

Disability, Personhood, and Vulnerability

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Introduction

Disability is a consistent topic of concern within philosophical ethics (including medical and applied ethics, and bioethics). In many cases, however, it is viewed as a misfortune, and an impediment to well-being. This is because matters of the good human life turn on some criterion—rational autonomy, say, or personhood—that distinguishes good from bad lives. These specify certain properties or capacities that are purported to be essential to humans, and for a good life. Disability here figures not only as an impediment to the capacity to realise the goods that attend a fully human life, but as a lack of some fundamentally human capacity. There is no shortage of arguments by influential thinkers concerning the moral permissibility of eliminating disabled people, based on the idea that the latter are not fully human in some meaningful respect.

My aim is to develop some aspects of a critical orientation that does not rely upon definitively human capacities, and that, as such, does not exclude atypical bodies and minds from the outset. To explore such ideas, I consider feminist theories that understand vulnerability to be a ubiquitous or even universal aspect of life, and as such, as a more appropriate basis for ethics. I suggest that instead of understanding vulnerability in either universalistic or particularistic terms, these two aspects can fruitfully be integrated. Vulnerability is an ineluctable dimension of embodied existence; however, it is always and everywhere produced and experienced in concrete conditions. Significantly, vulnerability is unequally distributed: the vulnerability of some lives is safeguarded while that of others is exposed. I suggest that this provides a fruitful way to understand disability, without appealing to essentialist notions of the human: the potential vulnerabilities of some bodies are neglected in social and material situations, such that disability is actualised as a result. I finally suggest an approach for

identifying and responding to vulnerability that is not grounded on any specific criterion of the human, and that involves a collective commitment to continually compose better relations.

Personhood and Disability

Many works in moral philosophy aim to establish relatively robust criteria of moral value; these can ground theories of justice that outline how rights and obligations, social goods, and so on, should be apportioned. Some approaches do so by reference to biological features, the absence of which is identified as an objective decrement to well-being (Buchanan et al. 2000). Others like Jeff McMahan appeal to personhood (1996, 2002, 2005, 2009). On McMahan's view—which draws on the account of personal identity elaborated by John Locke—persons have certain cognitive capacities in virtue of which they can think rationally, and have reflective awareness of themselves across time (Curtis and Vehmas 2013). Taken together, the capacity for reason, and a sense of self that creates continuity between past, present, and future, permit what McMahan calls 'prudential unity relations' and 'strong rational egoistic concerns'. Put simply, a person can make rational decisions based on a sense of themselves across time, including into the future. McMahan takes such capacities to allow “many of the higher goods of human life” (2009: 243):

Intimate personal relations based on deep mutual understanding, achievement of difficult and valuable goals, knowledge, aesthetic appreciation, and so on. Our lives would be immeasurably impoverished if they lacked all such goods (2009: 243).

Significantly, personhood coincides with a “threshold of respect” (2002: 246): it confers moral worth. Those falling above this threshold are moral equals. Importantly, they have greater moral worth than those falling below it, who, lacking the necessary capacities, are not full persons.

This leads McMahan to various claims about disability. First, the 'merely' physically disabled enjoy the same moral status as 'normal' humans, because they have the higher cognitive capacities associated with personhood (2009). Even so, physical disability is still a misfortune, because misfortune is part of the concept of disability. As for those who fall under under this threshold: here we find both nonhuman animals, and those humans McMahan calls 'congenitally severely retarded' or 'radically

cognitively limited': those who, on his terms, "have cognitive and emotional capacities no higher than those of certain animals", who lack reflective awareness of self over time, and the attendant "interest in continuing to live" (2002: 205). As such, for McMahan these humans are nonpersons, and have lesser moral value than normal humans. It is not only that, as Eva Feder Kittay points out (2005: 105), "it is much less problematic to frustrate the time-relative interests of the [congenitally severely mentally retarded] than those of any of 'us'". For McMahan (2002: 205), "it is no more wrong, other things being equal, to kill a severely retarded human being than it is to kill an animal with comparable psychological capacities".

