

Phenomenological Investigations

weighing me down. . . . I started to smile as if I was witnessing a beautiful play.²⁸

The world itself shifts with a shift in the visceral.

Correlatively, a change in the world or my relation to it can swiftly change my visceral state. If I encounter or even think about a distressing event, my heart beats faster and certain blood vessels constrict. If I start standing in place another set of cardiovascular changes ensue. I can thus directly manage the visceral through controlling my conscious acts or environment. This principle is highly significant in the treatment and prevention of disease. We can alter our visceral functioning and thus our health history by reducing environmental stress, ridding our air of water of pollutants, choosing to exercise and eat properly, avoiding noxious substances such as nicotine, and even through embracing positive emotions and thoughts.²⁹ Increasingly recognized within orthodox medicine, such interventions have long been at the core of "holistic" and "behavioral" approaches. Such treatments, no less than the conventional use of pills or surgery, are still indirect in my technical sense. If I give up cigarettes and take up jogging in order to avoid a heart attack, I am employing my surface body to indirectly transform the visceral.

This is not to say that all visceral control must be mediated and indirect. While it was once assumed that autonomic functions were necessarily involuntary, biomedical research over the last twenty-five years has challenged that presumption. It was found that visceral processes, not merely those of the skeletal muscles, could be controlled through operant conditioning. Animals and humans exhibited the ability to alter functions such as heart rate and rhythm, blood pressure, vasomotor responses, and salivation.³⁰ Experiments further suggested that these visceral changes need not be mediated through the surface motorium but may be elicited independently or as part of a general skeletal-visual pattern.³¹ On the clinical front, such research has given rise to biofeedback techniques whereby individuals are taught to lower their blood pressure, control cardiac arrhythmias, avoid migraine headaches, etc.³² These developments have also increased scientific interest in and research on modes of visceral control exercised in other cultures. Most notably, trained yogis have shown the ability to markedly slow heart rate and metabolic function or perform highly specific alterations, such as lowering the temperature of one hand while raising it in the other.³³

However, even in such cases, the principle of indirection plays a part. To perform such feats, the yogi must undergo extensive training and often makes use of "surface" functions, such as mantras, visual images, and breath control. This indirection is clearly present in the case of biofeedback training for visceral processes. An internal function, such as

blood pressure, is monitored electronically and "fed back" to the subject in the form of exteroceptive stimuli, often light or sound. Once made available in this form, the subject can learn to control what before was involuntary. Self-knowledge and self-command are thus achieved through technological mediation; what was depth is artificially made to surface.

Depth Disappearance

My analysis of the inner body has been diverse and detailed. Yet there is a common principle unifying the various discussions. A mode of disappearance is at work. A large segment of my visceral processes simply do not appear to conscious perception. My apprehension is mainly indirect or involving limited, ambiguous interoceptions. Moreover, visceral processes disappear from my field of action. I do not for the most part command my own vital functions but rely upon their automaticities. What influence I exert is largely through indirect pathways.

I will term this visceral withdrawal a *depth disappearance* to distinguish it from the sorts of disappearance characteristic of the surface body. For, as I will suggest, the operative principle is not merely an extension of that involved in focal and background disappearance. Depth disappearance operates in other ways. The notion of depth indicates not only a physical site but a genuinely distinct phenomenological dimension.

As previously discussed, the surface body tends to disappear from thematic awareness precisely because it is that *from* which I exist in the world. Directed ecstatically outward, my organs of perception and motility are themselves transparent at the moment of use. This is the principle of focal disappearance. The intentional arc has a telos that carries attention outward, away from its bodily points of origin.

Conversely, the viscera disappear precisely because they are displaced from this arc. They are that part of the body which we do *not* use to perceive or act upon the world in a direct sense. For example, my liver is not the point of origin of a projective sensory field. It is ordinarily devoid of sensation. Its disappearance is thus not a function of ecstasis. Rather, my liver recedes beneath the reach of my personal awareness and control. In contrast to the ecstatic body, which "stands out," I will term this the body *recessive*; etymologically, to re-cede means to "go or fall back." The body not only projects outward in experience but falls back into unexperienceable depths.

Because ecstatic organs remain part of the experiential arc, though usually marginal to consciousness, they can be thematized in a variety of

ways. If my hand reaches out to touch an object, I can, via an attentional shift, experience the stream of sensations as within my hand. Moreover, I can touch one hand with another.

As we have seen, the recessive body is more difficult to thematize. Just as I cannot perceive or act from the viscera, neither can I, for the most part, perceive or act to them. Buried within the bodily depths, my viscera resist my reflective gaze and physical manipulation. To be in depth disappearance is ordinarily to recede from the arc of personal involvement as a whole, neither subject nor object of direct engagement. This is true as well of objects incorporated into depth disappearance. The apple, once swallowed, largely vanishes from my conscious perception and control.

This is not to imply that depth disappearance is absolute. All forms of corporeal absence are intertwined with modes of presence. As discussed, there is some perception of the viscera, albeit reduced, and several modes of indirect awareness and command. Nevertheless, there is a foreignness to the inner body that in many ways surpasses that of the surface. I would not even recognize my own viscera if they were somehow presented to my gaze. I would stand in the presence of something uncanny and alien—could such organs really be inside of me? The repulsion we may feel in the face of our own feces or vomitus is an expression of this alienness-from-within.

In describing a region of the body that disappears not via its participation in but its withdrawal from the ecstatic sensorimotor arc, I may seem to be recapitulating the structure of background disappearance. As discussed, this term refers to the experiential absence of parts of the body functionally put out of play or used in a manner irrelevant or merely supportive to the main focus of activity. If, for example, I am fully engaged in listening to a concert, my closed eyes, my stilled legs, are enfolded in a background disappearance. No longer perceiving or acting from such organs, they temporarily withdraw from awareness.

Yet, these surface organs at the next moment may be employed in a focal manner. I can always get up and open my eyes. The functioning of legs and eyes remains within the province of the "I can"; it is my projects that have put them out of play and can summon them back to life. While currently reticent, such organs are still part of the corporeal field of possibilities through which I encounter the world. Background and focal disappearance thus stand in a relation of potential reversibility similar to the background and focus of a perceptual field.

Depth disappearance opens up a third dimension. Unlike the surface organ in background disappearance, a viscus is largely irreversible with

corporeal foci. It cannot be summoned up for personal use, turned ecstatically upon the world. Its recessiveness is not simply the function of a current gestalt but of an innate resistance.

In understanding the relation of the three forms of disappearance it is useful to reintroduce the concept of the complementary series. I have defined a complementary series as the emergence of a phenomenon from the balanced operation of two etiological factors, where the rising of one is necessarily linked to the other's decline. I have discussed how the absence of the surface body can be accounted for via the complementary series constituted by focal and background disappearance.

Now a second complementary series operative in the distinction between body surface and depth can be recognized. Experience attests to a certain forgetting of the body in general. Yet the causative factors at play differ at different physical/phenomenal levels. If we were to imagine ourselves descending through corporeal layers, we would see a gradual shift from those modes of disappearance characteristic of the sensorimotor "I" to that form which typifies the anonymous depths. Surface organs are forgotten via their structural role, focal or background, in the ecstatic arc, while the viscera recede beneath the reach of this arc. The body disappears both as a seat of consciousness and as the site of an unconscious vitality.

Our lack of conscious awareness and control vis-à-vis aspects of the self has formed a recurrent theme of post-rationalist thought. The self, it is realized, is in many ways foreign to itself, leading to the postulation of an "unconscious." Yet paradoxes arise when this notion is reified and mentalized, as if it were a second consciousness hidden from the first. Merleau-Ponty refers us back to a bodily unconscious, rooted in our sensorimotor response to the world.³⁴ Prior to explicit acts of positing, our body grasps multiple, ambiguous meanings that elude articulation and conceptual grasp. There is thus an indeterminacy, a horizontality, an unconsciousness, adhering to the sensorimotor self. My analysis does not dispute but supplements the Merleau-Pontian reading. For I have pointed toward a further visceral dimension to the body unconscious.^{35*} Sexuality lies rooted in a deep reproductive circuitry with its own cycles and automaticities. Emotions are mediated by the autonomic nervous system and internal hormonal shifts. Belonging at least partially to the visceral, these functions partake in its depth disappearance. We do not fully know from whence our desires and moods arise. Moreover, as most of us are painfully aware, they often resist the commands of the egoic self.

While a complementary series is articulated via its two poles, it gives

rise to an entire range of intermediate phenomena. This is true of the series constituted by body surface and depth.³⁶ Desire may be stimulated by a hormonal buildup or by a lover's seductive glance. As I will address in chapter 5, desires and emotions involve an intertwining of visceral and ecstatic features. There are, as well, anatomical structures that particularly exhibit the intermediate mode. For example, the parietal membranes that line the visceral cavities can be the source of sharply localized sensations. Though buried in the bodily depths, these structures are innervated by spinal nerve fibers that penetrate inward from the body surface. Then too, there is the brain. Encased within the skull, its neurons are yet derived from embryological surface tissue. Moreover, the brain is the functional regulator both of vegetative states and conscious volitional processes. As I will discuss in chapter 4, this organ is the very paradigm of surface-depth intertwining.

Ultimately this relationship of exchange and intertwining characterizes all parts of the body, though one or another mode of function may predominate. The visceral depths always participate in ecstasis. As was shown, a hunger or hormonal mood colors the entire world. Vegetative needs motivate our projects and selectively channel our attention. Thus, in the broadest sense we act and experience from the visceral no less than from the sensorimotor body. Conversely, the surface body participates in depth disappearance. Even the most "transparent" sense organ has tissue layers and physiological functions that lie beneath the reach of one's own experience. Moreover, the surface body has aspects that resist personal control. I do not heal my scars, build my eyes, supervise the growth or loss of my hair. While it is within my province to move my hand, it was not I that first posited fingers, nor can I prevent their arthritic aging. Even my own hand movements elude control when motor reflexes come into play. Just as the visceral can surface to volition, as through biofeedback or yogic techniques, so surface motility can sink into the realm of the automatic.³⁷

Hence, I inhabit one body, ecstatic-recessive in its entirety. Each organ both projects outward and recedes inward, eluding the self bidirectionally. I have heretofore emphasized the contrast between different regions in order to clarify distinct modes of body absence and show how their varying dominance serves to define a phenomenological anatomy. In everyday experience the inner body is characterized primarily by its recession from awareness and control. The body surface, conversely, is lived out primarily through ecstasis. Yet this contrast does not constitute a new dualism. It only serves to highlight the limit points of a complementary series that embraces interfusion, exchanges, and intermediate modes.

Temporal Depths

I have arrived at the structure of depth disappearance through a spatio-functional analysis of the body. That is, I have examined regions of the body distinguished by their locale, functional properties, and associated experiential modes. Yet, as previously discussed, a phenomenological anatomy cannot remain static in form. The body is not a grouping of fixed features but a being in process undergoing historical development and cyclic transformations. My spatialized analysis must again be supplemented by adequate recognition of the temporal. *Depth* can then be understood not simply in terms of the inner organs but as referring to temporal phases of embodiment. To clarify this point I will briefly examine the cyclic phenomenon of sleep, as well as the historical birth process from which each one of us emerged.

Sleep

Erwin Straus writes:

Awakeness is a primitive fact. It is the foundation upon which is erected the human world, in the praxis of life as in theoretical insight, in its interhuman intercourse as in its individual and common history.³⁸

I can write this work and you can read it only because we share a waking commitment to the world. Being awake is the precondition for outer-directed perception, motility, and social engagement. In examining the ways in which we disregard our bodies, I have thus hitherto assumed the waking subject.

But my own body also disappears when I am asleep in a way more thorough than any yet encountered. Sleep is precisely a form of withdrawal from experience. When attending to the phenomenon of sleep, philosophers and psychologists have often focused on the dreaming state, for this is the portion of sleep that most restores an experiential process. However, a dream is only made possible by a preliminary severance from waking involvements. It is this severance, this loss of consciousness to the world, that is shared to some degree by all phases of sleep.

