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WHY FEMINIST PHENOMENOLOGY AND MEDICINE?

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Feminist Phenomenology and Medicine brings together two strands in phenomenological research. First, a growing number of feminist, queer, and critical race scholars have shown that the philosophical tradition of phenomenology offers valuable resources for approaching issues concerning the lived experience of marginalization, invisibility, nonnormativity, and oppression. Particularly phenomenological accounts of embodiment, focusing on the lived experience of the body, have provided a useful starting point in examinations of how the singular body, that is, the body as unique and different from other bodies, with a particular sex, of a particular age, race, ethnicity, and ability can form and inform our embodied selves and influence our ways of interacting with others and the world (see Alcoff 1999; Weiss 1999; Fisher 2000; Diprose 2002; Heinämaa 2003; Young 2005; Ahmed 2006; 2007; Käll 2009a; 2010; Al-Saji 2010; Heinämaa and Rodemeyer 2010, Zeiler 2013a). This research points at the value of bringing together phenomenology and feminist theory: both unveil and scrutinize taken-for-granted and in this sense 'hidden' assumptions, beliefs and norms that we live by, that we strengthen

by repeated actions and that we also resist, challenge and question. Furthermore, and beyond a feminist application of phenomenology, feminist phenomenology provides ways of deepening the phenomenological framework by asking questions of how experiences of, for instance, sexuality, sexual difference, pregnancy, birth, race, ethnicity, etc. inform phenomenology as a philosophical project (Schües 1997; Alcoff 2000; Oksala 2004, 2006; Heinämaa 2012). Second, phenomenological studies have offered pertinent analysis of relevance for medical practice, such as analysis of experiences of illness, pain, and bodily alienation (e.g., Zaner 1981; Leder 1990, Toombs 2001; Svenaeus 2009, Carel 2008; Bullington 2009), offered analysis of clinical encounters (Toombs 1993, 2001), and the meaning of health (Svenaeus 2001), to mention but a few examples.

Whereas there is a growing area of feminist phenomenology dealing with concrete issues of embodiment and situatedness and whereas phenomenologists have made valuable contributions to the analysis of the nature of medicine, the meaning of illness and health as well as clinical practice, there have been comparably few analyses of such issues that combine insights from feminist phenomenology and phenomenology of medicine. This, however, is now gradually changing, a development to which the present volume aims to contribute.

Feminist Phenomenology and Medicine demonstrates the value of bringing together research in the fields of feminist phenomenology and phenomenology of medicine in order to advance more comprehensive analyses of issues such as bodily self-experience, normality and deviance, self-alienation and objectification that are central to both fields. It indicates the relevance of feminist phenomenological perspectives to the field of medicine and health by highlighting difference, vulnerability, and volatility as central dimensions of human experience rather than deviations, and vitalizes the field of feminist phenomenology, as well as the field of phenomenology more generally, by bringing it into conversation with a range of different materials, such as empirical research, case studies, cultural representations, and personal narrative. It also takes into consideration and examines normative cultural practices and structures of meaning that situate different bodies in different ways and with different conditions, and seek to lay bare the constitutive conditions of experience. Finally, by taking seriously the embodiment and situatedness of subjective life and experience and by bringing different forms of embodied existence to description and analysis, *Feminist Phenomenology and Medicine*

seeks to develop and sharpen the methodological tools and conceptual framework of phenomenology.

Situated at the intersection of phenomenology of medicine and feminist phenomenology, this volume contributes to furthering phenomenological work in philosophy of medicine and brings out the large scope of the field of medicine including its strong impact on various areas of life that are perhaps not immediately considered medical areas such as sexuality, bodily appearance, and norms of beauty. The essays in the book draw from numerous fields, such as dentistry, midwifery, cosmetic surgery, and psychiatry, as well as other health sciences, and address topics such as cosmetic surgery and complicity, Body Integrity Identity Disorder (BIID), reassignment surgery for intersex children, experiences of heart transplants, and anorexia, to mention again but a few examples.