McMahan's position, then, starts by asking whether personhood is always found in humans, or is limited to just some humans. However, in distinguishing between persons and humans, he reproduces some longstanding and dubious metaphysical presuppositions that bifurcate mind or self from body, cognition from corporeality. This is evident in his conceptualisation of physical disability. He proposes that "their disabilities may impede their ability to achieve the levels of well-being, functioning, or flourishing *of which they are otherwise capable*" (my emphasis) (2009: 244). On his terms, someone is disabled "if their physical condition constitutes an impediment to their being able to achieve *their potential for well-being* (my emphasis)" (2009: 244). It is almost as if there is, on the one hand, a person with the full range of human potential; and on the other, a body that frustrates the full realisation of that range. This not only separates out cognition (that correlates with personhood and potential well-being) and embodiment (that impedes well-being). It also implies that such potential exists for individuals even if they are not constituted to realise it. It is as though there exists an ideal version of McMahan's 'physically disabled' person, that their actual physical constitution prevents them from becoming. This idea only has purchase if bodily composition is of secondary relevance. Indeed, McMahan says that the inability of physically disabled people to realise the "higher levels of well-being" available to normal humans is "contingent", whereas for the limitation of cognitively disabled people is "a feature of their individual nature, not an impediment to the realization of their nature or potential" (2009: 244). Physically disabled people may be disadvantaged, but this is not part of their nature as persons. The very nature of those with radical cognitive limitation separates them from 'we' persons.

I raise these points in part to show how McMahan's ideas fall squarely within what Roberto Esposito (2015) calls the 'apparatus of the person'. This identifies those attempts, rife within Western philosophy, to definitively account of what is essential to humans by producing a distinction within that category, that forcefully separates some out as ambiguously human, as nonpersons. This apparatus manifests in various ways. In McMahan's physical disability, we see its liberal incarnation, which divides the person into rational and bodily aspects. The person is what transcends the merely bodily aspect. It personalises the rational part just as it depersonalises the bodily part, and "ends up thrusting the body into an animal or vegetal dimension" (Esposito 2015: 91). Disability here means the body fails to act out the interests of the rational part. In his account of cognitive disability, we are closer to a biopolitical understanding of the person that "[thrusts]... some humans into the sphere of inanimate objects" (Esposito 2015: 26). Here, someone can be formally human, but effectively a thing. This separates 'we' persons from those cognitively disabled people who are mere bodies, whose very nature is that of an object without potential. Since personhood is identified with sovereignty over things, and some individuals can end up in the domain of things, we find situations where putatively full persons have free rein over the lives of nonpersons. This is apparent by McMahan's speculations concerning the permissibility of killing those who do not satisfy his personhood criteria.

This highlights potential tensions when using personhood as a criterion of value. Personhood coalesces as a category by placing some humans in the category of nonpersons. It divides the human internally and pushes some further towards the biological dimension, exposing them to actions of others. Yet this natural or biological life is not a simple fact; as Giorgio Agamben (1998) says of bare life, it is life as captured by an operation of power. And it also involves identification of characteristics of atypical bodies as failures of the human ideal. The atypical body, understood through a humanist frame, both is human, but in some aspect fails to be fully human. Such individuals are, as it were, made to pay the price for the attribution to others of unalloyed humanity.

Theories of Vulnerability

McMahan claims that “to be helpless and dependent are not part of what it is to be an adult human being and are thus misfortunes for adults” (2009: 245). Such issues as dependency and vulnerability, and their place within human life, occupy the remainder of my discussion. This draws on feminist approaches that arise out of a widespread dissatisfaction with philosophical work that takes as given and assigns primacy to what Lorraine Code has aptly called this “autonomous man” that is “the undoubted hero of philosophical, moral and political discourse” (1991: 73):

Autonomous man is—and should be—self-sufficient, independent, and self-reliant, a self-realizing individual who directs his efforts toward maximizing his personal gains. His independence is under constant threat from other (equally self-serving) individuals: hence he devises rules to protect himself from intrusion (1991: 77).