A phenomenology of falling asleep provides a clue to the mode of disappearance involved. Just as I cannot will my visceral processes, I cannot directly will my sleep. My limbs grow heavy, eyes flutter shut, perceptual and intellectual alertness slip away. While I can intervene, shaking myself awake, I cannot force sleep upon myself. It involves a "letting happen," a giving up of resistance to a call placed upon me. It is

As with visceral processes, what I do not directly control I can indirectly influence. I close the door, dim the lights, quiet my sensorimotor body, one by one loosening the ties that bind me to the world. Merleau-Ponty writes:

As the faithful, in the Dionysian mysteries, invoke the god by miming scenes from his life, I call up the visitation of sleep by imitating the breathing and posture of the sleeper.³⁹

But this state is only an imitation, not an actualization of sleep. As I lie awake my ears still hear stray noises. My limbs, while quieted, remain within my motor control. My body is in background disappearance, put out of active play, but still available to will and world.

When sleep overcomes me I enter something deeper. My ears become all but deaf to the sounds around me, my eyes not merely shut but vacated. My limbs lie beyond the range of my volition. This then is a mode of depth disappearance now enfolding the body in its entirety. The body is no longer ecstatic, that from which I perceive and act, but a being recessed from my command and awareness. As I no longer perceive from this body, neither can I perceive to it. This is even more true than in the case of my internal organs, for those remained accessible through a limited interoception. In deep sleep, interoception, proprioception, exteroception—all recede. My own sleeping body is one thing I will never directly see. Where "it" is, "I," as conscious, perceiving subject, necessarily am not.

As with the visceral organs, modes of indirect perception remain. Upon awakening in the morning I can infer from the light outside, the shape of my bedclothes, and my current bodily feelings something about the length and quality of my sleep. Or I can learn of it indirectly through another. I am the one person who will never be able to hear myself snore, but my wife will describe it in no uncertain terms.

Indeed, while I cannot perceive my sleeping body, another can, more easily than they could my internal organs. Yet as in that case, the withdrawal of a body region from ecstatic engagement involves a certain absence from others as well as from oneself. In order to fall asleep I sever my social and perceptual involvements, generally retreating to a dark and quiet space. As a result, most of the world has only seen my body-when-awake.

The sleeping body thus partakes of all aspects of depth disappearance. It disappears from perception and command, from self and Other, as a result of its withdrawal from the sensorimotor circuit. The comple-

temporal dimension. I oscillate between the depth disappearance of sleep and the mixed modes characteristic of the waking self.⁴⁰

A complementary series, by definition, embraces a range of intermediate phenomena. Between deep sleep and alert wakefulness lie a variety of transitional states through which I cyclically move. The dream state is a good example; there is a vivid flow of perceptual experience, yet coupled with a recessed embodiment.⁴¹ Then too, there is the twilight state where one is "half-asleep," suspended between ecstasis and recession, the "I can" and the "I cannot." Movements are laborious, sounds heard dimly as if from far away. In light sleep, recessiveness has clearly gained the upper hand, but there remains a sensitivity to outer stimuli. Even in moderately deep sleep, people respond with EEG bursts when a meaningful sound, such as their name, is whispered. One's intentional threads to the world are never fully severed, not even in the deepest sleep, for a strong enough stimuli will always seize one back.

Yet, in deep sleep, we discover the radical anonymity of natural existence. Nightly, I give my life over to those vegetative processes that form but a circumscribed region of my day-body. Surface functions all but abandoned, I become a creature of depth, lost in respiration, digestion, and circulation. My experiential world rests upon the restorative powers of this unconscious being. I can surface for only a limited time before requiring resubmergence in the impersonal.

Birth

Each waking day is double-horizoned by sleep. Yet there is an even more global horizon to sleeping and waking alike, to all ecstatic and recessive phenomena: life itself. The precondition of all my experience is that I have come into life and hence have undergone a gestation and birth. Yet this point of origination is marked by ineradicable absence. Ricoeur writes:

My birth is the beginning of my life: in it I was placed, once and for all, into the world, and posed in being before I was able to posit any act voluntarily. Yet this central event to which I refer in dating all the events of my life leaves no memory. I am always *after* my birth—in a sense analogous to that of being always *before* my death. I find myself alive—I am already born. Furthermore, nothing shows me that there had been a beginning of myself: my birth is precisely what remains hidden from my consciousness.⁴²

Birth thus constitutes a temporal nullpoint. The central event from which all my experience radiates is itself hidden from direct awareness.

The fact that my earliest years lie behind me like an unknown land is not attributable to any chance lapse in memory, or any failure to think back adequately: there is nothing to be known in these unexplored lands. For example, in pre-natal existence, nothing was perceived, and therefore there is nothing to recall. There was nothing but the raw material and adumbration of a natural self and a natural time.⁴³

While Merleau-Ponty exaggerates in saying the fetus perceives nothing, it does belong primarily to the natural and not the personal sphere. Like the body asleep, the fetus is a recessive being, dwelling largely in metabolic anonymity.

This, then, is another form of depth disappearance. I do not perceive or act from my embryonic body. In the earliest stages of gestation, my surface sensorimotor functions are still undeveloped. As I do not perceive from this body, neither could I perceive to it, leaving a nullpoint in experience and memory.

As with other forms of depth disappearance, this recessive body is mainly available through indirection. My very being alive refers me back to a necessary, though elusive, point of origin. Its traces are imprinted upon my body in the form of a navel. I can see photographs of my infancy, extending my current vision through incorporated technologies. Others can inform me whether I was a cute or ugly baby and tell me the circumstances of my birth. Indeed, most of my knowledge of my gestation and early life comes through the mediation of others.

Yet, as we have seen, depth disappearance also fosters an intersubjective withdrawal. Just as the vital organs must recede from the world, and the sleeper from social and perceptual engagements, so the fetus must be enfolded away. Prior to the maturation of sensorimotor powers one is dependent upon the protection and nutrition provided by another's body. Hidden within a womb, one is largely invisible to the gaze of others, even that of one's own mother.

For gestation involves her body as well in a depth disappearance. The mysterious process of conception and implantation takes place out of the range of her apprehension and will. One's parents indirectly initiated the process via the conjugation of surface bodies. But once initiated, an impersonal viscosity takes over, guiding life through its intricate development. The early stages are largely imperceptible—hence the frequent question, "Am I pregnant or not?" The mother experiences early gestational processes indirectly through its global effects on her

its head pressing against the abdominal wall. Yet, as with all visceral processes, such perceptions are highly limited, traces of a vast invisible realm.

When the baby is born there is a sudden *excorporation* from depth disappearance. The movement of incorporation, as with skills or tools or the ingestion of food, is here reversed. What was part of the body is now made extrinsic. Yet while birth terminates depth disappearance in relation to the maternal body, it does not fully do so in relation to the child's. For the first time the infant body gains a full surface, interfacing directly with the world rather than through the mother's mediating flesh. Sensorimotor threads must now be woven to replace the umbilical threads that hitherto sustained life. But this development of an ecstatic body, begun in fetal life, is as yet incomplete. It will come to fruition only through a series of environmental challenges and the gradual myelination of nerves. The human infant is born several months premature compared to other mammals; its oversized head would be unable later to traverse the birth canal. For months after birth we thus remain largely visceral in character, devoted to eating, excretion, and sleep.

Hence, this body is still dominated by depth disappearance. The newborn does not for the most part act from the "I can" toward desired goals. Command over bodily functions takes time to develop. Nor can she or he be said to have mastered perceptual ecstasis. Psychological theorists, such as Mahler⁴⁴ and Winnicott,⁴⁵ agree that the newborn infant does not yet distinguish between its body and that of the mother, between sensations of internal and external origin. There is, in Mahler's terms, a "symbiotic" phase that precedes the differentiation of self and Other. The projective structure of perception, whereby I experience bodily sensations as disclosing an outer and separate world, is not established until some months after birth. Only then can the infant begin to perceive to its body as a defined entity. Through the "mirror stage"⁴⁶ and other such perceptual reflections, a body-image gradually coalesces. The shift from a visceral to a sensorimotor and self-conscious body is an ongoing task for the first few years of life.

Hence birth itself is but an intermediate phenomenon in yet another form of the complemental series. I historically progress from the pure depth disappearance that characterizes embryonic life to the various forms of disappearance in the body matured. In the depths of my past I encounter that same viscosity that resides in the depths of my inner body and the depths of sleep. The conscious, active "I" is in every direction outrun.

In closing my discussion of depth, I will situate this concept in relation to the work of Merleau-Ponty. This brief excursus will serve two functions. First, the rich web of concepts and terms supplied by Merleau-Ponty will prove useful for summarizing my own findings. Indeed, his work on embodiment has formed the inspiration and source of many of the ideas found here. However, there is a second reason for turning explicitly to Merleau-Ponty; I will suggest that a recognition of depth points out an incompleteness in his project. His valorization of the lived body goes hand in hand with his thesis of the "primacy of perception."⁴⁷ Yet the former notion is not coextensive with the latter. The lived body, as we have seen, is far more than a perceiver/perceived. Beneath the sensorimotor surface lies the anonymous strata of the visceral, a prenatal history, the body asleep. Within the *Phenomenology of Perception*, Merleau-Ponty makes passing reference to such dimensions of embodiment but never allows their full significance to emerge.

In the working notes collected in *The Visible and the Invisible* he criticizes his earlier work "due to the fact that in part I retained the philosophy of 'consciousness.'"⁴⁸ He now seeks to escape the limits of an analysis based on intentionality and subjective awareness. Commentators such as Gary Madison⁴⁹ have emphasized the crucial shift this effects in his project, the divergence between the early and later Merleau-Ponty. If space is to be made for the unconscious depths, we might then search for it in *The Visible and the Invisible*, his culminating, though unfinished work. It is to this volume that I now turn my attention.

Flesh: The Chiasmatic Structure

In *The Visible and the Invisible*, Merleau-Ponty seeks to bring to "ontological explicitation" (VI, 183) his previous phenomenological studies. He thus supplants his terminology of the lived body with the ontological notion of "flesh" (*la chair*). Flesh belongs neither to the subject nor world exclusively. It is a primal "element" (VI, 139) out of which both are born in mutual relation. It cannot then be conceived of as mind or as material substance. Rather, the "flesh" is a kind of circuit, a "coiling over of the visible upon the visible" (VI, 140), which traverses me but of which I am not the origin.

Merleau-Ponty gives specificity to this notion by articulating a series of "chiasmatic" relations, "intertwinings" (*entrelacs*) that characterize the flesh. Just as the three-dimensionality of visual space depends upon the optic chiasm blending fibers from both eyes, so the world leaps out

arguing that they are insufficient to do full justice to the visceral.

Because the human body is an "*exemplar sensible*" (VI, 135)—a structure in which is captured and exhibited the general structure of the world—Merleau-Ponty begins his analysis of flesh by examining the lived body. Utilizing the example of one hand touching another, he shows that the body can play the role both of perceiver and perceived, subject and object. It is as if the body had "two outlines," "two sides," "two leaves" (VI, 136–37). As discussed in my chapter 1, these never quite coincide. Insofar as I touch my right hand, I capture it as material object but no longer experience from it as the toucher. There is according to Merleau-Ponty, a "divergence" (*écart*), a "fission" that stops the body as subject and object from quite merging. Yet this is an identity-in-difference.⁵⁰ The two sides of the body are not ontologically separate categories as Sartre might have it, the subject's absolute nothingness, the object's plenitude of being. My hand could not touch unless it itself were tangible, installed in the same world as its objects. The lived body is necessarily chiasmatic, a perceiver/perceived.

This intertwining thus characterizes the body's relationship to its world. As perceiver I am necessarily made of the same flesh as the things I confront. I could not experience a world whose essential properties were radically discontinuous from mine. Correlatively, for Merleau-Ponty, the world is always a world-as-perceived (VI, 131), not a scientific object or a thing-in-itself. "The flesh of the world is of the Being-seen, i.e. is a Being that is *eminently percipi*" (VI, 250).

The full reality of this sensible world arises not simply from the power of sight, or any single such mode, but from the mutual reference and intertwining of all forms of perception. "There is double and crossed situating of the visible in the tangible and of the tangible in the visible; the two maps are complete, and yet they do not merge into one" (VI, 134). This book as you experience it is a chiasmatic product of both vision and touch. Such an intertwining of sensory worlds can occur only because my body is an intertwining, not just of perceiver and perceived but of different *ways* of perceiving. "My synergic body . . . assembles into a cluster the 'consciousnesses' adherent to its hands, to its eyes, by an operation that is in relation to them lateral, transversal" (VI, 141).

