<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Between Bodies: Rethinking Physical Disability through the Concepts of Abjection and Ressentiment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Inahara, Minae</td>
</tr>
<tr>
<td><strong>Citation</strong></td>
<td>メタフュシカ. 45 P.25-P.38</td>
</tr>
<tr>
<td><strong>Issue Date</strong></td>
<td>2014-12-25</td>
</tr>
<tr>
<td><strong>Text Version</strong></td>
<td>publisher</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="https://doi.org/10.18910/51539">https://doi.org/10.18910/51539</a></td>
</tr>
<tr>
<td><strong>DOI</strong></td>
<td>10.18910/51539</td>
</tr>
</tbody>
</table>

**Note**

*Osaka University Knowledge Archive: OUKA*

https://ir.library.osaka-u.ac.jp/

Osaka University
Introduction: My Experience of Physical Disability

My body responds to the way I feel and experience the social world. Emotion, sense, and affect are positioned at the very centre of my understanding of the lived world. When I am frustrated, stressed, anxious, or upset about my physical disability, my body tries to tell me that something is not right. For example, involuntary movements and neck pain might develop after a particularly stressful experience, such as seeing people’s reactions to my disabled body and unintelligible speech. I have had mild cerebral palsy (CP) since I was born. CP is defined as follows:

Cerebral Palsy is 'a persistent but not unchanging disorder of movement and posture due to dysfunction of brain, excepting that caused by progressive disease, present before its growth and development are completed. Many other clinical signs may be present.' (The World Commission for Cerebral Palsy quoted in Griffiths and Clegg, 1988: 11)

Thus, there is no cure for CP. It occurs when the areas of the brain that control movements and postures do not develop properly or are impaired. However, some medical treatments and social cares may improve
the lives of those who have it. In particular, I have athetoid cerebral palsy.\footnote{Athetoid cerebral palsy is caused by damage to the cerebellum or basal ganglia. These areas of the brain are responsible for processing the signals that enable smooth, coordinated movements as well as maintaining body posture. Damage to these areas may cause a child to develop involuntary, purposeless movements, especially in the face, arms, and trunk. These involuntary movements often interfere with speaking, feeding, reaching, grasping, and other skills requiring coordinated movements. For example, involuntary grimacing and tongue thrusting may lead to swallowing problems, drooling and slurred speech. The movements often increase during periods of emotional stress and disappear during sleep. In addition, children with athetoid cerebral palsy often have low muscle tone and have problems maintaining posture for sitting and walking.} I have some trouble holding myself in an upright and steady position when sitting, and I often show involuntary movements, in particular, when I speak. For me, it takes a lot of work and concentration to produce my speech and pronounce words correctly. In short, I have disorganised movement patterns, which can be partially disabling, and speech production is affected by my embodiment.

I did not like to see myself in a mirror. When I looked in a mirror, I saw myself looking back. I knew that a person in the mirror was myself, but could not accept her as me. I fell into disgust of myself, in particular, my body image. I tried to separate myself from the disabled body that I had. The logic of a disembodied self here is like the logic advanced by Cartesian metaphysics. I tried to see the world from an implicit perspective offered by the Cartesian mind/body split. But, it was in vain. This dualist assumption made me loose a sense of myself.\footnote{When I was an adolescent, I seriously suffered from a negative body image. Like Pinocchio, I used to assume that my body would be turned into a normal body (i.e. the able-bodied feminine body) when I became an adult. However, it was a wrong assumption.} After a dark time in my life, I have come to realise that the body was not a container for myself.

It is significant to note that while I experienced some discrimination at school or had many negative perceptions of my disability, I was not simply a victim. I worked vigorously to battle confusions and negative stereotypes about myself. By challenging general notions of the ideal body and narrow conceptions of femininity, I have been able to accept who I am, and to be in the embodied world. Cerebral palsy, to me, causes embodied experiences of ‘a brutish suffering’ (Kristeva, 1982 [1980]: 2) in the form of frustration, vulnerability, pain, involuntary movements, and shame. My embodied experience of physical disability is essential to my sense of being, who I think I am, and what others attribute to me. What happens, then, when my body is embarrassing? How do I handle the emotive implications of my disabled body? How do I manage my embodied identity in the light of cerebral palsy? This paper will explore these questions in my embodied experience of physical disability and social reactions to it, and seeks to understand relationships among my body, situated social interactions, and myself.