This ideal not only overstates the capacity for independence and self-determination. It denigrates various contrary properties—corporeality, unboundedness, emotionality, passivity—and “devalues relations of interpersonal dependency, care and connection that historically have been associated with women” (Mackenzie 2021: 11; See also Keller and Kittay 2017; Lloyd 2004). Such dimensions are understood only as impediments to, or background conditions for, autonomy, and not as formative aspects of subjectivity. Critics instead suggest that dependency or vulnerability may be fundamental aspects of human experience, rather than impediments to autonomy that are best avoided or disregarded. Accordingly, these other aspects are more apt starting points for ethical theorising.

My focus here is on vulnerability. There are by now many permutations of this concept. Some have emerged from work on dependency and care by feminist philosophers like Eva Feder Kittay (2013). Others, from Alasdair MacIntyre (1999), Martha Nussbaum (2009), and Martha Fineman (2008), respond to Rawlsian contractualist approaches based in individual autonomy. Finally, Judith Butler (2006, 2009) has an influential account of vulnerability as precariousness and precarity. While I will not discuss this explicitly, it influences some of my positions. Many accounts highlight vulnerability as a ubiquitous or even universal aspect of human existence, with various sources: bodily needs and susceptibility to harm; illness and disability; social and psychological injuries like humiliation or shame; political harms like

exploitation and oppression; and various combinations of all of these (Mackenzie, Rogers and Dodds 2014). Jackie Leach Scully suggests that vulnerability means something akin to “being more than usually likely to experience the bad things that can happen to humans” (2014: 205). However, there is some ambiguity here. Indeed, as is often noted, vulnerability is frequently depicted in one of two ways (Ferrarese 2016; Gilson 2014; Mackenzie, Rogers and Dodds 2014; Scully 2014). In one, vulnerability is experienced by everyone; in the other, while vulnerability is common, it applies only or mainly to certain individuals or groups. For now, I will call these ‘universalist’ and ‘particularist’ accounts of vulnerability (Mackenzie, Rogers and Dodds 2014).

The universalist approach is well-illustrated by Martha Fineman’s assertion that vulnerability is “a universal, inevitable, enduring aspect of the human condition” (2008: 8). Or, as Bryan Turner proposes, vulnerability means that humans have “an organic propensity to disease and sickness, that death and dying are inescapable, and that aging bodies are subject to impairment and disability” (2006: 29). And, individuals rely on others for support and care, and are also susceptible to various kinds of harm and damage by others. The particularist reading, by contrast, suggests that certain individuals or groups are especially susceptible to harm (Scully 2014). Robert Goodin’s (1985) ‘welfare consequentialism’ is sometimes taken as emblematic of this kind. He understands vulnerability as “essentially a relational notion”, in the sense that it identifies the proneness to harm—whether material, or against interests—of some individual or group in relation to another (1985: 112). While this makes everyone somewhat vulnerable, Goodin proposes that some are especially vulnerable due to a diminished capacity to protect their interests. Where a universalist reading stresses that all are equally vulnerable due to human susceptibilities, this reading instead focuses on how “inequalities of power, dependency, capacity, or need render some agents vulnerable to harm or exploitation by others” (Mackenzie, Rogers and Dodds 2014: 6).

I agree with the universalist account that vulnerability is ubiquitous within embodied and social existence. However, I also agree with the particularist picture that some individuals and groups are more vulnerable. However, each perspective has its weaknesses. Universal vulnerability might entail conceptual vacuousness: saying all are vulnerable does not pinpoint just what makes certain individuals or groups vulnerable; it requires something more to respond to particular situations. That everyone is

vulnerable does not grasp how some disabled people may be vulnerable in ways that other groups are not (including other disabled people). However, singling out particularly vulnerable individuals and groups brings its own risks. It might have unintended consequences, such as exposing those so-identified to “discrimination, stereotyping, and unwarranted and unjust paternalistic responses” on the basis of perceived vulnerability (Mackenzie, Rogers and Dodds 2014: 6). It might essentialise vulnerability as an innate property of that person or group. Finally, saying some are vulnerable and in need of special protections implies that the normal state of affairs is to be more or less invulnerable. This produces a distinction between individuals who are constitutionally invulnerable, or are vulnerable within a normal range and sufficiently resilient to safeguard themselves; and those who need care, support, and so on, “to restore them to normality or to offer them ongoing protections that normal people do not need” (Scully 2014: 206). Indeed, this approximates a common way of comprehending disability: something innate to disabled individuals makes them vulnerable, that does not obtain for nondisabled individuals.