Phenomenology and Medicine

Phenomenological studies have offered descriptions and analyses of significant relevance for medical practice since its early days, as is evident with the work of Maurice Merleau-Ponty. Recent years have also seen a raise in the number of such studies and we discern mainly two tendencies. First, there is a growing phenomenological literature that analyzes the nature of medicine; the meaning and lived experience of illness, disability, and health; the distinction between immediate experience and scientific exploration; the nature of embodiment; and the interrelation between body, consciousness, and world in experiences of, for example, pain, illness, and disability. This literature sometimes focuses on first-person experience and seeks to lay bare the structures and meanings of such experience. It may also draw on or involve different forms of empirical research or clinical cases with the aim of theoretical elaboration and conceptual development (see for example Merleau-Ponty 1962; Finlay 2003; Bengtsson et al. 2004; Engelsrud 2005; Zeiler and Wickström 2009). This literature can be contrasted with another strand of literature that is phenomenological in the sense that it examines lived experiences of illness and disability from within the social sciences but without a philosophical analysis of these experiences as its primary aim.[1]

This first tendency can be exemplified with phenomenological analyses of embodiment and bodily self-awareness when falling ill and when experiencing pain, illness, and/or bodily alienation

(Buytendijk 1973; Zaner 1981, 1988; Leder 1990; Toombs 2001; Svenaeus 2001, 2009; Carel 2008; Bullington 2009) as well as with analyses of the shareability of pain (Käll 2013). It can also be exemplified with analyses of how to understand intersubjectivity, communication, and empathic understanding between health care professionals and the sick person and the different perspectives of health care professionals and patients (Toombs 1993, 2001; Svenaeus 2001). Furthermore, phenomenological work within this strand has contributed with insights of relevance for psychiatry and psychopathology (Sass and Parnas 2001; Fuchs 2002; Parnas 2003; Ratcliffe 2008, 2011; Parnas, Sass, Zahavi 2011; Sass, Parnas, Zahavi 2011; Stanghellini 2011), organ donation (Leder 1999; Perpich 2008; Slatman 2009; Shildrick 2008; Svenaeus 2012), dementia (Matthews 2006, Dekkers 2011, Zeiler 2013b), death (Weiss 2006; Heinämaa 2010), and questioned knowledge production in the development of genetic theory (Diprose 2005).

Feminist Phenomenology and Medicine contributes to this strand with, for example, Fredrik Svenaeus' analysis of anorexia as an experience of the body uncanny, Abby Wilkerson's investigation of bodily self-alienation in depression, Margrit Shildrick's discussion of the intimations of an otherness within experienced by heart transplant recipients, and Kristin Zeiler and Lisa Guntram's examination of bodily self-awareness in relation to young women's stories of coming to know that they have no womb and no or a small vagina.

Second, there is a less strong but nevertheless persistently growing body of literature that elaborates phenomenological approaches to ethics and particularly medical ethics. Some such work investigates the phenomenology of specific moral experiences. They examine what it feels like to be in a situation that the subject experiences as ethically sensitive, problematic, or promising, and what being in this situation means to the subject. In the context of medicine, this can be exemplified with analyses of experiences of objectification, shame, or guilt in relation to cases of body dysmorphia and depression (Fuchs 2003). In this volume, Erik Malmqvist's chapter targets such ethically sensitive situations in a discussion of complicity with unjust social norms and with a particular focus on cosmetic surgery.

Other studies within the field of phenomenological approaches to ethics start in an analysis of human being-in-the-world, which also includes being-with-others and moves from this level of analysis to

an examination of how we ought to live together without examining specific moral experiences. Such phenomenological work can examine how the other is encountered in the forming of the self, including different ways of encountering the other, some of which are seen as better than others (Diprose 2005).[2] It may also distinguish ethics from ontology; emphasize human vulnerability, responsivity, and openness to the other as ethical modes of being; and examine what this means for sensitivity and ethical perception on behalf of health care professionals (Nortvedt 2008). In this volume, Lisa Folkmarson Käll for instance thematizes vulnerability and exposure in addressing the question of the possibility of ethical perception within an objectifying framework and highly controlled clinical research setting of medical science.

Still other studies within the field of phenomenological approaches to ethics critically interrogate dominant modes of being, thinking, feeling, and acting in particular cultural contexts. Within the context of medicine, such research examines how certain norms about bodies can become taken-for-granted and motivate what may be called "normalizing" surgery, that is, surgery that seeks to make bodies conform to prevailing norms (e.g., Shildrick 1999; Weiss 2009; Zeiler and Wickström 2009; Malmqvist and Zeiler 2010; Cadwallader 2010) or how the lived experience of a specific embodiment can affect the structures of imagination and interpretation that people use in moral perception and evaluation of specific cases, such as those of, for instance, "deaf designer babies" (Scully 2003). *Feminist Phenomenology and Medicine* includes discussion of various forms of surgical interventions that in different ways and with different impact contributes to producing "normal" bodies. Gail Weiss, for instance, discusses normalizing interventions in relation to rhetorics of enhancement and notions of naturalness, and Nikki Sullivan raises issues regarding the punitive consequences of resisting and rejecting surgical interventions of normalization in her analysis of how the first hand-transplant recipient was represented in the media.