If my own body is already a prereflective synergy of different consciousnesses, it is not hard for me to understand the arising of consciousness in another's body. Here the flesh articulates into another chiasmatic relation: that which links me to other perceivers. Our perspectives on the world, though never quite coinciding, intertwine in

mutual validation. The reality of the world is secured via its presence to other perspectives than my own. Even my own body is brought to full fruition only through the gaze of the Other: "For the first time, the seeing that I am is for me really visible; for the first time I appear to myself completely turned inside out under my own eyes" (VI, 143).

The nature of body and world alike cannot be fully understood without reference to one final chiasmatic relation: that between the "visible and the invisible." Being is fleshed out by virtue of invisible dimensions that are *not* "non-visible" opposed to perception but installed within the visible world (VI, 149, 215, 227–28, 236). For example, there is an invisibility that adheres to the perceiver. I never quite see another's perceptual powers and subjectivity when I gaze upon the object body. The seer is always "a little behind," "a little further" than the body I see (VI, 261). Correlatively, there is an invisible ideality that adheres to all sensible objects. The experienced world is not a collection of sense data but organized into meaningful gestalts. The visible profile of an object suggests its other hidden sides without which it would have no depth or solidity. In a sequence of musical notes I grasp a structure, an idea that resides in these sounds while never quite being reducible to them. This ideality of perception can emigrate "into another less heavy, more transparent body" (VI, 153), that of language. Yet even this "purified" ideality remains of the flesh. As I will later discuss, language always remains embodied in the signifier and the acts of reading and writing, speaking and listening. And while supplementing the sense of the perceptual world, words are always dependent upon it, drawing their meaning from an ideality that "already streams forth along the articulations of the esthesiological body, along the contours of the sensible things" (VI, 152).

This is but a brief description of Merleau-Ponty's richly textured notion of flesh, left uncompleted at his death. Yet it will suffice for the point I wish to make. All of the chiasmatic relations to which Merleau-Ponty refers are those involving the surface, ecstatic body. His philosophical language changes dramatically from his earlier *Phenomenology of Perception*. Yet the notion of flesh remains, in the broadest sense, an ontologizing of perception. It includes the intertwining of perceiver and perceived, the synergic crossing of different perceptual modalities, the reversibility of my perception with that of another, the fleshing out of perception with ideality and language. Another name Merleau-Ponty offers for the flesh is "Visibility" (VI, 139). It is the body surface, visioning and visible, that is taken as the "*exemplar sensible*" of flesh.

Viscerality

Yet this is not the body as a whole. We have seen that the perceptual and expressive surface always rests upon a hidden base. My inner organs are

for the most part neither the agents nor objects of sensibility. They constitute their own circuitry of vibrant, pulsing life, which precedes the perceptual in fetal life, outruns it in sleep, sustains it from beneath at all moments. Rather than "Visibility," one might call this the dimension of "Viscerality." Like the Visible, the Visceral cannot be properly said to belong to the subject; it is a power that traverses me, granting me life in ways I have never fully willed nor comprehended.

This visceral circuit is intertwined, an identity-in-difference with the visible body. As has been shown, the two corporeal levels remain phenomenologically distinct. Yet I know that my visceral organs, my sleeping and fetal body, though ordinarily out of sight, are ultimately installed within the Visible. I can imagine the red, textured spectacle that awaits the surgeon who opens me up. Conversely, my powers of vision are installed in Viscerality, shaped and sustained by anonymous life. The eye lives only by virtue of the stomach's labor, and our digestive states help determine the quality and objects of our gaze.

This does not undermine but adds further dimension to Merleau-Ponty's chiasmatic analysis. The body is not just a chiasm of perceiver and perceived. Nor is it just an intertwining of perceptual powers, a "lateral, transversal" synergy of hands and eyes. There is also what one might call a "vertical" synergy; my surface powers rely upon deeper vegetative processes, as well as an unconscious fetal history and periods of sleep. More than just a "cluster of 'consciousnesses,'" my body is a chiasm of conscious and unconscious levels, a viscerio-esthesiological being.

Flesh and Blood

While not fully captured in Merleau-Ponty's articulation of "flesh," this term could be expanded to include my findings. No quarrel is raised with the Merleau-Pontian emphasis on corporeality or his characterization of this as a chiasmatic series. But in order to emphasize the important supplementation the visceral chiasm effects, I will supplement Merleau-Ponty's language. Rather than using the term *flesh*, I will speak of the *flesh and blood*.

The very word *flesh* commonly refers to the body surface. (While this is true as well of the French original, *la chair*, this connotation is even more pronounced in the English translation.) Most typically, the flesh of an animal is equated with its superficial muscle and fatty tissue. One dictionary definition is simply "the surface of the human body, esp. with regard to its outward appearance."⁵¹ The term thus already suggests the Merleau-Pontian tendency to focus on the sensorimotor surface of the body. Admittedly, *flesh*, as in the biblical sense, can also have a much broader significance, referring to the entire body or physical nature in

general. Yet this ambiguous equation of the body-entire with the body-surface embodied in the very word *flesh* is precisely what I would wish to avoid.

The term *flesh and blood* suggests a dimension of depth hitherto unspoken. (Its nearest French equivalent is *en chair et en os*—"in flesh and bone.") Beneath the surface flesh, visible and tangible, lies a hidden vitality that courses within me. *Blood* is my metaphoric term for this viscosity. "Flesh and blood" expresses well the chiasmatic identity-in-difference of perceptual and visceral life. The expression itself appears in certain dictionaries as if one word. To be "flesh and blood" is clearly to be one thing, a life entire unto itself. Yet the "and" is never expunged, suggesting an *écart*, a divergence of two existential levels.^{52*}

BODY AND WORLD

If the body is an *exemplar sensible*, the notion of flesh and blood must characterize not only the body in isolation but the relationship between body and world. In the perceptual chiasm, body and world reach out to each other from across an ineradicable space. Merleau-Ponty writes of a "thickness of flesh between the seer and the thing," a distance that is consonant with proximity (VI, 135). Perception is only possible via the mutual exteriority of perceiver and perceived.

Yet in addition to this perceptual communion of the flesh, I am sustained through a deeper "blood" relation with world. It is installed within me, not just encountered from without. The inanimate, calcified world supports my flesh from within in the form of bones. A world of organic, autonomous powers circulates within my visceral depths. Science tells me that some ten quadrillion bacteria live within my body. I cannot even claim my own cells fully as my own. In all probability, they evolved out of symbiotic relations between different prokaryotic cells, one living inside another.⁵³ My body everywhere bears the imprint of Otherness.

This encroachment of the world is renewed at every moment by visceral exchanges with the environment. In sleep I give myself over to anonymous breathing, relinquishing the separative nature of distance perception.⁵⁴ Even waking perception is ultimately in service to the visceral. In the most basic sense, the animal looks around to find things to eat and avoid being eaten.⁵⁵ (Merleau-Ponty's own term suggests this significance; *la chair* in French, like the English word, "flesh," commonly refers to meat, that which one devours.)^{56*} As I eat, the thickness of the flesh that separates self from world melts away. No longer perceived across a distance, the world dissolves into my own blood, sustaining me from within via its nutritive powers. I am not just a gazing upon the world but one who feeds on it, drinks of it, breathes it in.

SELF AND OTHER

My relation to other subjects is, as well, a relation of *flesh and blood*. In Merleau-Ponty's description, I discover my own visibility and that of the world only fully through the gaze of another. Yet prior to this intertwining from without by two perceivers was an intertwining from within. As discussed, my lived body was formed from within that of another. I arose out of Viscerality, hidden from the gaze of my mother and preceding the birth of my own vision.^{57*} Even my genes came not from perceptual but visceral chiasm. In the sexual act, my parents' bodies and cells intertwined, an identity-in-difference giving rise to me. My embryonic and fetal development then proceeded through a series of visceral *écarts*: the mitosis of my cells differentiating one from another, then giving rise to discrete but interrelated organ systems. The maternal/fetal relation is another chiasmatic identity-in-difference. While separate, we are enfolded together, sharing one pulsing bloodstream. Even after birth, through the act of breast-feeding, one body is nourished directly from the visceral production of the other.

Thus there is an intercorporeity of the blood of which the fleshly, perceptual encounter is a sublimated reflection. Though my own gestation is hidden, lost in depth disappearance, this bodily intertwining is never fully effaced from adult life. It is recapitulated in a limited way via the sexual act. It is experienced by women during pregnancy.^{58*} It is sensed in the similarity of features my body shares with those of my parents. I am "of their flesh and blood," their genes residing within me. The visible image of our interpenetration is sketched right onto my face.

VISIBILITY AND INVISIBILITY

The final chiasm to which Merleau-Ponty refers is that of the visible and the invisible. This too demands re-vision. The invisibilities to which Merleau-Ponty refers all belong to the ecstatic body. I discussed in chapter 1 the invisibility of the perceiver, never quite coinciding with his or her visible organs. The invisibility of perceptual meaning as taken up into language will be discussed in chapter 4. Merleau-Ponty refers to these as "depths," giving dimension to the visible world (VI, 136, 149, 219, 236). Yet they always remain depths of a surface, adhering to the esthesiological and expressive body.

In this chapter, another sort of depth, invisibility, has been encountered. This is an invisible not just of the flesh, the perceptual circuit, but of the blood. The visceral organs, the fetal body from which I emerge, the sleeping body into which I lapse, are regions ineluctably hidden from perception. The life-world is textured by this unconscious vitality

A recognition of the visceral thus leads to a revision of all the chiasmatic relations contained within the notion of flesh. The relations holding within my own body, between body and world, self and Other, the visible and the invisible, attain their full depths only when this vital dimension is recalled. In each case a perceptual chiasm is supplemented by a chiasm with, or of, the visceral. I am not merely consciousness, as Merleau-Ponty argues, but neither am I merely flesh. I am flesh and blood.

To say I am flesh and blood—ecstatic and recessive being—is to radically revise our operative concept of self. To identify the self to any extent with the body is considered in many spiritual traditions to be a primary cause of suffering and separation. It is claimed that insofar as we see ourselves as this located, material thing we deny our true identity with the All. However, this separative stance may be a function not of embodiment per se but of a restricted way of conceiving and living out the body. For realized as flesh and blood, the lived body profoundly challenges the separative stance. (I will explore this at greater length in my closing chapter.) There is a Buddhist myth wherein the god Indra has a net decorated with a bright jewel on each knot of the mesh. Each jewel thus reflects all the other jewels unto infinity.⁵⁹ Reminiscent of the philosophies of Leibniz or Whitehead, this myth suggests the mutual mirroring of all points in the universe. Yet the lived body is just such a jewel; my ecstatic flesh opens onto, mirrors the surrounding world of other bodies. I am not then simply an “I” but all that I am not, a perspective upon the universe as a whole. Similarly, as “blood,” or recessive being, I find a consanguinity with processes that far outrun the traditional boundaries of self. It is not “I” as conscious, limited thing, that first gave rise to or sustain my self, but a wider context of natural powers of which I am but a partial expression. Each breath speaks of my dependency upon the whole. As such, the universal or the “spiritual” need not be conceived as something opposed to the flesh and blood. The body itself proclaims spirit in our lives, that is, transcendence, mystery, and interconnection.

We are not tormented by some foreign agent, it is not an incident, a word, a thought, or even sickness or death, however we may acknowledge the powers of these: it is our own body. My own hand, my head, hurts me. The organs of the body, the heart, kidneys, stomach, function in a manner which is hidden and unconscious as far as I am concerned: now they refuse to serve, they are in revolt against me: they torment and rob me of my power over myself. This senseless abandonment of the human being to pain has its direct result in a cleavage of the self and the body.

Buytendijk, *Pain: Its Modes and Functions*

In previous chapters I have focused upon the body's tendency to disappear from awareness and action. This has proved to be a multidimensional phenomenon. As ecstatic, the body projects outside itself into the world. As recessive, the body falls back from its own conscious perception and control. In addition, the body simply “moves off to the side”; at any time, parts of the surface body are left unused or rendered subsidiary, placed in a background disappearance.