This indicates a potential problem when apprehending vulnerability as something based in embodiment: that of taking it as natural and thus presocial. While this is more evident in the case of particular vulnerability—something inherent to those who are especially vulnerable singles them out from others—Estelle Ferrarese notes how universal vulnerability can also imply something similar:

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

Put differently, understanding vulnerability in terms of bodily susceptibility runs the risk of underplaying the co-constitutive role in vulnerability of situations, and of distributions of power. We can, however, bring elements of these universal and particular accounts together in a political conceptualisation. The universal account is right that a basic susceptibility exists; however, this is always and everywhere produced and experienced in particular forms: ‘universal’ vulnerability is always set within concrete sociomaterial relations, that change how it gets expressed. These relations are ontologically basic: vulnerability is ubiquitous, but has no definitive form in advance of actualisation. The particular account is right that vulnerability is always specific, but

does not recognise that this arises because sociomaterial relations produce vulnerability in individuals or groups, or produce these as vulnerable. So while there is a ubiquitous bodily susceptibility, this is always concretely realised with different effects, based on how it emerges in concrete sociomaterial relations.

Vulnerability as Relation and Process

I will now develop these ideas to understand vulnerability as relational and processual. I first follow Margrit Shildrick (2012) and Erinn Gilson (2014) to suggest that basic bodily susceptibility can be approached via the corporeal openness outlined by Maurice Merleau-Ponty (1968, 2012). For him, bodies are not passive and brute objects animated by a rationally-cognising consciousness. They are active and meaning-constituting participants in consciousness and selfhood: complexes of habituated comportments, dispositions, stances, always in dialogue with surrounding entities and situations. This basic condition—a perceptual and pragmatic orientation towards situations—leads Merleau-Ponty in his later work to say that the fundamental condition of living bodies can be understood “simply as openness” (1968: 99). All bodies are perceptually, affectively, and pragmatically open and responsive to surrounding bodies, things, and situations. This openness, as Gilson puts it, is an indeterminate capacity for experience, where that involves “myriad connections to and relations with other bodies and the world, all of which define the openness it shares with the world” (2014: 132). Since those other bodies are likewise related and connected, their orientations interpenetrate in an overlapping, sometimes consonant, sometimes contradictory, field of interwoven, more or less presubjective, perspectives (Shildrick 2015). As Gail Weiss notes, this means that “each of us experiences our interiority through (and not despite) our connections with the bodies of others” (2009: 184). Moreover, bodies acquire habits and comportments, their characteristic ways of acting, within surrounding technological milieus. Their very emergence and continuation is conditional upon these intercorporeal fields and enabling technological milieus. They are open to various kinds of relations, and on that basis depend upon these, and are vulnerable to being affected, transformed, enabled or disabled, by these. Furthermore, at this stage, prior to any specific or concrete instantiation, vulnerability does not have the negative sense

of harm with which vulnerability is often identified (Gilson 2014). Vulnerability can lead to harm, but many other things besides.

While I don't have time to go into detail, any account based in a fundamental openness is at odds with preeminent ways of understanding individuals. The modern tendency is to insulate the individual, protecting against what Roberto Esposito calls "a risky contiguity with the other, relieving them of every obligation toward the other and enclosing them once again in the shell of their own subjectivity" (2012: 49). This not only severs individuals from their constitutive relational and intercorporeal dimensions; these dimensions becomes identified as threats, as potential contaminants of the domain proper to the individual. This places a limit around the individual, and relieves it of the demands of the community, and sets out its sphere of self-ownership and freedom.