This last kind of phenomenological ethical work also includes contributions to normative ethics, as when scholars elaborate lines of argumentation for therapeutic cloning (Svenaeus 2007) or engage with phenomenological work in an ethical analysis of the use of new reproductive technologies such as pre-implantation genetic diagnosis (Malmqvist 2008).

Feminist Phenomenology

Feminist phenomenology may be said to have been a vital dimension within phenomenology already in its early formation with the work of Edith Stein and Simone de Beauvoir. In the 1930s, Stein brought the homogeneity and universality of intersubjective relations into question with her phenomenological descriptions of feminine and masculine types of consciousness (1996) and, in her 1949 classic *The Second Sex*, Beauvoir radically situated the embodied subject by bringing the question of woman's being to phenomenological reflection (2010). Beauvoir's commitment to raising the question of sexual difference as a philosophical question through the method of phenomenological inquiry is present throughout her work and has come to form the foundation for further developments of feminist phenomenology.

Much feminist phenomenology has focused on bringing specifically female experiences to careful description, using the conceptual tools and methodological framework of phenomenology to approach areas of experience left uncharted in the phenomenological tradition. Such experiences include, for example, those of pregnancy and giving birth (Bigwood 1991; Lundquist 2008); of menstruation, of having breasts and lactating, of self-alienation (Young 2005; Beauvoir 2010); of eating disorders (Bordo 1993); of embodying the risk of being subjected to sexual violence (Cahill 2001; Käll 2009b); and of bodily self-awareness in which one's body stands forth as a thematic object, in a positive and nonalienating way (Young 2005). These phenomenological descriptions and analyses serve as a critical and corrective complement or expansion of the field of describable experiences. While not explicitly questioning or altering the phenomenological methods and concepts, this approach is of importance for drawing attention to a whole range of experience that philosophers have neglected to consider. Furthermore, feminist phenomenological descriptions of women's experience play a crucial role in dismantling what passes as universal and essential to human experience as reflecting only a limited group and thereby enriching our understanding of the scope and structures of human experience (Oksala 2004, 16–17).

By demonstrating that neglected regions of experience do not all fall into categories of pathology but, rather, belong to the everyday lives of women (and in the case of pregnancy and giving birth, are conditions for the continuation of humanity), feminist

phenomenology also throws a critical light on the constitution of normality, both that of the human and that of woman and man. It furthermore brings out the complexities of experiences that deviate and are excluded from the realms of normality in the double sense of falling outside the boundaries not only of what is the accepted, although false, norm for the human but also of what is considered to be a normally *sexed* human being. These circumstances are brought out in this volume in, for instance, Zeiler and Guntram's contribution, in which the authors discuss norms about female embodiment in the light of young women's experiences of atypical sexual development, and in Ellen Feder's analysis of experiences of such double exclusion in her examination of the standards of care of surgical intervention in cases of children born with ambiguous genitalia. In a different way, Cressida Heyes' discussion of cosmetic surgery devotee Lolo Ferrari also demonstrates this double exclusion in the constitution of normalcy.

Using the method of phenomenological description to complement and enrich the field of describable experience furthermore adds an important perspective in discussions on experiential analysis more generally that has been at the core of the development of much feminist theory (Fisher 2000; Alcoff 2000). As much as the conceptual tools and methodological framework of phenomenology have proved resourceful for feminist purposes, however, they have also been put under critical scrutiny by feminist phenomenologists who, instead of dismissing phenomenology altogether, have pointed to its limitations and contributed to its development. Integrating phenomenological and feminist frameworks for analysis more fully, feminist phenomenologists have brought to the fore how proper investigations into the phenomena of, for instance, sexual difference, pregnancy, and birth radically alter phenomenological analysis of the emergence of conscious experience and the birth of the human being (Oksala 2004; Schües 1997). In this regard, already Iris Marion Young (2005) argues that the experience of pregnancy makes manifest a fracturing of the integrity of the embodied subject and questions the unity of the phenomenological subject as a condition of possibility for experience (see Heinämaa 2012).

Indeed, feminist voices have been key in inquiring into the possibilities of accounting for difference and otherness within the framework of phenomenology as a philosophy of the subject or consciousness. Feminist phenomenologists have been careful to stress and

investigate different forms of interrelations between self and other as constitutive of subjectivity and experience. *Feminist Phenomenology and Medicine* testifies to the concern with the role of concrete as well as general others in the constitution and understanding of the self. For instance, Jenny Slatman and Gili Yaron's analysis of facial disfigurement highlights, among other things, not only how living with facial disfigurement comes to affect social relations but also how social relations impact and form subjective experience and self-understanding. Also Erik Malmqvist's interrogation of complicity with unjust social norms draws attention to the role of both concrete and general others in self-understanding. Furthermore, the constitutive interrelation between self and other is brought out in a very different way in Sarah LaChance Adams and Paul Burcher's discussion of the experience of "communal pushing" in childbirth.