\textbf{Julia Kristeva’s Theory of Abjection and Body Image}

In \textit{Powers of Horror: An Essay in Abjection} (1982 [1980]) Julia Kristeva explains a stage of development of the child’s sense of self, which precedes Lacan’s mirror stage (1977 [1966]). This stage is one where the child forms a sense of its own bodily boundaries by a process of abjection. Kristeva is interested in how
boundaries dividing the subject and the object emerge; those boundaries that allow one to experience oneself as detached from the maternal environment. For her, the abject exists at the boundaries of the self, that which is neither subject nor object. The abject is constituted by bodily materials such as blood, urine, and other bodily fluids, materials that remind us that we have been derived from the maternal body. Abjection first takes place when the infant is in the imaginary unification with its mother prior to the mirror stage. At this stage, the infant does not have any sense of the self; it has not acquired subjectivity. This encounter establishes the first boundary between what 'I' is and what 'not-I' is. Kristeva states:

The abject is not an ob-ject facing me, which I can name or imagine... Nor is it an ob-jest, an otherness ceaselessly fleeing in a systematic quest of desire. The abject has only one quality of the object-that of being opposed to I. (Kristeva, 1982 [1980]: 1)

Expelling what is not the self, abjection is a process of establishing boundaries of subjectivity. Our boundaries of the self are temporarily disrupted as we engage with the unbearable site of being "not yet, or no longer yet" (Kristeva, 1982 [1980]: 12). Abjection establishes the subject/object distinction by eliminating something that was once part of the subject. It is essential for an ego that a sense of self emerges. Since the abject is not completely repressed, it does not dissipate from consciousness but stays at the edge of consciousness as a prompter of the subject's embodiment and vulnerability. Thus, the abject has an impact upon the body itself, often causing bodily reactions such as repulsion. Ultimately, it threatens the Cartesian logic of the mind (subject)/body (object) dualism.

We often feel uneasiness and shock when we confront images of the abject because of their ambivalence. We feel this ambivalence because the abject is part of ourselves. However, we identify ourselves in opposition to the abject that nauseates us, and it is that disruption of the boundary between the self and the other that threatens us. The abject, in fact, is (a part of) ourselves. Sara Beardsworth (2004) explains how Kristeva defines abjection:

"Abjection," then, captures a condition of the subject that is sent to its boundaries where there is, as such, neither subject nor object, only the abject... The psychoanalytic account of presymbolic subject formation illuminates this thought by presenting abjection as a structure that composes the fearsome beginnings of otherness, where there is as yet no other, and no space for the ego to come into being. What abjection means here is the struggle to set up such a space, a struggle, precisely, with what is not parted from, and which threaten to collapse that space: paradigmatically, the mother's body. (Beardsworth, 2004: 83)

Thus, the abject undermines the boundary between the self and the 'Other'. Kristeva sees abjection as an illustration of psychic and bodily processes that undermine any concept of an essentially fixed subject.
Abjection is a useful illustration of what she terms "the subject-in-process".

Abjection is not simply about establishing the bodily boundaries of the subject. It is a psychic and corporeal process of becoming the subject. Perhaps it is an inter-corporeal subject involving particular encounters between (individual) bodies. Kristeva’s theory of abjection is, for me, a theory developed with concern for the body of the ‘Other’ that used to be a part of the self (or will be the self). I consider that Kristeva’s approach can lead us to undo the discursive process of othering. Exploring abjection reveals much about our psychical and bodily processes accompanying pregnancy, maternity, disease, disability, starvation, desire, pleasure, pain, aging, and death. In our culture, as Kristeva considers, we are often forced to push the abject away from the self to maintain the normative identity, and she argues that according to this logic, a normative and healthy identity depends upon what the normative and healthy one is not.

Kristeva shows that such identities, are never fixed and completed. She maintains that the self depends upon the abject to constitute its boundaries, to be that which "lies outside, beyond the set" (Kristeva, 1982 [1980]: 2). However, she also notes that "from its place of banishment, the abject does not cease challenging its master" (Kristeva, 1982 [1980]: 2). In this context, the abject does not stay at the borders; it does certainly not stay still, establishing fixed boundaries for the self. I consider that Kristeva takes dynamism into the theory of identity, and, this dynamism depends upon the subject to accept and deny the abject. In other words, the Cartesian 'I' becomes ambivalent to the extent that the mind/body dualism has been disturbed in connection with how we form or acquire a sense of self. Kristeva writes:

"It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite". (Kristeva, 1982 [1980]: 4)

Thus, Kristeva argues that the boundaries between the self and others or between the subject and the object are ambivalent, and that our embodied identity is dynamic and volatile.