This provides us with a phenomenological resolution of the question with which we began this work: why, if human experience is rooted in the bodily, is the body so often absent from experience? I have attempted to show that certain modes of disappearance are essential to the body's functioning. As ecstatic/recessive being-in-the-world, the lived body is necessarily self-effacing.

Moreover, these modes of disappearance will help account for our cultural understanding of embodiment. In the West there has been a tendency to identify the essential self with the incorporeal mind, the body relegated to an oppositional moment. A phenomenological treatment of embodiment must not merely refute this view but account for its abiding power. I will suggest later that it is the body's own tendency toward self-concealment that allows for the possibility of its neglect or deprecation. Our organic basis can be easily forgotten due to the reticence of visceral processes. Intentionality can be attributed to a disembodied mind, given the self-effacement of the ecstatic body. As these disappearances particularly characterize normal and healthy functioning, forgetting about or “freeing oneself” from the body takes on a positive valuation. The import of such life-world experiences in

Leders
plu. 105
for writing
as usual
of 12 steps

determining metaphysical and ethical attitudes toward the body will be taken up in part 2 of this work.

However, before this is possible I must continue the phenomenological exploration, albeit with a twist. I have been discussing the body as "absent," etymologically "to be away." The ecstatic-recessive awayness of the body accounts for its withdrawal from experience. However, the character of "being away" is also an ingredient in many experiences we do have of our own bodies. My own body may feel away from me, something problematic and foreign, even at moments of its most intimate disclosure. The "absence" of the body, in a primordial sense, infects its presence from the very start. In this chapter I will focus on those phenomena in which the body manifests as a problematic or disharmonious thing, and is therefore experienced as a "being-away."

This is not meant to suggest that such is the invariant essence of corporeal experience. I do not intend a general survey of the various modes of apprehending one's body: its kinesthesias and coenesthesias, pleasures as well as pains, visual and tactile apprehensions, both direct and mediated through mirrorings, all of these supplemented and interpreted through the gaze and response of others, the vagaries of our psychological history, the scientific knowledge current in our time. The weaving of a body-image out of such diverse threads is an ongoing matter of study for psychologists and philosophers alike. However, such will not form the subject of this chapter.

For several reasons, I am analyzing only a particular class of body experiences, those involving problematic or dysfunctional relations. First, as previously mentioned, this will further my discussion of the "absence" or "awayness" of the body which, to be fully grasped, must be seen as ingredient within modes of self-presence. Second, such disruptive experiences have, as I will later argue, a certain phenomenological power and demand quality that make them central in shaping our views on embodiment. Finally, for this reason, such experiences are important vis-à-vis the history of the concept of the body. Insofar as the body seizes our awareness particularly at times of disturbance, it can come to appear "Other" and opposed to the self. Such experiences then play a part in buttressing Cartesian dualism.

Pain

In discussing the problematic presencing of the body I will start with the example of physical pain. Even in this seemingly simple sensation there is the seed of a body-self division. I will then expand discussion to the broader context in which pain is often situated: that of disease and

dysfunction. As in the previous chapters, a phenomenological example will provide the point of entry.

A man is playing tennis. His attention dwells upon the ball flying toward him, the movements of his opponent, the corner of the court toward which he aims his return. He is already flexing in preparation for this shot and a subsequent charge to net. The closer the ball approaches, the more it acts to focus his attention and posture until at the exactly right moment, without the need of explicit thought or will, his body uncoils to meet it with force.

But as he swings he feels a sudden pain in the chest. His attention now shifts to the expanding focus of pain. The concerns with the game that a moment before were paramount—the perceptions of the ball, the court, the tricky wind, the attempt to intuit and outwit his opponent—all this recedes before the insistent ache. He raises and lowers his arms to see if the pain is muscular in origin, and flexes his torso in an attempt to reduce discomfort. But the pain hangs on, centered in the chest and spreading up the shoulder. He is distressed and a little fearful. He stops the game which, in an experiential sense, is already something far away.

Prior to the onset of pain, the body of the tennis player stands in the threefold disappearance previously described. Attention is ecstatically distributed to distant points. Parts of the body are backgrounded and forgotten as all power centers in the swing. A metabolic machinery supplies the player with energy, without demanding his attention or guidance. The game is made possible only by this bodily self-concealment.

Yet this structure is lacerated by a single moment of pain. The player is called back from ecstatic engagement to a focus upon the state of his own body. A background region, the chest, is now thematized. Assuming for the moment the pain is cardiac in origin, a once tacit viscerality now floods through perception and cries out for action. Pain can thus overcome focal, background, and depth disappearance alike. How does pain bring about this transformation? The answer, though seemingly quite obvious, is only unfolded by a detailed analysis.

First, and most basically, pain effects what I will term a *sensory intensification*. A region of the body that may have previously given forth little in the way of sensory stimuli suddenly speaks up. As discussed in the last chapter, this is typical of the inner body, often silent except at times of discomfort. Even body regions that are ordinarily perceptible still present a heightened call when in pain. The chest of the tennis player was already a place of heavy breathing, the smell and dampness of sweat,

most intense we experience. Indeed it is characteristic of other sensory possibilities to turn into pain when their levels become too great: the light too bright or the sound too loud, the water too hot or cold, the annoying tickle that reaches unsupportable levels.

Pain asserts itself not only via its sensory intensification but through its characteristic temporality: that which I will term its *episodic structure*. We usually notice in the ongoing stream of sensation that which stands out as episodic and discrete. This is frequently the case with pain. It is not a constant accompaniment of normal bodily activity but tends to arise at times of unusual stress or trauma. The feeling of the wind and sweat on the tennis player's chest, the effort of breathing, the kinesthetics of muscles and joints, were for him continual, if modulating, stimuli. As such they could sink to an unthematized background. By contrast, the pain arises suddenly. It punctures the scene with novelty. Even pains of a more chronic nature are often marked with an episodic nature, changing in their character and intensity according to one's activity, position, or visceral periodicities. Feelings of general neutrality or well-being are typically amorphous, marked neither by definable beginnings and ends nor abrupt transformations. Pain, as a symptom of the problematic, frequently is.

Even relatively constant pains participate in this episodic temporality via their continual reassertion of presence. It is characteristic of most stimuli to experientially recede as they persist over time. We notice the noise when the air conditioning is first turned on but soon forget it. When we touch something, there is an initial feeling of pressure that gradually fades until the point of contact becomes more difficult to feel. There are a variety of neurological correlates to such experiential extinguishings. On the peripheral level, most sensory receptors have mechanisms for either partial or complete "adaptation" to repetitive stimuli. Over time, as a result of mechanical or chemical adjustments, receptors simply cease firing or decrease their rate of response to the same stimulus. Pain receptors, on the other hand, adapt either little or not at all. They react strongly as long as the pain stimulus continues, some even increasing in sensitivity over time.¹ Biologically this has a clear usefulness. The animal is propelled to attend and act however long the damaging stimulus persists. Experientially, though, this can be most annoying. A chronic pain for which one has no solution continues to grab the attention with undiminished intensity. To an extent, one can accept or become accustomed to such pain. But it still retains something

unique qualitative feel that sets it off from other sensory experiences: namely, it *hurts*. Pain is the very concretization of the unpleasant, the aversive. It places upon the sufferer what I will term an *affective call*. One's attention is summoned by the gnawing, distasteful quality of pain in a way that it would not be by a more neutral stimulus. The feelings of wind, sweat, breath, and effort placed no great affective demand on the tennis player. His attention was free to roam elsewhere despite strong bodily sensations. However, when the character of these changed from those of vigorous well-being to the unpleasant, it is as if a magnet had reversed poles, reorganizing the experiential field inward.

This affective call has a quality of compulsion. I am seized by the pain in a way I am not by other experiences of the body. I can choose to look in the mirror or not, to pay attention or not to my kinesthetics. Even strong pleasures, such as those of a sexual nature, may leave one's thoughts wandering. Aesthetic, objective, or pleasurable self-encounters retain a large volitional element. With pain this is less the case, not only because of its typically involuntary etiology but because of the quality of the sensation itself. The tennis player did not choose to stop his game and focus upon his chest. He is seized by a power holding sway over him. In the face of pain, one's whole being is forcibly reoriented.

This is not to say that the call of pain is irresistible. The tennis player, if in the midst of a crucial point, might have kept his concentration upon the game. A trained yogi can learn to ignore pain entirely and suppress reflexive motor responses. But the powerful distractions, training, or acts of will necessary to resist pain's call bear testimony to its original strength.

I have briefly characterized pain qua sensory mode. The sensory intensification it brings into play, combined with an episodic temporality and affective call establishes its peculiar hold upon our attention. Yet pain, like any other experiential mode, cannot be reduced to a set of immediate sensory qualities. It is ultimately a manner of being-in-the-world. As such, pain reorganizes our lived space and time, our relations with others and with ourselves. The full phenomenological import of pain is only revealed when set within this broader context. Here pain effects what I will term an intentional disruption and a spatiotemporal constriction. Correlatively, the painful body emerges as an alien presence that exerts upon us a telic demand.

I will begin by examining the *intentional disruption* that accompanies pain. Prior to the onset of pain, the lived body of the tennis player is an

summary
of pain

✓

✓

Polanyi's language, he lives from his body to the world. It is this relation in all its dimensions that is disrupted by the call of pain. No longer simply a "from" structure, the painful body becomes that *to* which he attends. As the body surfaces thematically its transitive use is disrupted. That is, the game comes to a stop. First, the tennis player may be unable to focus perceptually on the game as his chest throbs. Second, the severe demand of the pain can serve to immobilize him—we thus speak of being "frozen in agony." Third, even if he could resume the game, he might not risk it; movement could aggravate the pain or the injury that caused it. Finally, he may simply lose interest in the game. The highly affective and significant call of pain renders unimportant projects that previously seemed crucial.²

As the world of the game is disrupted, so is the connection with another. A moment before the two players were bound together. They shared the court, the flight of the ball, the wind, the joy of effort and competition. Their thoughts intertwined around the goal of victory, the mutual anticipation of each other's strategy. But pain strikes one alone. Unlike the feel of the cool wind, pain is marked by an interiority that another cannot share. As Scarry notes, pain "achieves its aversiveness in part by bringing about, even within the radius of several feet, this absolute split between one's sense of one's own reality and the reality of other persons."³ The person in pain may reach out more to others, yet this is in response to the individualizing effects of suffering. As Updike writes:

[Pain] shows us, too, how those around us do not, and cannot, share our being; though men talk animatedly and challenge silence with laughter and women bring their engendering smiles and eyes of famous mercy, these kind things slide away like rain beating on a filthy window when pain interposes.⁴

Such is not the case with pleasure. While sensations of pleasure and well-being may call one back to one's body, there is rarely the same character of disrupted intentionality vis-à-vis objects or other people. Pleasures are usually secured through the body's commerce with the world effecting a satisfaction of need or desire. Moreover, such pleasurable sensations are primarily experienced as in and from the world, not

damage, its sensory character may be quite independent of, and persist in the absence of, its environmental cause.⁵

Pleasures, as more tied to a common world, also tend to maintain our intentional links with other people. We feast and drink with friends, making of our enjoyment a common bond. It is our means of connection, not, as Updike writes of pain, a "filthy window" interposed between us. The primal image of pleasure, that of the infant feeding, depends upon a caretaker's presence. In adulthood, many pleasures, such as the sexual, are still secured primarily with and through others. The feel, the look, the invitation, of the desired one is precisely what arouses one's own bodily response. Even solitary sexuality is usually motivated by another's body as pictured or imagined.

Thus, as Buytendijk discusses, pleasure and the happiness with which it is often accompanied is naturally "expansive."⁶ We fill our bodies with what they lack, open up to the stream of the world, reach out to others. In contrast, pain tends to induce self-reflection and isolation. It effects a spatiotemporal constriction.

The tendency of pain to disrupt our intentionalities never leads to a complete collapse of the world. It is our nature, as being-in-the-world, to inhabit a significant continuum of space and time, projects and goals. However, the new world into which we are thrust by pain has a constricted aspect. The expanse of the distance senses is replaced by the oppressive nearness of coenesthesia. We are no longer dispersed out *there* in the world, but suddenly congeal right *here*. Our attention is drawn back not only to our own bodies but often to a particular body part. In Scarry's words, intense pain is "experienced spatially as either the contraction of the universe down to the immediate vicinity of the body or as the body swelling to fill the entire universe."⁷

A motoric constriction accompanies the perceptual. As discussed, pain and the disability it signals often restrict our possibilities of movement. Things we once could do now seem impossible or uninteresting. Even if we can move, we often find it useless. The tennis player tests out different positions and motions but none relieve his pain. With chronic suffering there is nowhere to go, nothing to do, no escape. Space loses its normal directionality as the world ceases to be the locus of purposeful action.