Of particular interest for feminist phenomenology has been the experience of bodily self-alienation and experience of oneself as other to oneself as normative for women's ways of being in the world (Arp 1995; Beauvoir 2010; Young 2005). Building on Beauvoir's insight that "woman *is* her body as man *is* his, but her body is something other than her" (2010, 41), feminist phenomenologists have continued interrogation of the various ways in which women's bodily self-alienation comes to articulation at intersections of different categories of identity and structures of power and privilege. The issue of bodily self-alienation is, as already mentioned, also a central theme in phenomenological accounts of experiences of illness. It comes to the fore in different ways throughout this volume, and several contributions target the interrelation between illness experience and gender. In this way, Fredrik Svenaeus' analysis of anorexia as an experience of the body uncanny bears out the different gendered dimensions of the illness by situating it in a coercive cultural context involving norms of successful femininity. Abby Wilkerson, too, targets the interrelation between bodily self-alienation and gender in her discussion of the impact of social power dynamics on bodily resonance in depression. The experience of one's own body as other to oneself is present also in Lisa Folkmarson Käll's account of the portrayal in Mike Nichols' film *Wit* of the objectification of a woman's body by medical science and in Margrit Shildrick's chapter on the experience of heart-transplant recipients.

Feminist phenomenology is furthermore characterized by the way it builds, and has built since its early articulations, on strands

of phenomenology engaged with different forms of empirical studies and interdisciplinary perspectives. It has played an important role in the work of both deepening and carefully thinking through the relation between empirical work and phenomenological reflection through its emphasis on the constitutive role of embodiment, the situatedness of subjectivity, and the concreteness of lived experience. Such engagement provides feminist phenomenology with a unique position for furthering interdisciplinary scholarship founded in a specific methodology characterized by rigorous self-interrogation of its own grounds and presuppositions. The chapters in this volume bring out the strength and potential of interdisciplinarity both for the furthering of the conceptual tools and framework of phenomenology as well as for the understanding of specific phenomena and experiences. By offering a critical perspective on phenomenology using the tools and methods offered in part by phenomenological philosophy, feminist phenomenology also opens the possibility of taking phenomenology into a broad range of fields of philosophical inquiry such as political philosophy, epistemology, ontology, ethics—and indeed also medical ethics. The latter can be seen already in Simone de Beauvoir's existential-phenomenological analysis in *A Very Easy Death* from 1964 (1985) in which she gives a first-person account of witnessing her mother's dying of cancer and of facing the moral dilemma of whether to tell her about the severity and terminal prognosis of her illness.

While the insistence on the necessary situatedness of subjectivity and its contributions to perceptions of reality is characteristic not only of feminist phenomenology but also of feminist philosophy more generally, the phenomenological method constitutes, in our contention, a productive resource for feminist (and other) attempts at denaturalizing metaphysical and essentialist claims about reality and unveiling the role of subjectivity and intersubjectivity in the constitution of that reality. For feminist phenomenology, this denaturalization concerns to a great extent claims about the nature and essences of bodies and desires, sexual difference, and sexuality, and thereby validates and supports an understanding of gender and sexuality as the effect of power relations, patterns of prejudice and privilege, and social and cultural practices. The phenomenological method implies, in a minimal sense, a self-critical distance on the part of the philosophizing subject, enabling her to investigate the constitutive conditions of her own experiences. This methodological step provides

feminist theory with a way of critically approaching its own social, cultural, and historical situation from within. In this volume, Lanei Rodemeyer's critical discussion of how a feminism committed to constructionism should approach scientific claims about hormones is one example of such self-interrogation. A critical position, intrinsic to the reality that is its object of investigation, is essential to the viability of a feminist theory and critical interrogation of social structures and practices that is committed to the idea that reality is, to a greater or lesser degree, socially constituted.

The project of denaturalization is at this point in time perhaps especially urgent in relation to the field of medicine, which exerts an unparalleled power in defining and delimiting human nature and normality. A feminist phenomenological perspective on medicine and medical practice is therefore of utmost importance for dismantling this power and for targeting the force of social, cultural, and historical conditions in the production of reality and what is taken to be natural and normal by the authority of medicine.

