and many other dimensions: ordinary talk, buildings, urban space, policy documents, everyday artefacts, medical knowledges and instruments. No body is comprehensively and originarily independent or resilient; the organisation of milieus grants those qualities to some and not others, and does so only so long as that sociomaterial organisation

remains stable (such organisation is itself an emergent effect of effortful practices) (Law 1992; Moser 2006). Finally, if safety and harm are effects of practices, there is a politics of safeguarding and exposing to harm. As Ferrarese suggests:

[S]tructural injustices frequently result from... ordinary practices, but also because human institutions, in their very arranging of circumstances, always protect certain individuals while exposing others to different forms of events and wrongs (2016: 153–54).

The milieus in which are lived not only enable or restrict action according to whether they permit those bodies to fit (Garland-Thomson 2011). They also shield some bodies against certain potential outcomes, or, by failing to do so, expose them to harms. Rather than states of resilience and vulnerability, there is production of safety and practices of ‘vulnerabilisation’. Much of how bodily potentials become actualised—and whether actualisations are harmful, beneficial, or neutral—turns on how situations are set up. It is not inevitable that some body will be exposed to harm. Situations can cushion and support bodies, as do many common technological arrangements, from housing to health care. Some types of body are centred by the practices that order everyday contexts: these bodies are not only supported and cushioned, but can act without forethought, because for them, support is ubiquitous. The world at large extends their shape *and* safeguards them (Ahmed 2007).

However, milieus and resources for activity are unequally distributed according to how bodies are assigned value. Atypical individuals have long been, and still are, assigned lesser status (for reasons that there is no time to cover) which is variously reflected in the makeup of common worlds. Someone atypically-bodied or -minded, who is not accounted for in the general scheme of things, may be exposed to various harms: say, the perpetual exhaustion of moving in a world where things are far apart, where distances are tiring, where fuel prices are prohibitive; where there is constant noise, and few places of respite; where things run to an ‘objective’ time that disadvantages those operating on other temporalities. Others may be harmed not through oversight, but because they are singled out *as* vulnerable, as when legal categories specify vulnerable persons or medical practices single someone out for intervention, all according to purported physical weakness or cognitive deficit. As I see it, the problem here isn’t the urge to care or protect. Rather, when some individual or group is figured as radically or especially vulnerable, vulnerability can attach to them

as a reified and inherent characteristic, producing categories of natural kinds and people: seemingly natural distinctions between the vulnerable and resilient (Puar 2017; Shildrick 2015). This obscures several aspects I just discussed—the vulnerability-as-openness of all bodies, that does not entail harm—and especially that actual outcomes always involve concretely-instantiated relations. None of the examples I gave above follow solely from inherent bodily characteristics.

I think disability can be apprehended in a similar vein. Stated baldly, I don't think disability is *in* the body. Disability *happens* when certain bodily potentials encounter relations that don't fit, that incur harm, that prohibit the spontaneous action granted to the typically embodied- or -minded. As such—I lack the time to fully disambiguate these concepts—while vulnerability-as-openness is shared by all living beings, one aspect of disability involves exposure to specific types of harms. These types aren't entirely captured by notions of barriers or inaccessibility.

I'll briefly illustrate the interrelation of disability and vulnerability, and my position on these, by taking seriously the notion that disabled people are innately vulnerable. A medical approach to disability—and also some disability theorists with naturalist or realist inclinations—might suggest that disabled people are vulnerable to certain harms that are “inherent to the material nature of the impairment, whether physical or cognitive” (2014: 207). Talk of inherence hews close to a particularistic account where vulnerability is a property of individual bodies. I wish neither to wave away such conditions as insignificant, nor to suggest that they do not significantly involve material aspects. Nevertheless, I don't think these are “unarguably the direct results of an impairment itself” (2014: 207). Rather than directly bringing about effects that are unaffected by any other influences, I suggest that they involve a range of potential outcomes, within certain material constraints, that will be modulated, even if only to a minor extent, by situational factors. Someone might suggest that a mobility impairment incurs reduced balance, and an increased risk of falling (Scully 2014). Yet this glosses over salient situational factors. Facts about the body do not, by themselves, determine the steadiness of someone's motility: this will also involve where they are and what they're doing; the surfaces and gradients they're on; whether they have a cane, a rollator, a motorised chair. They are not in a state of nature. No one is (Stiegler 1998). We are all of us continually enmeshed in relationships that enable and disable.