An image of the extremely thin body of a person living with anorexia nervosa evokes some levels of sympathy or horror, but it also achieves the role of abject that enables others to not only feel healthy, clean, vital, and even morally superior, but also feel fearful and uneasy, on realising that they can be transformed into the abject. Anorexia nervosa is an eating disorder in which a person typically has an excessively negative image of himself or herself (mostly women) and as a result refuses to ingest enough food to remain healthy. This condition is observed from a third-person perspective, the sufferer sees herself falsely as pathologically overweight. Moreover, the disorder is generally considered as a case of distorted body image. For Gail Weiss (1999), body image is simply a depiction or idea of the one’s own body, but it has a normative influence, and not only for the anorexic. The construction of a body image is an essential part of normative development of a child, as Lacan (1977 [1966]) pointed out with his concept of the mirror stage,
in which the subject comes to identify itself with its mirror image. Weiss’s understanding of Lacan’s mirror stage reveals the normative development of the body image, by exploring the theory of abjection. The anorexic perspective of her own body as chronically overweight is itself abject. This endless abjection of her own body seems to be indispensable to the anorexic condition. When the body does not agree with her own body image, it becomes the abject, and bodily distortion can be the only possible way for survival, and, inconsistently, an avowal of the distortion often leads a denial of life (Weiss 1999:90-1). A common way of comprehending abjection is in relation to the socio-cultural pressure of the ideal body. The anorexic sufferer is intensely sensitive to the gap between the body that she has, and the body that is supposed to have. This gap is as Susan Bordo (1993: 57) states: “the anorexic does not ‘misperceive’ her body; rather she has learned all too well the dominant cultural standard of how to perceive”. Likewise, while Bordo sees that the body image is a socio-culturally or psychologically constructed view, Grosz (1994) perceives that the body image is no more so than the biological body. She writes:

The body image is as much a function of the subject’s psychology and sociohistorical context as of anatomy. The limits or borders of the body image are not fixed by nature or confined to the anatomical ‘container,’ the skin. The body image is extremely fluid and dynamic; its borders, edges, and contours are ‘osmotic’ —— they have the remarkable power of incorporating and expelling outside and inside in an ongoing interchange. (Grosz, 1994: 79)

Here, Grosz reveals that this ‘ongoing interchange’ establishes its power, and that the body image is always transformed, and in fact, shapeless. She also suggests a concept of the body image that operates in relation to our emotions. Thus, like our own encounter with the abject, the body image reconfigures and challenges a fixed notion of identity.

The Disabled Body as the Abject Body

As exemplified by my body image in a mirror, my physical disability signifies not only the threshold between the inside and outside of my body but also the instability of this boundary. Accordingly, I have some bodily reactions to my own body, which forces me both to look away and to expel itself, for I deconstruct and reconstruct the very borders that my body calls into question. Cerebral palsy, to me, causes embodied experiences of ‘a brutish suffering’ (Kristeva, 1982: 2) in the emotive form of frustration, vulnerability, pain, and shame. Like the abject, the disabled exists at the boundaries of the self, that which is neither subject nor object. The disabled is also what we neglect and forcefully eliminate from the able-bodied. Can we really eliminate the domain of the disabled?

When we look at a desk in a room, we can recognise it as a fixed object, so we are not frightened by it. However, we react with fear at physical disability when we encounter a person with disability, in particular my disability, which has no signifier (no wheelchair and no walking stick). I often wonder why
we do so. For example, when a man asked me for directions on a street in Tokyo, he did not know my
difference at first, and then, he recognised my difference. When I looked back at him, the man gazed at my
deformed neck and my face, which moves involuntarily. He, then, looked at my whole body, and felt
confused about me. He probably did not recognise my difference as ‘disability’, so he was shocked by me!
The man ran away from me and radically excluded my presence. The man’s ego, according to Kristeva
(1982: 2), requires the abject in order to reinforce its own existence: ”To each ego its object, to each
superego its abject”. I became the abject that disturbed the man’s system of identifying and order. He just
could not identify me at all. My body did not revere his normative way of seeing the world. My abject
body was not identifiable as any category that he has in mind, but it appeared ambiguous and complex to
him.