So far, then, I have proposed that bodies have primarily openness: a vulnerability that includes, but is not reducible to, harm. This openness is habitually denied, denigrated, and identified fully with harm—due to deep-seated ontological commitments to the idea of the individual as self-directing, bounded and self-identical—and denigrated in those who cannot, and understood in terms largely negative terms, as harm, weakness, lack of control, and so on. However, I also contend that bodies are always within concrete relations or situations. I brook no hard distinction between a layer of natural objects on top of which social reality is erected. Reality is the ongoing and emergent process of encounters between entities of various kinds: some living, others not, but all with characteristic agencies and effects. This holds as much for bodies as for any other entity: they have no simple natural life prior to involvement in situations (State of nature). However, if there is no body outside relations, how do we understand the aforementioned sense of originary vulnerability as openness?

To do this, I make a claim similar to one made by Gilson (2014): the fundamental vulnerability-as-openness of bodies has the status of potentiality. Gilson develops this by reference to Gilles Deleuze's account of potentiality and actuality, that derives in turn from Henri Bergson. Bergson notes a common error that understands possibility as "a mirror of the real" (May 2005). In this understanding, the only significant difference between reality and possibility is that reality exists while possibility does not

yet exist. Possibility only lacks existence. A possible and a real have the same basic form or structure; the realisation of a possibility involves no excess, lack, or deformation. A possibility exists in the present, fully formed, just waiting to happen, to become real. As such “the future is given in the present” and “is theoretically visible in it” (Bergson 1968: 18). Potentiality and actuality—which for Bergson better capture how events unfold in time—have a different relationship. Potential is already real: it is a permanent dimension of yet-unactualised difference that is folded within what is actual. This means that potentiality is greater than actuality, and that its structure and composition do not mirror those of the actual. Finally, the outcomes of potentiality cannot be known in advance: their actualisation varies according to the relations they form.

Bodily openness, viewed thus, is a condition of potential until placed in concrete relations. It is produced and experienced differently according to the relations in question. This means that “its meaning and value cannot be determined in advance but only in relation to such specific positions, experiences, and events” (Gilson 2018: 231). However, we need not understand bodily potential as radical indetermination. Instead, we could say that bodies harbour a range of potentialities whose outcomes, while subject to morphological constraints, cannot be reduced to predictable and context-transcending effects, and cannot be fully known in advance of situations. Indeed, situational specifics are co-constitutive of how bodies are actualised.

We can now say something about vulnerability. First, relations and potential. Bodies have various basic susceptibilities that open onto shared relations. They rely on others for intercorporeal meanings in which they anchor and produce themselves; they need care and support; as technological beings, this includes all the organisations of environments and tools that contribute to care, support, and realisation of capacities. However, this susceptibility does not unilaterally entail harm or violation. As potential, it acquires specific determinations within situations. Depending on how situations are set up, they can cushion and support bodies. While it cannot be guaranteed that no harms will arise, these can be made much less likely. Many technological developments—from housing to health care—are responses to ordinary susceptibilities. This does not imply, however, that such developments benefit ‘humanity’ as such. Such resources are unequally distributed according to how bodies

are assigned value, and such value may be assigned precisely by reference to ideals about what is human.

The arrangement of situations can also render bodies more vulnerable, and even produce harm. My overall point here is that neither vulnerability nor invulnerability—or perhaps, resilience—are inherent properties of bodies; they instead emerge in relations between bodies and various aspects of their situations. Whether something shows up as a vulnerability, or causes harmful outcomes, depends on the extant norms and knowledges, and their instantiation in social and material spaces. It is not inevitable that some body will become vulnerable to potential harm; even if it does, this will happen in different ways in different situations. I do not mean that it is bad to shield against harms, and realise that there are certainly bodily vulnerabilities that almost certainly incur difficulty and discomfort. I still suggest that there are relational aspects in play. More generally, I reject approaches that take openness and dependency as threatening or weakening, and that apprehend some bodies are largely invulnerable, others as naturally vulnerable.