Feminist Phenomenology and Medicine in This Volume

Taking its point of departure in the phenomenological understanding of subjectivity as embodied and embedded in the world and in interrelation with others, the chapters in *Feminist Phenomenology and Medicine* offer careful description and analysis of a range of topics within the field of medicine and the health sciences. The volume starts with an account of the importance and necessity of a phenomenological approach in studies on illness, particularly in studies on the experience of illness. In "The Illness Experience: A Feminist Phenomenological Perspective," Linda Fisher argues that a phenomenological analysis captures an experiential immediacy and subjective perspective missing in studies focused primarily on sociocultural constructions of illness and the illness experience, while providing an analytical and methodical framework often lacking in personal or narrative renditions of the illness experience: the capacity to move from the singularity of the standard first-person narrative to an account that seeks to identify and analyze generalities and typical features of the experience as such, while examining how this experience resides within and intersects with the broader lifeworld.

Furthermore, a feminist perspective in the form of a feminist phenomenology can be equally valuable and important in disclosing the ways in which our lived experience is inflected by gender and sexual difference. A feminist phenomenology of illness experience, argues Fisher, will remind phenomenology of the sociocultural and political dimensions and structuring of lived experience, while pursuing the analyses through the lens of gender and sexual difference, not to mention other variables like race, class, and sexuality. With reference to interdisciplinary research focusing on the subjective "view from within" and also drawing on her own illness experience, Fisher argues that a phenomenological approach problematizes any simple distinction between a "view from within" and a "view from without" in accounting for the illness experience.

The next two chapters address a central topic in phenomenology and feminism alike, the relation between self and other, reexamining this relation in two different medical contexts, namely that of organ transplantation and of childbirths in hospitals. In "Visceral Phenomenology: Organ Transplantation, Identity, and Bioethics," Margrit Shildrick offers an alternative understanding of organ transplantation to the standard way in which it is practiced and reported within the biomedical sciences. In contrast to a biomedical emphasis on the notion of "spare part surgery" in which the graft is simply a utility exchangeable between bodies but having no existential status of its own, Shildrick explores experiences of recipients of heart transplants through a feminist-phenomenological analysis that undercuts any split between the psychic and the somatic and that lays the ground for an understanding of organ transfer as a procedure that involves the intimate interaction and connection between two embodied selves. Recognizing the fleshy materiality of the graft as a visceral component of the living self, she shows how questions concerning the significance of the transfer to the recipient can be addressed in new ways. Identity disruption and dysmorphia, for instance, can be taken as predictable and meaningful outcomes of the phenomenological experience rather than as individual failures to deal with the traumatic intervention into the body that transplantation entails at the clinical level. Shildrick contends that the intimations of an otherness within, experienced by organ recipients, must be integrated into a model of embodiment that goes beyond the emphasis on relationality and mutual constitution of self and other, found in phenomenology

as well as mainstream feminist bioethics, and that recognizes the viscerality of concorporeal life, providing room for the hybridity of transplant recipients.

The intimate interactions and connections between embodied selves are investigated from a different perspective by Sarah LaChance Adams and Paul Burcher. In "Communal Pushing: Childbirth and Intersubjectivity," Adams and Burcher bring Merleau-Ponty's account of intersubjectivity into dialogue with the phenomenon of "communal pushing," which occurs when the people supporting a woman giving birth also start to push with her. They argue that "communal pushing" illustrates the reversibility between the reflective and prereflective body and how embodiment is both shared and particular. Although shared pushing is an example of anonymous intersubjectivity, Adams and Burcher also see it as an example of a connectedness that preserves differentiation of, for instance, gender. While men are equally able to push as women, women of all ages nevertheless seem to push more than men, suggesting a closer connectedness between similarly gendered bodies. According to Adams and Burcher men tend to hold themselves apart not because they cannot push, but because their bodies may not read the meaning of pushing as for them. That is, men learn that birthing is *other* to them. However, men *do* push and thereby transcend a culturally determined meaning for a more immediate body-to-body connection. Finally, Adams and Burcher discuss how some experienced practitioners utilize intercorporeality to facilitate the birth as an alternative to technological or verbal interventions. They influence or encourage group pushing in ways that are deliberately intended to change the laboring woman's pushing.