In this case, my body represented the disruption of boundaries and was not recognised as it truly
was. The boundary of able-bodied/not-able-bodied is uncertain. My body could not pass as being able-
bodied. It was denied able-bodied privilege by the man, and while not disabled, my corporeal status as an
imagined alcoholic renders my identity as volatile. His reaction to my body and difference illustrates the
characteristics of the common reaction to border-crossing, unintelligibility, and abjection. My body exists
in the domain of abjection making visible the unstable nature of able-bodiedness itself. Judith Butler
(1997) raises the following questions:

How does that materialization of the norm in bodily formation produce a domain of abjected bodies, a
field of deformation, which in failing to qualify as the fully human, fortifies those regulatory norms?
What challenge does that excluded and abjected realm produce to a symbolic hegemony that might
force a radical rearticulation of what qualifies as bodies that matter, ways of living that count as "life,"
lives worth protecting, lives worth saving, lives worth grieving? (Butler, 1997: 15)

Such questions have appeared suitable for my disabled body that has socio-culturally formed the heart of
the able-bodied assumptions as to what constitutes the normal body. Likewise, Butler (1993) develops her
thought of body performativity to focus on a “domain of abjected bodies,” as she constantly investigates
where both embodied and discursive conditions render bodies ‘legible’ and/or ‘livable’. The man was
unable to maintain a clear distinction between my body and what he thought my body should have looked.
He recognised my body as a disruptive quality of the symbolic articulation of the human body. The
symbolic articulation operates within what Butler (1993: 3) calls an "exclusionary matrix" that establishes
the subject and requires a "simultaneous production of a domain of abject beings, those who are not yet
'subjects,' but who form the constitutive outside to the domain of the subject” (Butler, 1993: 3). She also
maintains that the abject is a "zone of uninhabitability" delimits the boundaries of the subject, and the
abject "will constitute that site of dreaded identification against which —— and by virtue of which ——
the domain of the subject will circumscribe its own claim to autonomy and to life” (Butler, 1993: 3). Here,
the abject emphasises that I have failed as an acceptable subject or object in the man’s normative order and approves the ‘monstrosity’ of my body.

However, my disability, like Kristeva’s abjection, is never fully expelled, and remains part of my subjectivity in the realm of the imaginary. My disability often gnaws at the fixity and consistency of my identity, and is as if the fluidity and incoherence of the imaginary stage of infancy have engaged a manifestation in the normative realm of the able-bodied symbolic. Thus, my disabled body is the abject body that disrupts both my own identity and the able-bodied order. My disabled body privileges the fluid (living) over the fixed matter of the able-bodied world. For me, disability comes from a place of horror and is unthinkable and, thus, embodies a challenge to the able-bodied norm. In short, the disabled body refers to the fluid excess outside of the normative mould of the human body. However, no one can maintain the normative mould for good, since each body transforms itself in terms of pregnancy, aging, illness, and disability. Inahara (2009) argues that we need to accept the abject not as negative aspects of embodiment and subjectivity, but as in-between-ness of the subject and the object. Exploring alternate modes of embodiment and subjectivity in cultural texts, Inahara (2009) questions the hegemonic able-bodied discourse, which helps to construct her embodied experiences as a form of abjection, in order to undermine the idea of fixed identity of disabled people.

More importantly, I reacted to the man’s reaction to my body, and then, my body became immobilised and spastic in front of him. My body also became the abject to myself as well to him; it was just like the time when I got shocked at myself in the mirror. By encountering my own bodily difference in others’ reactions and experiencing my own embodiment (physical reactions), I have been constantly reconstructing my body image. Here, there is the tension or the gap between two body images (one is the fluid and lived body; another is the fixed mould of the human body). Here, I have utilised the abject in this context to mean my own reaction to my embodied vulnerability and uneasiness in meaning caused by the loss of distinction between self and other. The abject is an emotional space which is both feared and to which the subject is continually drawn. My body has been explored to reveal how the abject (the feminine, the emotional, and the disabled) both fascinates and disgusts but cannot be eliminated. My contention is with the potential impact of feelings such as disgust, repulsion, and fear in my relationship to others. I recognise that I evoke feelings of disgust about my own disability and of uneasiness about others’ reactions to my body. Such an acknowledgment is essential if I hope to understand the implications of these emotions in the process of becoming ‘I’.