Physical suffering constricts not only the spatial but the temporal sphere. As it pulls us back to the *here*, so severe pain summons us to the *now*. Prior to injury, the tennis player roamed the future, already pre-

affected body part becomes universe

✓

This temporal constriction is characteristic of chronic pain as well. While the body in well-being can explore the far reaches of time through memory and imagination, such possibilities constrict when we are in pain. With chronic suffering a painless past is all but forgotten. While knowing intellectually that we were once not in pain we have lost the bodily memory of how this felt. Similarly, a painless future may be unimaginable. In the words of Emily Dickinson:

Pain—has an Element of Blank—
It cannot recollect
When it began—or if there were
A time when it was not—

It has no Future—but itself—
Its Infinite contain
Its Past—enlightened to perceive
New Periods—of Pain.⁸

Thus, pain exerts a phenomenologically “centripetal” force, gathering space and time inward to the center. We are ceaselessly reminded of the here-and-now body. The very aversiveness of pain may also lead to a counteraction; I discuss elsewhere a “centrifugal” movement in which we seek to escape this hold of pain by focusing outward upon the world, or dwelling in our past or a hoped-for future.⁹ Yet even such a movement outwards bears witness to the original constrictiveness of pain. The body is no longer a nullpoint but an active presence whose call we must resist.

The disruption and constriction of one’s habitual world thus correlates with a new relation to one’s body. In pain, the body or a certain part of the body emerges as an *alien presence*.¹⁰ The sensory insistence of pain draws the corporeal out of self-concealment, rendering it thematic. No event more radically and inescapably reminds us of our bodily presence.¹¹ Yet at the same time pain effects a certain alienation. White and Sweet report that their patients almost universally describe their pain as an “it,” separate from the “I.”¹² The painful body is often experienced as something foreign to the self.

There are several reasons for this. Most basically, this combination of identity and difference pervades all of perception. To return to Merleau-Pontian language, the perceptual bond is always based on the *écart* (divergence). To perceive anything is both to enter into a communality with it and to confront it as something that is at least marginally sepa-

powers from which I exist. Now I “have” a body, a perceived object in the world.

However, this *écart* of the flesh does not account for the distinctiveness of pain. Pain engenders a further dimension of alienation that is not a part of neutral or pleasurable self-experience. There are admittedly certain pains, such as that of the athlete pressing against limits, that are congruent with life projects and have a positive significance. (“No pain, no gain.”) Yet this is the exception rather than the rule. In most cases pain is an unwanted and aversive phenomenon that forces itself upon us against our will. Moreover, it threatens the very routines and goals by which we define our identity. Aversive, involuntary, and disruptive, the painful body emerges as a foreign thing.¹³

This cleavage between body and self is not only initiated by the pain but may also serve as an adaptive response to it. As Bakan points out, when the affected part of the body becomes “other” to the ego, one becomes more ready to take whatever means are necessary to rid oneself of it.¹⁴ A tooth may need to be pulled or a limb amputated; one is prepared for physical invasions and separations by an existential separation already effected. With pain that cannot be so removed, a process of distancing still provides consolation. To experience the painful body as merely an “it,” that which is separate from the essential self, yields some relief and reestablishes one’s integrity in the face of an overwhelming threat.

Thus, the sense of the body as an alien thing does not arise solely in the objectifications of the modern physician.¹⁵ Prior to visiting the doctor’s office, the pain and disability of the patient have already laid the groundwork for a distanced perspective. Plügge, the German physician and philosopher, has discussed this phenomenon eloquently. He argues that the sheer “thinglike” nature of the body, as reified in Cartesian metaphysics, first surfaces in life-world experiences of effort, fatigue, disease, and the like.¹⁶

To fully understand the alien presence of the painful body it is necessary to look at the projects it brings into play. Pain exerts a *telic demand* upon us. While calling us to the now, its distasteful quality also establishes a futural goal: to be free of pain. As Sartre writes, “pain-consciousness is a project toward a further consciousness which would be empty of all pain; that is, to a consciousness whose contexture, whose being-there would be not painful.”¹⁷ The sensory aversiveness and world disruptions effected by pain cry out for removal. This goal is built

terpretation and understanding.¹⁸ The tennis player stops the game not simply out of an inability but also in a positive quest for meaning. He wants to know about the origin, extent, and significance of the pain. Only then will he be in a position to take reparatory action or cope with the pain's existential challenge. As Bakan writes:

To attempt to understand the nature of pain, to seek to find its meaning, is already to respond to an imperative of pain itself. No experience demands and insists upon interpretation in the same way. Pain forces the question of its meaning, and especially of its cause, insofar as cause is an important part of its meaning. In those instances in which pain is intense and intractable and in which its causes are obscure, its demand for interpretation is most naked, manifested in the sufferer asking "Why?" Thus, our very effort to understand the nature of pain is natural, much as it is natural for man to concern himself with disease.¹⁹

When in pain, the body becomes the object of an ongoing interpretive quest. We obsessively probe and palpate even when this increases discomfort. We read books on the body, seeking self-diagnosis, or ask friends for answers. We go back through the past, reflecting on our bodily history and possible origins of the current problem. We pose tests to see what diminishes or increases pain. Even at times when the discomfort disappears we wonder why and hold watchful vigil. If we finally seek out a healthcare provider, this is hardly an abandonment of self-exploration. Rather, the treaters' gaze provides an extension of our own. Through the mediation of another, we come to see our body in a series of technologically and conceptually extended ways that otherwise would be unavailable.

Sensations of well-being rarely induce such corporeal hermeneutics. One may savor particular pleasures, but they do not demand continued self-reflection or the use of diagnostic specialists. In pleasure there is ordinarily no threat to one's being, no mysterious etiology, no aversiveness to be removed. As such one simply "enjoys" the pleasure. Szasz writes:

Whereas "pain" is a command for action, "pleasure" (which may be equated here with contentment or happiness) calls for no action. The ego's essential experience and wish is for no change from the existing situation.²⁰

The aversiveness of pain does call for change. Hence, the hermeneutical moment is ultimately involved with a pragmatic goal: getting rid

the body, I act toward it. This goal of pain removal is but one of many valued ends and may at times be overridden. One may even consciously stimulate pain, as in forms of religious asceticism or puberty rites. However, the power of such practices to test the will originates in pain's telic demand. One must exercise strength of character to overcome the powerful urge to escape.

Disease

I have analyzed the ways in which the painful body emerges from disappearance to become a thematic object. Pain exerts a power that reverberates throughout the phenomenological field, shifting our relations both to the world and to ourselves. There is a disruption of intentional linkages and a constriction of our spatiality and temporality to their embodied center. The painful body emerges as alien presence, its telic demand reorganizing around it ongoing projects of interpretation and repair.

Immediate sensation can thus inaugurate a bodily appearance. If the pain is transitory and of no great consequence one may within minutes return to one's habitual world. However, such phenomenological shifts can be of a more enduring nature, stretching over days, months, or years and resulting from long-standing physical processes. This is often the case in situations of disease.

To explore this phenomenon is on the one hand simply to broaden the context of our previous discussion. Pain is a common accompaniment of disease to the point where the distinction between the two blur. However, they are hardly identical. There are many pains unconnected to a disease state. I may, for example, induce discomfort by pinching myself or enduring a long-distance run. Conversely, there are many disease processes (e.g., dermatological) that are painless. Other diseases give rise to pain and discomfort only on a sporadic basis. The common tendency to associate pain and disease is not explained simply on the basis of their frequent physical contiguity. It rests, as well, upon a phenomenological association: disease tends to effect many of the same experiential shifts as does pain.

In illustrating this point, I will not attempt a detailed phenomenology of disease states. There are several excellent examples in the literature.²² Nor will I seek the elusive definition of *disease* versus

*health*²³ or systematically contrast, as some authors have, "disease" as a scientifically interpreted physiological event with the "illness" actually experienced by the sufferer.²⁴ The very term *disease* (dis-ease) expresses well the experienced loss of comfort and possibility that often accompanies physiological disruption.

To orient the discussion, I will continue my previous example to its morbid conclusion.

After his pain fails to subside, the tennis player pays a visit to the hospital, learning to his dismay that he has had a heart attack of moderate severity. For several days he is confined to a hospital bed, his movement severely restricted. He is permitted to increase his activity upon returning home, but only gradually. A continued sense of limits remain with him; many things he once did he no longer dares risk, or at least not without some planning and trepidation. His attention often returns to his chest as he watches for the least sign of pain or irregularity. There is an expectant distrust, a subliminal awareness of the heart that never fully disappears even when his pain has long been absent. He resumes playing tennis but now as much for the sake of rebuilding the heart as for enjoyment.

Finally, the day comes when there is a second heart attack more disabling than the first. A weak heart now places severe limits on our subject's activity; he experiences a generalized heaviness and fatigue and cannot walk far because of shortness of breath. Sometimes a difficulty with breathing wakes him in the middle of the night. Diuretics and other medications lessen some of the symptoms but are in no way curative. His appetite decreases for food, and for life in general. The everyday concerns of others recede as he finds himself thinking more frequently about death.

Buytendijk writes, "being ill is before all alienation from the world."²⁵ As the above example suggests, disease, like pain, effects a disruption of intentional links and a spatiotemporal constriction. This may first originate in the immediate call of pain and discomfort. However, it is hardly confined to this. Long after the pain of the first heart attack had passed, the disruption of the tennis player's world remains. Confined to a hospital bed during the period of recovery, he is removed from the meaningful context of job, home, friends, and family. Even frequent visitors cannot know or share fully the experience he has been through. Spatiality and temporality constrict to the world of the hospital, the slow progress of recovery. As van den Berg describes, the sick person may hear the sounds of the street from the window as others go about their business.

However, this world, which the patient had until recently inhabited, now echoes as though from an inaccessible distance.²⁶

After the first heart attack, a period of withdrawal is enforced by doctor's orders. The patient must rest in order to avoid exacerbating the infarct. Hence, part of the disruption and constrictiveness of illness is often reflectively willed as a therapeutic mode. However, the disease itself inaugurates a constriction that does not end with the period of formal confinement. Plügge describes how cardiac patients, as exemplified by the above subject, experience a reduced sense of time and space.²⁷ After a heart attack, such patients no longer want to look into the distant future. A landscape is viewed not as a field of possibility but of difficulties to negotiate. The ordinary sense of free and spontaneous movement is now replaced by calculated effort; one does not want to take chances. Etymologically, "ease" comes from the French word *aise*, originally meaning "elbow room" or "opportunity." This experience of world-as-opportunity is precisely what dis-ease calls into question.

This is even more the case when serious illness radically truncates our physical capabilities. After the second heart attack our subject is simply unable to do many things he previously could. A diffuse weakness and exhaustion make vigorous movement impossible. In addition to imposing such generalized constrictions, each specific disease is characterized by its idiosyncratic motifs of disruption. For example, because of the collection of fluid in the lungs, cardiac failure may prohibit particular sleeping postures.

Hence, disease, even more than pain, is typified by complex patterns of dysfunction. The "I can" of bodily ecstasis is disturbed. What results is not, however, identical to the "I cannot" of the recessive body. The latter refers to the fact that one's visceral functions continually and necessarily elude direct control. One is simply *un-able*. In disease, one is actively *dis-abled*. Abilities that were previously in one's command and rightfully belong to the habitual body have now been lost. This could be termed the phenomenon of the "I no longer can."²⁸ When sick, I no longer can engage the world as once I could. There may be nostalgia for lost possibility, hope for its return, fear that disability will further spread.

As in the case of pain, this intentional disruption and spatiotemporal constriction correlates with a heightened thematization of the body. The diseased body introduces its own episodic temporality of rally and relapse, which makes it stand out from the amorphous time of health. A telic demand for interpretation and repair further turns the sick person's focus inward. The consequent self-preoccupation of the ill is a well-recognized phenomenon. The invalid's meticulous attention to the

least bodily functions, the careful consideration of all acts as to their harmful or therapeutic effects, has both its tragic and comic aspects.