Second, this means that vulnerability is not a state but a process (Gilson 2018). The milieus in which lives play out not only enable bodies to act or restrict their field of action. They also shield some bodies against certain potential vulnerabilities, or, by failing to do so, expose them to vulnerability. Third—and most significantly—if safety and vulnerability are effects of practices, there is a politics of safeguarding and making vulnerable. As Ferrarese notes:

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

This recalls Judith Butler's writings on liveable lives. Certain bodies are apprehended, according to organising rationales, as valuable and worth safeguarding. For disability, the aforementioned liberal-individualist paradigm will most likely play a role: lives that already approximate that standard—seemingly independent, rational, enclosed—are more likely to benefit from a kind of baseline protection against common vulnerabilities. There is a kind of irony here: those who seem naturally invulnerable are ascribed value and conferred the protections that permit that seeming

invulnerability. Certain potential vulnerabilities will be offset for in advance, and never become actual harms. These relational safeguarding practices may go unrecognised as such. When bodies generally feel secure in their everyday situations, these relationships acquire an apparent inevitability. Consequently, those who habitually get safeguarded can readily ‘forget’ or ignore the very orderings and distributions that make them safe. Where conditions for life are dependable, the dependency upon those conditions recedes. Ferrarese points to an additional “privileged irresponsibility” of those who are made safe: since they seem naturally secure while others seem naturally vulnerable, can “exempt themselves from all responsibility” (2016: 152).

Others are apprehended as less valuable, offered fewer resources, or abandoned altogether. Still other individuals and populations may be singled out precisely as vulnerable. This is the inverse of the aforementioned irony: here, those apprehended as especially vulnerable are singled out for supplemental treatment, that risks exposing them to further harms. Vulnerability can attach to these bodies as a reified and inherent characteristic. This happens in various domains: legal categories specify vulnerable persons, according to purported physical weakness or cognitive deficits; or, medical practices single out specific bodies as bearers of relatively fixed properties in virtue of which they are judged to be in need of intervention. This not only produces categories of natural kinds and people—a seemingly natural distinction between the naturally resilient and naturally vulnerable—but can result in equally static and seemingly inevitable relations of harm (Shildrick 2015). Thinking of certain cases as radically or especially vulnerable risks taking these as natural, thus non-relational. The task is to recognise that while vulnerability is an omnipresent liability, it is always situationally realised, and as such has an always somewhat contingent status.

Before turning to ethical considerations, I will apply what I have been discussing more explicitly to disability, and elucidate how vulnerability is both relational and concrete. Jackie Leach Scully (2014: 207) suggests that disabled people are vulnerable because “they are more likely to face harms (either specific kinds of harm or harms in general) than nondisabled people. She identifies some such harms as “inherent to the material nature of the impairment, whether physical or cognitive” (207). Here, she highlights “infections... long-term degenerative processes, a reduced life span, or fatigue” (207). This hews close to a particularistic account where vulnerability inheres

in individual bodies. I wish to neither wave away such conditions as insignificant, nor to suggest that they do not significantly involve material aspects. Nevertheless, I do not think these are “unarguably the direct results of an impairment itself” (207). Rather than directly bringing about effects that unaffected by any other influences, I suggest that they involve a range of potential outcomes, within certain material constraints, that will be modulated, even if only to a minor extent, by situational factors. This status is more apparent when we consider Scully’s subsequent examples:

A person with a mobility impairment may have poor balance and fall over more easily; a learning disability leading to poor reading skills can mean a reduced ability to access important information and so to social difficulties of various kinds (2014: 207).

These examples gloss over salient situational factors. My point here is not to deny that there are bodily propensities for certain outcomes. It is rather, first, that these are potentialities, by which I mean that they do not have one set effect, but a range of potential outcomes; and second, these nowhere exist outside contexts that modulate the actualisation of those potentials. The person with ‘poor balance’ is presumably not in a state of nature. No one is (Stiegler 1998). So their ‘vulnerability’ arises due to the relationship between bodily potentials and characteristics of their present situation. The contingency—and hence non-inherence—of vulnerability is even more evident in Scully’s reading example. Saying that it is important to access information already places us within a certain social reality; it does not identify an objective and context-independent vulnerability.