Keeping the focus on self-other relations, several of the contributions explicitly engage with critical analysis of culturally shared norms. Some of these norms are highly contested in feminist research, and this is the point of departure for Erik Malmqvist's phenomenological analysis of the phenomenon of complicity. In the chapter "Phenomenology, Cosmetic Surgery, and Complicity," Malmqvist suggests that the feminist project of criticizing unjust social norms tends to result in a certain sense of ambivalence when individuals comply with such norms, at once escaping the burden that they create and contributing to making that burden heavier on others. Focusing on cosmetic surgery and standards of feminine appearance, Malmqvist explores the ethics of complicity with unjust social norms through

an engagement with Merleau-Ponty's phenomenology, which offers a fresh perspective on the problem at hand by allowing social norms to be understood as working on the embodied, prereflective level of human existence and coexistence. He contends that a person who escapes the suffering that an unjust social norm causes by accommodating to that norm may not be able to avoid responsibility for it, regardless of whether she appropriates the norm or not, as the expressive meaning of her choice is likely to lend the norm legitimacy. Far from blaming the victim, however, Malmqvist's account emphasizes that the perpetuation of unjust norms is fundamentally a shared ethical concern.

The analysis of how norms are reinforced, legitimized, and sometimes questioned, in various medical contexts, is pertinent also in the following four contributions. Focusing, in particular, on the intricate interconnections among what she calls the three Ns—the normal, the natural, and the normative—Gail Weiss argues in her essay "Uncosmetic Surgeries in an Age of Normativity" that, paradoxically, rapid *expansions* in medical technologies often function to reinforce and further entrench the *narrowness* of norms, thereby producing ever more restricted views of what counts as normal and natural. Furthermore, by collapsing the distinction between the real and the ideal, the growing number of "enhancement" surgeries available leads those individuals who refuse such "improvements" or those who actively seek to modify their bodies in nonnormative ways, to be regarded as not only *aesthetically deficient* but also *morally blameworthy*. Through a phenomenological method of description, Weiss aims to address taken-for-granted assumptions that underlie a contemporary "rhetoric of enhancement" and that reflect ideals of corporeal perfection permeating both medical and popular literature regarding cosmetic surgery as well as much analytic bioethical work on this topic. Weiss argues that when we grasp that normativity, normalization, and naturalization are closely intertwined, fundamentally interdependent temporal, spatial, and embodied processes, we can better assess their collective impact in shaping not only ethical but also medical, scientific, legal, economic, and religious conceptions of what it means to be human.

Nikki Sullivan's chapter "'BIID'? Queer (Dis)Orientations and the Phenomenology of 'Home'" also deals with the topic of nonnormative surgeries. Sullivan examines the increasing interest among medical professionals of various persuasions, philosophers, cultural

theorists, legal theorists, and others, in the desire for the amputation of healthy limbs—a desire said to stem from what is now often referred to as Body Integrity Identity Disorder (BIID). She notes an almost universal assumption in the existing literature that what is being referred to as BIID is a (potentially) diagnosable illness that resides in the psyche or the body of the afflicted individual, and that this can be cured, or at least treated, by various medical interventions. In contrast to this focus on diagnostic classification and treatment protocols, Sullivan is concerned with how particular categorizations work and what modes of corporeality and of dwelling they (dis)enable. When so doing, she seeks to reorient debates about the desire(s) for amputation, and other forms of "nonnormative" embodiment, away from the question of integrity and toward a consideration of orientation. Turning to an understanding of orientation rather than integrity, she brings to light how the source of suffering for many so-called wannabes is not found in the bodies they want but do not have but rather in a sense of living a life out of place or not being at-home-in-the-world.

The concept of nonnormative embodiment can be understood as implying embodiment that does not harmonize with culturally shared norms about how bodies should be lived and how they should look (even though we also need to consider whether this very concept contributes to further marginalization of these examples of embodiment). In this sense, the contribution by Kristin Zeiler and Lisa Guntram offers another angle on the issue of nonnormative embodiment by examining young Swedish women's descriptions of coming to know that they have no uterus and no vagina or a small part of the vagina in their teens. In their chapter "Sexed Embodiment in Atypical Pubertal Development: Intersubjectivity, Excorporation, and the Importance of Making Space for Difference," Zeiler and Guntram examine how different body parts become objects of attention, are attributed value, or disappear in the women's descriptions of this realization. Via the phenomenological concept of incorporation and its reverse—excorporation—they further examine how gendered patterns of behavior, including some culturally shared and bodily expressed expectations and norms about female and male bodies, can form embodied agency. Shifting focus to young women's ways of handling the new bodily knowledge and their body-world relations, after the initial shock has passed, Zeiler and Guntram also discuss sexed embodiment as a style of being. Such conceptualization

of sexed embodiment, they argue, should preferably be combined with an analysis of asymmetrical relations that make some changes in one's style of being more difficult than others.