Max Scheler’s Ressentiment

In On the Genealogy of Morality, Friedrich Nietzsche (2006 [1887]) explains a shift in the way that we make moral decisions. As a part of this process, we do not consider in terms of good and bad, but rather good and evil. This division, which he describes using the phenomenon of ressentiment, is exemplified as a form of slave morality and continuously contains the constructing other of difference; thus, this new
otherness becomes something evil. The normative goodness of the one judging depends upon the other being evil. This ressentimental shift from bad to evil creates distorted emotions. Thus, ressentiment is a psycho-philosophical condition of repressed feelings and desires that establishes the 'Other' against the 'I'. The condition of ressentiment is very complex both in its psychological formations and in its social relations to various dimensions of the human being (e.g. envy, jealousy, repression, revenge, revulsion etc.). Max Scheler (2007 [1915]) tries to develop Nietzsche's idea of ressentiment in the Christian ethics of love. Since the emotive pits of all feelings can be subject to deceptions, Scheler (2007 [1915]) offers a notion of ressentiment into value deception, and states:

[T]he very term "ressentiment" indicates that we have to do with reaction which presuppose the previous apprehension of another person's state of mind. The desire for revenge-in contrast with all active and aggressive impulses, be they friendly or hostile-is also such a reactive impulse. It is always preceded by an attack or an injury. Yet it must be clearly distinguished from the impulse for reprisals or self-defense, even when this reaction is accompanied by anger, fury or indignation. (Scheler, 2007 [1915]: 25)

Thus, ressentiment is a strong sense of antagonism against something, which one recognises as the cause of one's frustration. The sense of ressentiment creates a disallowing/qualifying value system, which criticises or rejects the source of one's repression. He explains about repression:

[R]epression does not only stretch, change, and shift the original object, it also affects the emotion itself. Since the affect cannot outwardly express itself, it becomes active within. Detached from their original objects, the affects melt together into a venomous mass which begins to flow whenever consciousness becomes momentarily relaxed. Since all outward expression is blocked, the inner visceral sensations which accompany every affect come to prevail. All these sensations are unpleasant or even painful, so that the result is a decrease in physical well-being. (Scheler, 2007 [1915]: 44)

Here, Scheler has linked repression with ressentiment that comes from a feeling of helplessness. He also argues that the essence of helplessness as characteristic of ressentiment has not simply to do with the existence of an external oppressor, but complexly to do with a personal sense of insufficiency over restrictions regardless of normative value achievement itself. Thus, ressentiment is a concept from which to consider the emotional and cultural wellbeing both of individual persons and society as a whole. For instance, it is entirely acceptable to grasp human ethical transcendence as matching and proportionate with a psychology of desires so long as the arch of that phenomenological direction is positive in nature. However, the reverse is false. Negative parallel aspects are irreducible to Scheler's principal of good as emanating from our personal development as spiritual beings. This distinction is illustrated by the many
cases in which negative role models can, and do, emerge as highly self-actualised economically powerful individuals from a psychological standpoint, but who are entirely lacking from an ethical, social and spiritual standpoint. These negative manifestations of values and value inversions demonstrate how ressentiment rests upon qualitatively different grounds transcending science and economics.

Ressentiment is essentially a matter of self in relation to the normative values, and only proximately an issue of social conflict over resources, power relationships between master and slave or between the dominant and the submissive. Thus, resentment is mixed with feelings of repulsion concerning particular individuals. In other words, resentment consists of a strong anger connected to a constant feeling of being rejected that results in simultaneously deep feelings of impossibility of which such individuals cannot be fully conscious. Feelings of disability can be those of emotional, somatic, or perceptual conditions; they can develop in socio-cultural and political conditions and in seemingly fixed class, racial, and political detriments. They can even relate to conditions of personal detriment, as in cases of the power that an able-bodied person has over disabled individuals, subordinated to the able-bodied by the descendent line of normative ability. Resentment is mixed with the experience of being constantly wronged or mistreated. It produces a feeling of a degraded self and its value. Resentment, for me, is always attended by a feeling of an unattainable bodily functions that able-bodied others possess. Applying Scheler’s ressentiment for the case of disability, I consider that ressentiment is a site of repressed emotion and desire, which becomes multiplicative of the able-bodied norms. Thus, ressentiment is complex both in its internal mechanism and in its relations to countless dimensions of human being. While it infects the emotion of the disabled subject, it is entrenched in one’s empathy with others. On the one hand, ressentiment is my own secret, which I would never disclose to others even if I could acknowledge it myself. On the other hand, ressentiment has a public figure. There must be negative affects in response to my inability to achieve what I desire. Unlike Nietzsche who focused upon the extremely negative feelings and the desire for revenge, Scheler expands upon ressentiment by proposing an emotive journey to explore my own lived world. He explains such negative affects as jealousy and envy, and offers a phenomenology of jealousy and envy to illustrate the development of ressentiment.