Stripping these away to reveal a ‘true’ morphological vulnerability would be an artificial abstraction. My overarching concern is that claims about innate vulnerability appeal—perhaps implicitly—to a notion of essential human capacities or functions (Watkin 2017), with the implication that anyone ‘compromised’ in these aspects is compromised in some essential, context-independent human capacity.^[^2] As I said, I’m trying to avoid ideas about naturalness or inherence, that produce a bright line between normal and abnormal. All bodies—‘normal’ ones included—have their own singular propensities that political relations shield or expose, mitigate or ramify. That said, I don’t mean to flatten out somatic differences altogether. There *are* meaningful differences, but that doesn’t mean that

Disability & Debility

Some bodily conditions—degenerative illnesses, pain, fatigue—may, on first blush, seem straightforwardly somatic and inherent. Yet how these manifest will surely involve multiple factors about the world ‘outside’ the body. Furthermore, we live in increasingly biopolitical times, where value is indexed to health—however that is understood—and power is exercised, in part, by producing health for some while denying it to others. Jasbir Puar captures these circumstances with the concepts ‘capacitation’ and ‘debilitation’ (2017). The understandings of disability and vulnerability I have elaborated somewhat resemble Puar’s concepts. Capacity and debility are likewise not properties of bodies, but effects of applications of power on bodies. These concern how biopolitical rationales and techniques single out some lives as valuable, and others as inconsequential. Significantly, they do not do so based on longstanding notions of normality and pathology. They distinguish population-level properties that cut across bodies of all kinds, and evaluate on the basis of biopolitical “formulations of health, agency, and choice – what I call a liberal eugenics of lifestyle programming” (Puar 2017: 13). Those who are endorsed are capacitated, and granted resources; others are debilitated, and denied resources necessary for a reasonable level of life. Capacitation or debilitation can happen to any body; under biopolitical rationales, no body is ever good enough. Someone who previously met the benchmark for ‘normal human subject’ can be debilitated. Conversely, someone who heretofore was straightforwardly identified as disabled can instead fulfil different normative

standards pertaining to individual accomplishment. The Paralympian ‘supercrip’ is an exemplar here: such individuals are extolled as paragons of human progress, individual resilience, and fortitude, all the more because they are presumed to have overcome great obstacles (Nelson, Shew and Stevens 2019). However, the obverse exists for those whose bodies or minds mean that they cannot attain these validated standards of health, agency, mobility. They are “figured as on the side of debility”, with debilitating effects (Puar 2017: 13): removal or absence of supports, poor living conditions, lack of social connection, general disdain or disregard.

I mention this to support my basic claim regarding the likes of illness or fatigue. I don’t deny that these involve strong propensities for outcomes that can be difficult, painful, or traumatic. However, these are still potentialities that exist within relations that modulate how they are actualised, how they produce effects. The reality of some illness will differ between someone who is affluent and white, has premium health insurance, feels at ease in myriad social situations, can afford time off work, and so on, and someone who is not and cannot. In contemporary biopolitical milieus, the former are more likely to experience types of capacitation: financial and social capital can beneficially modulate effects, while the surrounding world ‘reaches out’ to help. Those who are poor, nonwhite, transgender or nonbinary, disabled in ways that are not presently favoured, are more likely to find affordances and resources lacking or absent, with corresponding effects for how the bodily potential gets expressed, such that the lived reality may be more arduous, painful, and exhausting.

In case it’s unclear, I by no means consider it bad to shield against harms. Saying atypical bodies and minds are not inimical to ‘the good life’, whatever *that* is, doesn’t entail that these don’t incur difficulty and discomfort. Some certainly do. The same can be said of any body, since we can’t predict what will befall us. My point is that bodies exist within, and their effects are modulated by, situational particularities. Those situations—and their implicit politics and obscure normativities—must be acknowledged as part of what enables or disables, safeguards or abandons. They’re perhaps even on the same ontological footing—in principle—with the body. Disability is something more complex than a natural fact, a social fact, or even some combination of these two. What I hope to convey is that even the most apparently somatic state or effect is never just that; it is always that of a body, of a life, in a political relation.

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