Continuing with the focus on sexed embodiment, Ellen Feder offers critical interrogation of normalizing surgical management of children born with ambiguous genitalia in her chapter "Reassigning Ambiguity: Intersex, Biomedicine, and the Question of Harm." The chapter aims at providing better understanding of the consequences of the ongoing focus (particularly in the USA) on relieving parental discomfort, specifically, the nature of the harm that results from the prevailing model of medical management. Feder proposes a framework for understanding the particular harm that normalizing genital surgery in infancy and early childhood may entail in phenomenological terms and notes that the harm she identifies is one not so easily conveyed by the accepted principles of bioethics as it occurs on the level of the so-called body schema. Engaging the narrative of "Jim," a young man who underwent sex reassignment and normalizing surgery as an infant, Feder offers insight into the lasting effects of early normalizing surgeries that remain part of the standard of care, revealing the material and symbolic harms that prevalent forms of evidence in this field inadequately capture. Attending to these harms, she concludes, speaks to the need in medicine for a moral framework that, resting on the relationality of lived embodiment, may provide better guidance for parents and physicians in caring for children with unusual anatomies.

Yet another angle on sexed embodiment is provided by Lanei Rodemeyer in her essay "Feminism, Phenomenology, and Hormones." Through an engagement with Edmund Husserl's now well-established conceptual distinction between *Körper* and *Leib* and a critical reading of psychologist John Money's famous case study of David Reimer, Rodemeyer addresses the question of what a feminism committed to constructionism should do about hormones. What should feminism do if scientific studies do not seem to support important and/or well-established feminist claims (or seem to oppose them)? How can feminist perspectives address scientific studies that show a link between prenatal hormone exposure and postnatal sexual or gender-related behavior? What should feminist perspectives that argue the forcefulness of social construction do about hormones? Rodemeyer suggests that a feminist phenomenology, drawing on Husserlian terminology, can provide a more nuanced description and

explanation of embodied experiences. Allowing for various types of experience of the body, she argues, makes it possible for us to acknowledge—and to describe more fully—the experience of the transsexual, when everything in and on the body appears "normal"; or of the (surgically altered) intersex person who "knows" that something happened, other than what has been told to her; or of David Reimer, who knew that the assignment of female didn't belong to him and that further feminizing sexual surgery would be wrong.

In addition to concerns with cultural norms that run through most of the chapters in the volume, some contributions, as mentioned earlier, also focus on the experience of one's own body as other to oneself. This is the core concern in Fredrik Svenaeus' essay "The Body Uncanny: Alienation, Illness, and Anorexia Nervosa." Taking his point of departure in the phenomenological notion of the lived body, Svenaeus discusses different forms of bodily alienation in which one's own body is experienced as uncanny. He draws particular attention to the specific case of anorexia nervosa, which, he argues, clearly introduces the experience of the *body uncanny* while at the same time highlighting ways in which bodily alienation is connected to matters of identity and politics, issues that are either not present, or harder to discern, than in most cases of somatic illness. Svenaeus describes how alienation of the body in anorexia involves objectification in an everyday manner by the gaze of others in a social world. Finding herself in a cultural pattern of norms regarding femininity, health, beauty, and success, the anorexic turns the objectifying gaze of others into an escalating process of self-surveillance in which the image of her own body becomes gradually, increasingly unrealistic and self-punishing. A phenomenological analysis of the uncanniness of anorexic bodily self-experience, argues Svenaeus, has implications for how to treat anorexia beyond a medical model of surveillance and coercion.

Much feminist phenomenological work highlights the difficulties involved in any strict separation between bodily and sociocultural dimensions of human existence when interrogating lived experiences. The value of feminist phenomenological approaches that acknowledge bodily ambiguity in terms of the body always being subject and object, and always material-sociocultural, is given close attention in Jenny Slatman and Gili Yaron's chapter "Toward a Phenomenology of Disfigurement." Turning specifically to facial disfigurements, Slatman and Yaron aim to develop a phenomenological, empirically informed, approach to bodily disfigurement. Their claim is that this approach,

which includes the analysis of an individual's embodied self-experience against her or his social-cultural lifeworld, bridges the gap between the realm of the individual and the social. Addressing the double body ontology that is at stake in facial disfigurement, Slatman and Yaron discuss the case of Leah, a facially disfigured woman wearing a facial prosthesis. Leah's story, they argue, not only illustrates the body's double-sided ontology, but also reveals that it is by no means a given, static condition. Slatman and Yaron demonstrate how Leah does not endure her disfigurement passively: coping with her condition means that she develops various ways of "doing" her body anew, which operate both on her body as image and on her body as lived through the condition of appearance. The case of Leah, they contend, illustrates that the impact of disfigurement can only be adequately assessed if we take into account the body's ambiguous ontology.