This alien presencing of the body in disease is a more complex matter than is the case with simple pain. We may first be seized by any of a variety of sensations. The body when ill is a concert master not only of pain but of warmth and cold, bloating, pressures, fatigues, nausea, tinglings, itches. Then again, our attention may be called not to changes in inner sensation but in outer appearance. A skin disease may simply look bad though no discomfort is experienced. Some syndromes are defined as diseases primarily because they are disfiguring or embarrassing, offending our sense of the proper body; Engelhardt terms this the aesthetic criterion of disease.²⁹ In such cases our body takes on an alien presence insofar as it is an object of pity or disgust. Its appearance no longer expresses one's own wishes and personality but the hegemony of an occupying force. In general, hospitalized patients are often highly aware not simply of the internal but the external body, with its sallow look, distasteful odor, and embarrassing excretory needs.

The general disability characteristic of sickness is also a factor in bodily thematization. Whereas one's attention is called to the body immediately in discomfort and disfigurement, this is not always the case with mild disability; secondary reflection may be necessary. Plügge describes how, given the ecstatic nature of embodiment, certain patients experience *Missbefinden* ("feeling poorly") as a change primarily in their outer world.³⁰ Habitual actions seem more difficult to do, and the environment takes on an unappetizing or resistant demeanor. This stage may continue for months or even years. However, for the most part, one is finally induced by such difficulties to reflect back upon the body itself. "Perhaps there is something wrong with me—perhaps I am sick—I should see a doctor."

If illness presents itself not as vague *Missbefinden* but as a sharp and specific curtailment of function, this surfacing of the body is more immediate. I know something is wrong with me when the morning comes and I cannot get out of bed. The tennis player in congestive heart failure is aware of the body in everything he cannot do. "It" is what stops him from going to the kitchen. "It" stands between him and all aspects of a normal life. The body can interfere in this way only because it is the power behind such acts, the locus of our sensorimotor abilities. When functioning well this body is a transparency through which we engage the world. As Plügge and Kohn write, well-being is "in general, synonymous with my noticing nothing about my body."³¹ Yet when the body is rendered opaque through loss of function, we become aware of it as alien presence.

This principle comes sharply into play when we are threatened by death. Taken for granted as a ground of vitality, the body is often explicitly thematized when death approaches. With life-threatening illness, as in the case of the tennis player, not just this or that action, intentional link, or pleasurable sensation are undermined; everything at once comes under threat. Death suggests the "I no longer can" of all. As Heidegger points out, this dying is never simply a physical event, but of existential and ontological import.³² Yet at the same time it is a physical event belonging to a bodily history I never fully intend. The illness progresses with its own characteristic course and temporality; the tennis player will see his grandchildren next Christmas *if* health permits. He is subject to what Ricoeur calls the "corporeal involuntary,"³³ a power, temporality, and set of demands with which the experienced "I" never quite coincides. Thus, Tolstoy describes Ivan Ilych contemplating his pain and approaching death:

He would go to his study, lie down, and again be alone with *It*: face-to-face with *It*. And nothing could be done with *It* except to look at it and shudder.³⁴

As the sensation of pain is the harbinger of illness, and as illness foretells the coming of death, so the alien presence of the body expands until it can threaten the entirety of one's world.

Dys-appearance

In order to understand the principle at play here, it is useful to refer back to Heidegger's discussion of the tool.³⁵ Heidegger notes that the "ready-to-hand" tool withdraws insofar as it functions unproblematically. We concern ourselves then with the work and its goals, the "towards-which" the tool is used. Only when the tool manifests a certain "un-readiness-to-hand" by virtue of becoming unuseable, missing, or standing in the way, must we take explicit account of it. It stands forth as "present-at-hand" because of a dysfunctional break in its employment.

As I discussed, the tool can best be understood as an "incorporated" structure. It withdraws insofar as it is brought within the tacit body. It might then be expected that the mode of presencing characteristic of the tool also derives from its bodily participation. This is confirmed by our previous examples. It is characteristic of the body itself to presence in times of breakdown or problematic performance. The tool, as an extended part of the body, merely participates in the same phenomenological structure. At moments of breakdown I experience *to my body*, not

the body

appears as immediate reality, but precisely as in this case it is from the Greek prefix signifying "bad," "hard," or "ill," and is found in English words such as "dysfunctional." The full significance of the term *dys-appearance* will shortly be explored. Prior to that, I will further unfold the range of examples to which this principle can apply.

An exploration of pain and disease has provided an initial point of entry. These aversive states bring corporeality to explicit awareness for the sufferer. Indeed, the sick body partakes in all the modes of un-readiness-to-hand that Heidegger describes in relation to the tool. At times of illness one may experience one's body as more or less "unuseable." It no longer can do what once it could. Certain possibilities of sensation and action, certain resources of energy, are simply "missing." The body that remains, as Heidegger writes of equipment, "reveals itself as something just present-at-hand and no more, which cannot be budged without the thing that is missing."³⁶ Finally, the sick body may be experienced as that which "stands in the way," an obstinate force interfering with our projects. As death approaches, these modes only heighten. The corpse is the very essence of the unuseable, that from which all life is missing, that which threatens to stand between us and the accomplishment of our ends.

Dys-appearance, however, is not confined to pathological or terminal states. When normal physiology reaches certain functional limits it seizes our attention. We remember the body at times of hunger, thirst, strong excretory needs, and the like. It is biologically adaptive that we recall our situation at such moments and that their unpleasantness exert a telic demand for removal. Cases of weakness, dizziness, or fatigue operate similarly. Plügge describes how in the initial stages of tiredness the environment itself seems to change, losing its variety and attractiveness. However, when this progresses to real exhaustion, one's focus is taken over by the body. One's limbs come to feel like heavy prostheses, as movements must be attended to and actively willed.³⁷

Dys-appearance characterizes not only the limits of vital functioning but those of affectivity. I may become aware of a raging anger twisting my body or a lethargic depression leaving me limp. I feel these emotions holding sway within me as an alien presence that I cannot shake. Anxiety provides a good example of this phenomenon. Reading a paper at an important conference I discover my hands becoming clammy, my voice beginning to crack. My heart is racing and my breathing takes on a choked quality. Try as I might to focus on my talk, my attention is

also something from without, hindering my efforts at mastery.

This affective disturbance not only gives rise to bodily self-consciousness but may originally have been the result of it. In this case, my anxiety was first stimulated by the hundreds of pairs of eyes focused upon me. My self-awareness in the face of this Gaze led to nervousness and consequent bodily symptoms. This illustrates a correlative principle to the one I have been exploring. In dys-appearance, the body is thematized at times of dysfunction or problematic operation. Conversely, thematizing the body can itself bring about dysfunction. For, as has been discussed, that from which we act or perceive necessarily operates in a tacit fashion. Insofar as we thematize the "from" term we tend to disrupt its ecstatic projectivity. Polanyi gives an example: "if a pianist shifts his attention from the piece he is playing to the observation of what he is doing with his fingers while playing it, he gets confused and may have to stop."³⁸ The principle of dys-appearance is thus potentially "bidirectional," dysfunction and body awareness engendering one another. This need not be the case, for self-awareness can allow us to seek help and effect repair. However, it can also exacerbate problems, intensifying anxiety or a slump in performance.

Bodily dys-appearance may be triggered not only by vital or affective disturbance but by dysfunction in the motor sphere. I forget my feet until the moment I stumble. A poor backhand makes a tennis player self-aware. When shot after shot goes into the net, I begin to reflect upon and adjust my swing. A heightened body awareness not only arises at such times when mastered skills go awry but also characterizes the initial acquisition of motor schemas. As discussed, when first learning a skill one needs to concentrate explicitly on its bodily performance though this will later become tacit. There is a dis-ease with the novel situation that provokes bodily dys-appearance.

Perceptual as well as motor difficulties may stimulate this self-consciousness. I am ordinarily oblivious to the act of sight until I see something that strikes me as impossible. Then I "rub my eyes," "pinch myself," that is, check my own perceptual conditions. When the world at large becomes strangely blurred I remember to go for an eye exam. As long as perception presents no problem my body disappears. But in situations of questionable or blocked perception, I am called to reflect back upon bodily states. These are the focus not only of attention but of action; I change my position, get a better angle, or supplement my perceptual possibilities in some way. As I will discuss in chapter 5, such

examples of perceptual dys-appearance have a philosophical significance. That the body is remembered particularly at times of error and limitation helps to explain the Cartesian epistemological distrust of the body. Largely forgotten as a ground of knowledge, the body surfaces as the seat of deception.

I have surveyed a series of examples wherein the body presences as a result of disturbances in coenesthesia, health, homeostatic and vital functioning, affectivity, motility, and perception. These problematic situations initiate dys-appearance through a variety of mechanisms. Sensations of pain and discomfort exert an immediate call, based on the body's prereflective circuitry. On the other hand, self-awareness may result from secondary reflection, as in subtle *Missbefinden* or sensorimotor error. A disruption in world-relations leads one to reflect back upon one's bodily performance. In either case, the negativity of such disruptions further inaugurates a telic demand for repair. In order to return to normal mastery, the body itself becomes the focus of ongoing hermeneutic and pragmatic projects.

I have used the term "dys-appearance" to refer to this thematization of the body which accompanies dysfunction and problematic states. *Dys-appearance* is a mode, though by no means the only one, through which the body *appears* to explicit awareness. As such, it effects an attentional reversal of all the types of disappearance that I have heretofore explored. Thus, the two words, *dys-appearance* and *disappearance* have an antonymic significance. Yet at the same time, the homonymity of these words is meant to suggest the deep relation between these modes. It is precisely because the normal and healthy body largely disappears that direct experience of the body is skewed toward times of dysfunction. These phenomenological modes are mutually implicatory, as can be seen in relation both to the body surface and the visceral depths.

In the case of the body surface, we live from our organs ecstatically to the world; I have termed this *focal disappearance*. Self-forgetting is thus intrinsic to body function. Yet, it is also for this reason that self-presencing particularly arises at times when ecstasis is disturbed, as by disease or dysfunction. Attention must then be turned back upon the body. *Disappearance* and *dys-appearance* are thus implied correlatively by bodily ecstasis.

This correlativity holds true as well vis-à-vis the body's recessive aspect. My viscosity is constructed to proceed largely in silence without the knowledge or control of the conscious self. This is what I have termed *depth disappearance*. However, this is also why visceral awareness is most associated with modes of discomfort and illness. It is at such

times, signaling tissue damage or disrupted homeostasis, that the intervention of the conscious "I" becomes a requirement.

In dys-appearance, the antonym/homonym of what was previously discussed, the prefix *dys* evokes several levels of meaning. As mentioned, *dys*, in Greek, signifies "bad," "hard," or "ill." (It is the opposite of *eu*, the prefix meaning "good" or "well.") As discussed, the body frequently appears at such times when it is ill, confronts the hard or problematic situation, or in some way performs badly. This Greek sense is preserved in English words such as "dysfunction," as well as in many terms for illnesses, such as "dysentery," "dyslexia," "dyskinesia," or "dysmenorrhea."

However, *dys* is also a variant spelling, now somewhat archaic, of the Latin root *dis*. This originally had the meaning of "away," "apart," or "asunder." I employ the spelling *dys* both for its Greek connotations and to allow for a visual mark of difference between "dys-appearance" and the modes of "disappearance" previously discussed. However, the Latin significance is also fully intended. The body in dys-appearance is marked by being away, apart, asunder. This is true along several dimensions, as I will now explore.

First, dys-appearance tends to arise when we are away, apart, from our ordinary mastery and health. There is the sense of privation, a reversal of a normal or desired state, which then provokes a bodily thematization.

In addition, at times of dys-appearance, the body is often (though not always) experienced as away, apart, from the self. Surfacing in phenomena of illness, dysfunction, or threatened death, the body may emerge as an alien thing, a painful prison or tomb in which one is trapped. As I will later discuss, these experiences of separation from, and opposition to, the body serve as one phenomenological basis for dualist metaphysics.³⁹ The experienced self is rent in two as one's own corporeality exhibits a foreign will.