Both jealousy and envy are complex and repeated emotions and involve the uneasiness of normative standards influenced by the able-bodied, a desire for those standards, a feeling of helplessness to obtain those standards, and a sense of unfairness at disability. I often question myself “Why can’t I have the able body?” I also deserve that. I know that it is taboo to reveal my feeling like this, but indeed, I do have it. When I feel so, a feeling of resentment emerges. However, jealousy and envy do not necessarily lead to resentment, and resentment only operates within the network of these negative feelings. The sense of ressentiment linked to the lasting desire for the able-bodied value and its frustration due to my disability and the body makes me angry. As these features of jealousy and envy interrelate, they are exaggerated and the antagonism can develop into a deep disappointment. The more my attention is directed towards the able-bodied, which I envy, the more helpless I feel and in fact become. Envying the able-bodied is a highly
Between Bodies: Rethinking Physical Disability through the Concepts of Abjection and Ressentiment

affective condition. The disappointment explodes the desire, which is frustrated by the feeling of powerlessness, and the sense of inequality regenerates the negative emotion.

Scheler argues that ressentiment is a revolt against the normative value system. One who identifies with a lower value (i.e. owning of slaves is his example) is most likely to develop a ressentimental attitude. One dislikes and envies those of nobler quality; but, because of his own impotence, the slave is unable to act out of emotion. However, applying this theory to disabled people, ressentiment may be read as a negative reaction not simply to the able-bodied, but to the reflection of their own selves in the able-bodied. In their desire to conform to the goal orientation of the able-bodied, the disabled often tend to acquire those norms and values of the able-bodied —— which are directed against the disabled.

Concluding Remarks: Towards the Emotive Body

With the help of Scheler’s phenomenology, I shall see my disabled embodiment as a site of the problem of affectivity. Like Kristeva’s notion of abjection, which offers a phenomenology of the outcast in *Powers of Horror*, Scheler’s concept of ressentiment turns attention towards the cost of the ‘normal’: in a world exposed to the able-bodied norm, those who are not ‘normal’ may be doomed to the distress of ressentiment. By combining the phenomenologies of Kristeva and Scheler, I shall develop a model of vulnerability that recognises bodily and social aspects of being ‘disabled’. My body responds to the way I feel in the social world. Emotion, sense, and affect are positioned at the very centre of my understanding of the lived world. When I am frustrated, stressed, anxious, or upset about my disability, my body tries to tell me that something is not right. My bodily differences —— deformed neck, less-intelligible speech, involuntary movements —— when they cross the boundaries of the normal, become repellent to people in front of me, (the abject). These bodily differences become problematic to those who meet me for the first time, as my bodily differences cross the boundary of the able-bodied. Also, their reactions are problematic to me, since my body radically reacts to them.

Those who are in front of me often assume that I do not have a happy life due to my disability —— without knowing the reality of my life. I assume what they assume about me (ressentiment). For example, involuntary movements and neck pain might develop after a particularly stressful experience, such as seeing people’s reactions to my physical disability. My embodied experience of physical disability is essential to my sense of being who I am, and what others attribute to me. The emotive embodiment of physical disability (as abjection and ressentiment) is a state in which I have little control over my body and the social world. The emotive state of physical disability violates not only bodily but also social boundaries of the normal. Thus, the emotive state involves two types of feeling: abjection and ressentiment.

Those who encounter me often try to separate their own embodied subjectivities from my own embodied subjectivity. They are scared of my appearance because my physical disability reminds them of the possibility of being like me. I am not quite identifiable to them. They recognise something wrong with me, but they are not sure what it is. However, on certain occasions, I feel the same, too. For example,
when I went to the hospital to see my grandfather who was dying of lung cancer, I felt uneasy and sad. I was too small to understand the details, but I knew he was dying. His embodied self was transformed into the abject. I could not accept the fact that he was dying, and tried to reject his body in front of me, I just could not open my eyes. I became very emotional and shed tears. The body was my grandfather, but simultaneously, was not the grandfather who I knew. I could not identify the body as my grandfather. Thus, my reaction to my grandfather's dying embodiment might be similar to the reactions of those who encounter me in the first instance. We are in the world of embodiment, of emotive bodies.