The three final essays of the volume examine issues of agency and passivity in thought-provoking ways. In the chapter entitled "'She's Research!' Exposure, Epistemophilia, and Ethical Perception through Mike Nichols' *Wit*," Lisa Folkmarson Käll considers the conditions and possibility of ethical perception in relation to the practices of scientific medicine. Through a reading of Mike Nichols' film *Wit*, which is a striking display of the objectification of a human body for scientific purposes, Käll discusses how different forms of exposure lay bare possibilities and limitations of self-objectification and of objectifying frameworks more generally. She argues that the ground for our object-related intentionality and our distancing relation to the world as an object world, as well as to our bodies as objects detached from our minds, is to be found in an original foundational attachment to the world as embodied exposure and openness to experience. Käll identifies this attachment as the site for an ethical relation that is not one of strict separation between autonomous subjects but instead characterized by openness, dependence, and unpredictability. Such an understanding further brings to light the possibility of ethical perception as emerging from the experience of exposure and vulnerability rather than from well-informed deliberation and decision-making. Käll discusses the possibility of moving toward an ethics of exposure on the basis of the display in *Wit* of the failure of ethical perception within the highly controlled clinical research setting of medical science.

The very meaning of passivity is at stake in Cressida Heyes' essay "Anaesthetics of Existence." Heyes turns her attention to the story

of cosmetic surgery devotee Lolo Ferrari who claimed to love the oblivion of general anaesthesia and its capacity to suspend her life, allowing her to wake up transformed without any further exercise of agency. Given our culture's emphasis on maintaining sovereignty over one's life and over the territory of one's body, and the importance of these ideas to feminism, Heyes asks whether Ferrari can be seen as anything other than a passive victim? Asking for the feminist meanings of anaesthesia, where the literal meets the metaphorical, she argues that the lived experience of the loss of sensibility may have a political importance in modulating demands for a perpetually self-creating individual. She also examines how the sovereign subject of late liberal capitalism is required to exercise autonomy iteratively, expressing individuality qua capacity to choose in an interminable series of self-determining moments. "Anaesthetic existence" offers a counterpoint to the exhausting and painful experience of willful self-creation, Heyes suggests—and an analysis of the lived experience of anaesthesia as exemplified by Lolo Ferrari's descriptions can capture a pervasive, if often despairing, form of resistance to a masculinist insistence on the centrality of the self-making agent.

The final essay of the volume addresses the experience of depression and the possibilities of agency within the midst of the passivity of depression. In her essay "Wandering in the Unhomelike: Chronic Depression, Inequality, and the Recovery Imperative," Abby Wilkerson brings a phenomenological approach to depression into dialogue with feminist disability studies in order to highlight how the burdens of the recovery imperative that dominate discourse on depression interact with gender and other vectors of oppression. The recovery imperative, she argues, implies a particularly heavy burden for members of oppressed groups, who face depressogenic social transactions regularly. According to Wilkerson, oppressed people are not only more vulnerable to depression; if they do become depressed, the ongoing nature of such transactions imposes obstacles to recovery. While arguing that a phenomenological framework offers significant advantages for illuminating possibilities for agency, she also notes that concepts of pathology and normalcy are central in the medicalization and life experience of depression. These concepts require further scrutiny than has yet emerged in phenomenology. Closer attention to social contexts can advance ongoing efforts to critique the medicalization of affect and the normalizing functions of these processes—while providing a more detailed account of the majority of cases

of depression. Wilkerson's chapter elaborates a framework that offers ways to recognize and legitimate the suffering of depression, points toward paths for relieving it without reifying conservative notions of pathology, and generates critique toward social change.

By bringing together sophisticated phenomenological insights with concrete human conditions, the essays in this volume demonstrate the depth and richness feminist phenomenological perspectives can offer in relation to medicine. Through careful analysis of experience and its conditions, they uncover taken-for-granted and in this sense "hidden" assumptions, beliefs, and norms that we live by, that we strengthen by repeated action, and that we can sometimes question and radically alter. It is our hope that the collection will contribute to continued interrogation of what feminist phenomenological work in relation to and within the field of medicine might entail and provoke further questions concerning the conditions of normative frameworks and structures of experience.

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Notes

1. Such studies can be influenced by a phenomenological emphasis on subjective experience and meaning-making and contribute to

the understanding of such meaning-making but are commonly removed from the conceptual framework and method of phenomenological philosophy.

2. "Better," here, does most often *not* mean a search for criteria for a morally just action but, as put by Sarah Ahmed (2000, 139–140), that some ways better "may allow the other to exist beyond the grasp of the present" and enable the protection of "the otherness of the other."

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