This awayness of the body from its ideal or normal state and from the self-as-experienced is frequently based on spatio-functional and temporal Sunderings within the body. The body can thus be away, apart, asunder, from itself. As Merleau-Ponty discusses, the intentional linkages between body and world and the synthetic unity of perceived objects all rest upon linkages within the lived body.⁴⁰ My two eyes integrate their powers to form a unified vision when, for example, I gaze at a vase. As I reach out to pick it up with my hands, vision is woven together with motility and touch. This synergy of bodily powers does not require the assistance of conscious will or intellection; it is a prethematic accomplishment. Nevertheless, as an accomplishment it can be threatened.

Breakdowns of sensorimotor synergy are one cause of dys-appearance. My right and left hands can fail to coordinate properly and the vase goes crashing to the floor. Or I may knock the vase over due to a visual misjudgment. My attention is brought back to my bodily performance when I act in such an uncoordinated fashion.

The prethematic linkages that weave together visceral functions can also come apart. Such is often the case in disease. A specific organ, rather than serving the rest of the body, manifests an independent pattern. This may be due to a physiological failure, the invasion of external agents, or a cancerous overgrowth of autonomous cells. An organ suddenly goes its own way, failing to perform its required role in proper coordination with others. One's body falls away, apart, from itself. Hegel thus characterizes a disease state:

the system or organ establishes itself in isolation, and by persisting in its particular activity in opposition to the activity of the whole, obstructs the fluidity of this activity, as well as the process by which it pervades all the moments of the whole.⁴¹

This brings about a moment of negation within the organism:

As a result of this susceptibility, there is a build up of a single aspect which does not accommodate the inner power of the organism, and the organism then exhibits the opposed forms of being and self, the self being precisely that for which the negative of itself has being.⁴²

In experiential terms, one becomes aware of the recalcitrant body as separate from and opposed to the "I." Yet as Hegel correctly points out, this arises from an opposition *within* the organism, not between it and an ontologically separate thing. The self that takes note of the body remains a moment of the organism, an *embodied* self. As I look down on a paralyzed limb I may be struck by the alien nature of embodiment. But I still use my eyes in looking down, my nervous system in thought, my other limbs in compensation for the paralyzed one. Gazing upon the body-object is a body-subject, though the physicality of the latter may remain tacit.

The body can grow away, apart, from itself not only through spatio-functional but temporal divisions. In addition to the synergic cooperation of organs, bodily intentionality rests upon continuities asserted across time. If my perceptual apparatus were transforming at every moment, I could not know if perceived changes lay in the world or in myself. Only the structural stability of my body allows it to be an assumed basis from which I respond to an eventful world. This relative stability is true not only of my anatomical structure but of the mass of

skills and functional tendencies I incorporate. Only by virtue of my habitual action patterns can I tacitly inhabit the world.

When my embodiment radically diverges from the habitual, dys-appearance is likely to result. Sickness exemplifies not only a spatio-functional but a temporal *écart*. When sick, the body changes, exhibiting novel sensations and altered capacities. In the face of such a transformation I can no longer take the body for granted. This dys-appearance by virtue of temporal discontinuity can also characterize normal phases of life. In puberty and old age, one's body structure, appearance, and abilities undergo significant alterations. As such, greater attention is often paid to the body at these times. The teenager looks for physical changes in the mirror. The aging seek to adjust to unaccustomed limitations. In the middle years, women's bodies, more than men's, also stand out as a place of transformation. Marked shifts occur near and at the time of menstruation, yielding a heightened attention to the physical. And in the progression of pregnancy, every month the woman's body undergoes important changes. Using Merleau-Pontian language, Young describes pregnancy as follows:

My automatic body habits become dislodged, the continuity between my customary body and my body at this moment is broken. . . . In pregnancy my pre-pregnant body image does not entirely leave my movements and expectations, yet it is with the pregnant body that I must move.⁴³

Young characterizes the pregnant woman as a "split subjectivity," both one with the fetus and separate, locating herself in the eyes but also the trunk, dwelling in both pregnant and pre-pregnant body images. Her body is in the *dys* state, to use the Latinate sense: doubled, away, asunder from itself.

There are possible dangers in assimilating such situations to the model of dys-appearance. Phenomena such as aging, puberty, menstruation, and pregnancy are a normal and necessary part of the life cycle. They are not in themselves dysfunctional or alienating. As such they should not be associated with the notions of "bad" or "ill" that comprise part of the Greek meaning of *dys*. As Young forcefully argues, it is only adult males in the middle years of life who experience health as an unchanging state.⁴⁴ From this standpoint any noticeable changes do indeed signal disruption and dysfunction. However, for the young and the aged, for adult women as opposed to men, normal body functioning includes regular and even extreme bodily shifts. Cultural prejudices lead us to forget or devalue such changes. Old age is frequently equated with deterioration. Pregnancy and childbirth tend to be subsumed into the medical paradigm as if they were dysfunctional states.⁴⁵ Yet, as

derstood according to the model of dys-appearance. While bodily states of rapid change need not be dysfunctional, they are indeed problematic. This might be seen as analogous to the time of mastering a new skill. The pregnant woman must attend to her body as its new functions and shape require alterations in patterns of movement, diet, sleep, etc. The very temporal and spatio-functional unity of her body are called into question. The aging person must adjust to a multitude of physical changes, while the young person reaching puberty struggles with a gawky body and a cracking voice, or the budding of breasts and the onset of menstruation. The assumption of a novel body renders problematic what was previously tacit.

Moreover, such states frequently do include moments of discomfort and dysfunction, though this hardly characterizes them as a whole. There is the morning sickness of early pregnancy, the uncomfortable and impeding bulk that comes later, all culminating in delivery pains. Puberty, in the case of women, brings with it the discomfort of menstrual cramps. Aging is often accompanied by a progressive loss of function and susceptibility to diverse aches and illnesses. All such phenomena play a part in bringing the body to dys-appearance at such times.

Beginning from etymology, I have thus catalogued the diverse ways in which the dys-appearing body is away, apart, asunder. The body emerges at times when it is away from an ordinary or desirable state, as in times of pain and disease. The body then may be experienced as away, apart, from the "I." This can arise from a loss of normal functional synergy, such that bodily organs operate apart from each other in an uncoordinated fashion. Through processes of change the momentary body may also grow away, apart, from the habitual body.

Thus, the presencing of the body in dys-appearance is still a mode of absence—etymologically, "to be away." In the modes of disappearance previously addressed, the body is away from direct experience. This could be called a *primary absence*. It is this self-effacement that first allows the body to open out onto a world. In dys-appearance the body folds back upon itself. Yet this mode of self-presence constitutes a *secondary absence*; the body is away from the ordinary or desired state, from itself, and perhaps from the experienced "I." This presence is not a

Youth
Middle age
pregnancy

changes, which supplements those previously discussed. As a gestalt structure, the surface body disappears both as focal origin of and background to the sensorimotor field. When enlarging our perspective to include the body as a whole, we find it rendered tacit not only through these surface modes but through the depth disappearance of the visceral. These two complementary series, focal-background, surface-depth, account for the body's tendency to withdraw. However, in further extending our perspective to include thematic body experience, a third complementary series can be identified: that between disappearance as a whole and dys-appearance. No longer absent *from* experience, the body may yet surface as an absence, a being-away *within* experience. Health and illness can be taken as examples of the two complementary poles. Both exhibit an element of alienation from the body. In the case of health, the body is alien by virtue of its disappearance, as attention is primarily directed toward the world. With the onset of illness this gives way to dys-appearance. The body is no longer alien-as-forgotten, but precisely as-remembered, a sharp and searing presence threatening the self. One is a mode of silence, the other a manner of speech, yet they are complementary and correlative phenomena.

It would be a mistake to equate all modes of bodily thematization with dys-appearance. I may notice not only painful but neutral or pleasurable coenesthesias. I revel in the strength of my body during a race and the glow of well-being and relaxation that follows. I can look down at my arms and legs whenever I so choose and often do so inadvertently. I reach out to touch myself in a comforting way. I check a passing mirror to see how I look, making sure all is in order. In meditation I set aside times where I carefully follow my breath. There are a limitless variety of situations in which we experience or take action upon our body in the interest of enjoyment, self-monitoring, cultivating sensitivity, satisfying curiosity, or for no particular reason at all.

Yet, while episodes of dys-appearance exert no hegemony over the field of body awareness, I would argue that there is something that sets them apart and renders them unusually significant; they exhibit what I will term a character of "demand." Other sorts of bodily thematizations have a certain optional nature. I can choose to glance in a mirror or not, to develop the art of introspecting on my breath, or to simply remain oblivious to such things. Neutral, pleasurable, and theoretical self-explorations are of the sort to be volitionally pursued or neglected accord-

ing to personal and social preferences. However, instances of dys-appearance demand attention. I am seized by a powerful pain or illness in a way that is unavoidable. The sensory intensity, the disruption of world relations, the telic demand for interpretation and problem resolution, all combine to compel awareness. As such, a heightening of body-focus at times of suffering and disruption, or of pregnancy and the acquisition of novel skills, will constitute something of a phenomenological invariant abiding across the range of individual and cultural differences.

Moreover, such phenomena place upon us not only an attentional but an existential demand. Our self-interpretation, importantly tied to the appearance and integrity of the body, is thrown into question at times of puberty, pregnancy, and aging. So too with serious illness, which can threaten our most cherished projects and reorganize our experience of world. These are moments of impending birth or death, devastation or renewal, calling forth deep-seated responses.⁴⁸ Neutral kinesthetic, visual, and tactile self-experiences may play as crucial a role in the construction of our body image, but they do not place upon one the same demand for an affective and metaphysical wrestling with embodiment. Hence, it is no coincidence that many philosophical and theological interpretations of the body have centered upon experiences of dys-appearance—disease, death, error, uncontrollable lust. Such experiences cry out for interpretation and control. Yet I will later suggest that this focus on dys-appearance has helped skew our cultural reading of the body toward the negative.

The Other

In concluding my phenomenology of dys-appearance it is necessary to discuss the pivotal role of the Other. There are two compelling reasons for this turn. First, my account would simply be incomplete without emphasizing the import of intersubjectivity. I have heretofore focused largely on the apprehension of the body from the first-person perspective. However, we are never proto-solipsists left to construct a body image in isolation. My awareness of my body is a profoundly social thing, arising out of experiences of the corporeality of other people and of their gaze directed back upon me. Am I fat or thin, beautiful or ugly, clumsy or agile? My self-understanding always involves the seeing of what others see in me. If it is to be adequate then, my category of dys-appearance must address intersubjective modes.

Moreover, I must discuss such modes in order to frame my account in relation to the phenomenological literature. Within this literature, bod-

ily objectification and alienation have often been understood to result primarily from the look of the Other. This foreign gaze may first be internalized through the encounter with one's mirror image, as Lacan describes,⁴⁹ or in the actual confrontation with other people that Sartre discusses. In stressing the role of dys-appearance as provocateur of body awareness, I have advanced an alternative hypothesis. This hypothesis must prove itself capable of both incorporating the strengths and exposing the insufficiencies inherent in previous accounts. I will briefly attempt this, using Sartre as interlocutor.

For Sartre there is no true thematization of one's body prior to the encounter with the Other. The body as being-for-itself is always the "passed by in silence,"⁵⁰ a point of view upon the world that I *exist* without directly apprehending. At this stage even my pains are experienced through the world,⁵¹ my illness suffered rather than known.⁵²

With the introduction of the Other all is transformed. I now "experience the revelation of my being-as-object; that is, of my transcendence as transcended."⁵³ I come to thematize my body explicitly as an object, a tool among other tools or a collection of organs. This sense of myself as object correlatively brings about an undermining of my subjective possibilities. There is an "alienating destruction and a concrete collapse of my world which flows toward the Other and which the Other will reapprehend in *his* world."⁵⁴ We experience this in phenomena such as shyness and embarrassment.⁵⁵ Sartre's most famous example, though introduced prior to the explicit discussion of the body, is that of a man looking through a keyhole.⁵⁶ Initially the voyeur is simply lost in the world he regards, without reflective self-awareness. Suddenly he hears footsteps and apprehends his own position through the Other's look. His own project is truncated; he now stands pinned to his place, exposed and ashamed. Insofar as the Other is a subjectivity, the voyeur's own subjectivity is undermined.