Here, I want to assert my own notion of the emotive body. The emotive body has both abjective and ressentimental elements. We feel our own emotions and react to other people’s emotions. When we look at someone like us or someone we knew before, but simultaneously not like us or not like someone we knew before, we feel uneasy to see the ambivalence, because we cannot simply distinguish us from 'not-us'. The emotive body is located where the boundaries of the 'Other' are transgressed and where subjective and objective reactions to the abject meet. It threatens not only the normative form of the body, but also results in an ambiguous matter of bodily, personal, and social significances. Thus, it shocks both those who are looking at the abject in front of them and those who are looking at the abject within themselves.

The emotive body exists when I have intensive awareness of bodily and intuitive experiences, which have not been symbolised yet. When the emotive body exists, there is a psychosomatic tension that can be perceived as a threat. In this sense, reaction is the mirroring of emotional state of each other: If the man said "You look horrible! What is wrong with you?", I can reflect this back to the man by explaining my cerebral palsy. By doing this, I may communicate with the man, and I may reconstruct the image of my body that he has in his mind and get rid of his fear about the uncertainty about my physical difference. However, in reality, I reacted badly to the reaction of the man who had a psychosomatic tension because he did not know my difference when he encountered me on the street. I also made the man know that I was aware of what it is the man is reacting at, and I indirectly reacted to the image of my own body through his emotive reaction.

Since the emotive body is uncategorised or unrecognised, it shocks the person who encounters it. Thus, the emotive body is like the abject body, but I suggest that the emotively embodied self must have three abilities, (1) frankness with the other’s reaction to the abject, (2) the ability to feel what the other feels about the abject, and more significantly (3) acceptance of the abject (expressing the gestalt of the abject, and the other recognise that everyone can be the abject). Unfortunately, I did not have the third ability when I encountered the man. If I had shown these three abilities, the man would have stopped the fear about my physical difference. Moreover, here, I assumed that the man had a negative image of my physical difference, but in reality, none knew what he felt about it. He would not have known who I was and that I have cerebral palsy.

We need a phenomenology to explore both inter-subjective and inter-objective experiences of disability —— or rather, inter-abjective experiences. Thus, those who first encounter my abjection are
shocked by me, and then I also encounter my own abjection through their reactions. If no one reacted to my disability, I should not feel uneasy about my own body. When I had to take my ID photograph, I felt upset about how I looked in the photo, because the image in the photo was not me, but of a freak which looked ‘like me’. I knew it was me, but I could not easily accept it. The reason why my facial movements react so badly when someone tries to take a photograph of me, is that I feel anxious about how I will look in the photo.

Here, I have argued that there are two ways of looking at the emotive body: the bodily responses of others manifest their understandings of me (asking themselves: "what’s wrong with you? — you do not look like us"), and my bodily responses (through their reactions) manifest my own feelings about this (asking myself: "What’s wrong with me? Why are they looking at me?"). The emotive body undermines the normative boundaries between bodies, making both our bodies and the social world uncertain. Our reactions to our own bodies and, interconnectedly, those of others are primarily an affective one; it is by affect that boundaries are established and challenged. It is at the level of affect that we need to make interventions.

（いなはらみなえ 臨床哲学・助教）

Acknowledgment

This work was supported by JSPS KAKENHI Grant Number 25370010.

References:

This paper is concerned with abjection; a process in which our emotive sense of the self is constituted by a mode of awareness of our embodiment and by others’ reactions to our bodies. Exploring my personal experience, I shall conceptualise the disabled body as the abject body utilising both Julia Kristeva’s (1982 [1980]) concept of abjection and Max Scheler’s (2007 [1915]) concept of ressentiment. Emotive embodiment by means of abjection and ressentiment is a state in which we have little control over our bodies and the social world. I shall explore and combine these two concepts, in an attempt to establish a notion of the emotive body where bodily and social reactions to physical disability meet, and not only threaten the normative form of the body, but also result in an ambiguous matter of bodily, personal, moral, and social significances.

「キーワード」
Abjection, the Disabled Body, Julia Kristeva, Ressentiment, Max Scheler