How then does my discussion provide a tool both for criticizing this account and recognizing its points of validity? First, I have suggested that an explicit thematization of the body can arise independently of the Other's gaze. There are physical experiences such as pain, exhaustion, and illness that bring about the emergence of the body as explicit object. Corporeal alienation does not come to be solely through the social confrontation but from within the body-for-me. This thesis, argued as well by authors such as Zaner⁵⁷ and van den Berg,⁵⁸ need not be further elaborated here.

Second, I would suggest that Sartre's examples, far from revealing the general nature of being-with-Others, illustrate only a certain sort of

ous things to one another: the color of the leaves, a passing bird, the changing of the seasons. I adjust to my friend's pace and she to mine. I find myself enjoying things more and in a different way than when I had come alone. We speak of other topics beside the scenery: of politics, mutual friends, movies each has seen. But then we lapse into silent enjoyment of our surroundings.

In such a situation, it is clear that being-with-another need not undermine bodily transcendence. We transcend together to a common world, sharing the forest in which we walk. My own subjectivity does not force the Other into the position of object, nor vice versa. We are cosubjectivities, supplementing rather than truncating each other's possibilities. I come to see the forest not only through my own eyes but as the Other sees it. Via gestures and word descriptions she opens me up to things I did not previously perceive. This process continues, on a more abstract level, as I hear her speak of mutual friends or movies I have not yet seen. My perspective upon the world is extended through hers.

I will call this phenomenon, which characterizes communicative sociality, *mutual incorporation*. I have discussed the body's ability to supplement its ecstatic powers through the incorporation of novel skills and tools. In an even more radical way we supplement our embodiment through the Other. Merleau-Ponty writes of how we discover in another's body:

a miraculous prolongation of my own intentions, a familiar way of dealing with the world. Henceforth, as the parts of my body together comprise a system, so my body and the other person's are one whole, two sides of one and the same phenomenon, and the anonymous existence of which my body is the ever-renewed trace henceforth inhabits both bodies simultaneously.⁵⁹

Through a natural empathy, one body takes up the affective responses of another. I feel sadness as I witness another's tears and am infected by his or her laughter. There is a further transmission of intentions allowed by the use of gestures and language. *In mutual incorporation, each person's capacities and interpretations find extension through the lived body of the Other.*

However
This is not to say that we ever merge into one. As Zaner notes, borrowing a term from Kierkegaard, *I and another are always in a certain*

one another's perspective. Mutuality is impossible in the absence of distance.

This mutuality cannot be construed as a derivative moment in the social dialectic. Merleau-Ponty points out that a baby will already imitate the gestures of adults prior to developing full awareness of its own body.⁶¹ Intersubjectivity is intimately linked to such intercorporeity.⁶² This primacy of mutuality is implicit even in Sartre's own account. He argues that the Other's gaze leads me to experience my own body as object. But this presupposes that, to some degree, I can see myself as others do. Only because my vision always incorporates that of other people could they have this power of negation over me. I put myself in their place, assume their perspective, just as they do mine. Hence, mutual incorporation is the necessary precondition of even the alienated gaze that Sartre describes. This mutuality never fully disappears, not even in the most objectifying encounter.

Nor is bodily objectification the necessary consequence of sociality. As discussed, when I walk with my friend through the forest I am not self-conscious about my movements and gestures nor focused on hers. Our bodies stand in cotransparency, ecstatically involved with a shared world. The structure of bodily disappearance is modified but fundamentally preserved in this being-with-another.

However, I can easily imagine a situation that would give rise to explicit body thematization. For example:

While walking with my friend in the forest I notice her surreptitiously sneaking glances at me. I become aware that she thinks that something is wrong with me: that my words, gestures and comportment are those of a seriously unbalanced man. As I describe a movie, she seems not to be imagining it along with me but focusing upon the strange way in which I talk. She apparently is looking for signs of my derangement. As I point out something in the forest, she seems struck by the outlandishness of my gestures, not by what I am gesturing toward.

In such a situation self-consciousness would be the norm. I would find myself monitoring my movements and tone of voice, trying overly hard to appear calm. We no longer transcend together to a common landscape or allow our moods and thoughts to mingle. The Other is interested in scrutinizing my intentions from outside, not taking them within. As Merleau-Ponty writes, in criticism of the Sartrean position:

into an inhuman gaze, if each of us feels his actions to be not taken up and understood, but observed as if they were an insect's. This is what happens, for instance, when I fall under the gaze of a stranger. But even then, the objectification of each by the other's gaze is felt as unbearable only because it takes the place of possible communication. A dog's gaze directed towards me causes me no embarrassment. The refusal to communicate, however is still a form of communication.⁶³

Mutual incorporation still takes place, but now precisely in the mode of refusal and disruption.

This disruption of communication gives rise to what I will term *social dys-appearance*. We have seen that dys-appearance results when the body is somehow away, apart, asunder, from itself, as in spatio-functional or temporal terms. In social dys-appearance, this split is effected by the incorporated gaze of the Other. But not just any gaze will bring about such a rupture; it is the objectifying gaze that refuses cotranscendence. As long as the Other treats me as a subject—that is, experiences *with* me to the world in which I dwell, mutual incorporation effects no sharp rift. But it is different when the primary stance of the Other is highly distanced, antagonistic, or objectifying. Internalizing this perspective, I can become conscious of my self as an alien thing.⁶⁴ A radical split is introduced between the body I live out and my object-body, now defined and delimited by a foreign gaze.

It is this structure of social dys-appearance, not of sociality as a whole, that Sartre so powerfully describes. As van den Berg writes:

All the examples exposed in *L'être et le néant* to support this view are all equally misanthropic in character: a man peers through a keyhole at a scene not meant for his eyes and suddenly realizes that his reprehensible behavior is observed; another walks through a deserted street and hears behind him that an unknown person pulls aside the curtains to look silently after him. Sartre's look is the look from behind, the malicious look of an unknown person, the look that causes a shiver from neck to ankle.⁶⁵

This split between the self and an alienated Other can inaugurate social dys-appearance.

As I have discussed, dys-appearance is hardly the sole mode of body awareness. This is true as well vis-à-vis the social realm. Van den Berg describes the encouraging, appreciative look that makes us aware of our

...document. We share moods, ideas, and experiences in cotranscendence. With ruptured communication the reverse is the case; disappearance can give way to dys-appearance.

As there are a variety of organic modes of dys-appearance—pain, fatigue, disability, etc.—so social dys-appearance can take many forms. In closing, I will sketch out a few such forms, without any attempt to be comprehensive. The social construction of body awareness is a huge and fascinating topic, touching as it does on questions of a historical, ethical, and political nature. Here I seek only to briefly suggest the relevance of the concept of dys-appearance to such concerns.

Sartre's example of a man looking through the keyhole illustrates that dys-appearance can be initiated by ethical distance or condemnation. Sartre's voyeur feels shame when discovered. The Other, it is assumed, would never do such a thing, would refuse to assume a similar posture and gaze. The voyeur becomes aware of his own position by virtue of this disrupted cojectivity. If the onlooker turns out to be a friend equally interested in taking a peek, the voyeur's self-consciousness would soon disappear. Their embodiments would no longer be away, apart, asunder, but interwoven in a common project.

Physical and cultural divergences can also bring about a dys-appearance. I most easily forget my body when it looks and acts just like everyone else's. However, walk into a party inappropriately attired, and self-consciousness returns. To take a more radical example, face-to-face with a New Guinea tribesman I should be much more aware of my appearance and dress than when wandering through my home town. Sometimes these physical/cultural divergences can be exaggerated by ideological agendas. In a racist society, a difference in skin color, trivial but highly noticeable, may lead to the assumption of the impossibility of communion. Hence the black often feels self-conscious wandering the white neighborhood, and vice versa. The disrupted sociality inherent in racism inaugurates a form of dys-appearance.

Dys-appearance also occurs in an aesthetic mode. I may be modeling for a painter or feel myself the object of a sexualized gaze. Such looks, depending upon the situation, might range from the enjoyable to the positively repulsive. Nonetheless they involve a certain rupture in mutuality. I become aware of myself as assumed into the Other's project, not as cojectivity. I may similarly become aware of my body as unsightly in the eyes of others. For example, I might be highly self-conscious concerning the size of my nose or the shape of my legs, such

that a body-part magnifies itself to fill my field of awareness. This dys-appearance can then lead to a compensatory disappearance; I may attempt to forget my unattractive body by avoiding social occasions, mirrors, and the like, or fleeing into pure intellection.

Dys-appearance can also arise in a technical context, as when I am subjected to a doctor's physical exam. My body becomes a collection of organs, a mass to be studied and palpated. Corporeal self-consciousness, first provoked by the pain and dysfunction of my disease, now takes on a new dimension. Dys-appearance on the organic and social level can thus intertwine and be mutually reinforcing.

The example of the doctor-patient relationship touches on a further mode of social dys-appearance: that initiated by a discrepancy in power. When confronting another who has potential power over one's life and projects—the patient with the doctor, student with professor, prisoner with jailer—there is a tendency on the part of the powerless to a heightened self-awareness. The difference in power often precludes the assumption of cosubjectivity. It is not a matter of a reciprocal exchange of intentions, so much as one body submitting to the intentions of another. When a student gives an oral presentation under the teacher's evaluating eye, he cannot help a self-consciousness beyond that which he would feel with his peers. His own experience is not supplemented by the Other but, rather, supplanted. What the teacher sees is what really counts, and this alien look when incorporated leads to self-consciousness. Once again, social and organic dys-appearance intertwine; the student soon finds himself flushed and stammering.

Thus, the body is always a place of vulnerability, not just to biological but to sociopolitical forces. As Foucault writes:

the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs.⁶⁷

As Foucault explores in *Discipline and Punish*, the body is the setting of a "microphysics" of power.⁶⁸ Others can scrutinize and judge my actions, constrain my body in prison, inflict upon it pain or other forms of violation. They can regularize my movements as in an army drill or extract regimented labor. This susceptibility of the body to the Other's intentions, not just to illness and other organic forces, is a primary mechanism of dys-appearance. The prostitute, the tortured man, the assembly line worker, may each regard his or her body as if it were a thing. Their bodies have been taken away from them through the alienating projects of the Other.

Along these lines, it is notable that within our culture women tend to

be more conscious of their bodies than men. To a limited extent this may result from biologically rooted dys-appearances as involved in the menstrual cycle or pregnancy. It is easier for adult men to ignore their largely unchanging bodies, while women receive more reminders of the visceral domain. However, much of this self-consciousness relates to a rupture in mutuality and a discrepancy of power. For, as Simone de Beauvoir explores, women assume the social role of Other, the "second sex."⁶⁹ It is the gaze, the projects of men that are culturally definitive. Hence women are not full cosubjectivities, free to experience from a tacit body. They must maintain a constant awareness of how they appear to men in terms of physical attractiveness and other forms of acceptability. Women are thus expected to pay meticulous attention to their surface appearance, including hairstyle, make-up, dress, weight, figure, and skin tone. This exhibits the principle of social dys-appearance; one incorporates an alien gaze, away, apart, asunder, from one's own, which provokes an explicit thematization of the body.^{70*} Those with power in the situation need not experience reciprocal dys-appearance. For example, while a woman may become self-conscious walking in front of whistling longshoremen, they do not experience similar objectification in the face of her angry look back. As she is largely powerless in the situation, her perspective need not be incorporated; it can safely be laughed away or ignored.

I began this chapter with an examination of pain. Dys-appearance is operative in the most immediate and privatized of sensations. However, as is now clear, this structure plays a part in the broadest patterns of social behavior and power distribution. There is a reciprocal flow between such domains, the tracing out of whose complexities is a significant project; Foucault, Scarry, and a variety of feminist thinkers have done pioneering work here. Political power may operate through pain, as in the use of torture.⁷¹ Conversely, pain may first render one available to power, as with the patient who checks into the hospital and finds herself at the mercy of its rules and hierarchies. Social dys-appearance may lead to biological dysfunction; a case in point is the current epidemic of anorexia nervosa, arising partially from cultural pressures upon women to achieve the "ideal body."⁷² Or biological dysfunction may inaugurate social dys-appearance, such as is frequently experienced by the handicapped and disabled. The body is at once a biological organism, a ground of personal identity, and a social construct. Disruption and healing take place on all these levels, transmitted from one to another by intricate chiasms of exchange.