I suggest that many vulnerabilities involved in disability exist in situations, and are relational. This way of framing bodily susceptibilities in terms of potential has the merit of allowing us to recognise that disability does involve material bodily aspects, without, first, requiring that these cause predictable effects regardless of situations; and second, without isolating disability on a natural substratum. The body is not irrelevant, but its effects are changed by situations. We cannot ignore how the world is organised. As Vasilis Galis writes (2011: 831):

Imagine what would happen if we were to design and construct urban environments only for wheelchair users, write books mostly in Braille, or communicate in sign language. Who would be disabled in those cases?

Human life is imbricated with technologies that meet bodies in different ways. No body is comprehensively and originarily independent or resilient; the organisation of milieus

grants those qualities to some and not others. Furthermore, arguing—as I do—that disability is not inimical to ‘the good life’, whatever that is, does not entail that it involves no difficulties whatsoever. These, however, will always be instantiated within particular situations, that as such, must be acknowledged as fundamental parts of what brings those difficulties about, and also part of what can be changed to at least mitigate, or in some cases, even dissolve, those difficulties.

Ethics and Vulnerability

Finally, I will suggest some ethical and political guidelines—not rules—that can guide how bodily susceptibility and the production of vulnerability are thought about. The first guideline arises from recognition of fundamental bodily openness and susceptibility. As Esposito (2012) and others suggest, this entails a kind of reciprocal responsibility of care one to another. As I understand this relationship, it is not recognition of self by other so much as a bodily openness to, and reliance upon, the community. Here, community encompasses a plurality of dimensions: it is the condition of meaning, of safety in the face of somatic susceptibility, of continued support that fosters the capacity to develop a life. And where that community is, as I maintain, fundamentally technological, then the ‘gifts’ it bestows include the various ways that technologies have been marshalled within the aforementioned dimensions of meaning, safety and support. Put simply, all benefit from and are dependent upon the existence care of others and the worlds they have made, and are responsible in turn to care for others and the shared world.

If the communal aspect of life entails a responsibility to care, the fact that the fundamental susceptibility of the body—that provokes that demand for care in the first place—has the status of potential means that this demand to care does not discriminate in advance between bodies. As Gilson (2014) notes, susceptibilities at this level are still indeterminate, until actualised in specific conditions. As such, a second guideline is negative: while there is a fundamental responsibility to care, responses will not decide in advance which bodies are worthy of consideration. It will not begin from a hierarchy based in typicality or atypicality with respect to bodily organisation or mode of activity. Indeed, we cannot really know how lives will go until they are within relations, and

potentials get actualised. So far, then, there is a responsibility to care, but this is neither enacted in the abstract, nor does it decide in advance who is worthy of response.

This leads to the third guideline. All individuals and groups participate in the practices that produce meanings, distribute technological resources, iterate bodily norms, and so on. This obtains whether they work to maintain, modify, or dissolve these states of affairs. These are the conditions onto which bodily openness opens, and in which potentialities get actualised as they form relations with others, incorporate tools, become accustomed to milieus. As such, those who participate in the continuation of these situations—that value and shield some, devalue and neglect others—must in some sense take responsibility for their role. If the reciprocal situation of bodies entails both a gift and a responsibility, it is on the level of concreteness, practices, meanings, technical distributions, that this gift is given, for good or ill. This is also the level on which the responsibility to care must be realised.

Overall, the responsibility to care combines the recognition that openness, susceptibility, reliance upon others, is a shared condition—that these are not inherent weaknesses of just some bodies—with the awareness that particular instantiations of vulnerability and harm are real and pressing concerns. Some are indeed ‘more than usually vulnerable’, but not due to inherent weakness, but due to concrete relations between those bodies and practices that produce vulnerability or harm. To spell this out in terms of disability, some are made vulnerable through oversight, which has disabling effects: they are not afforded the same considerations in the organisation of the shared world (that does afford consideration to the potential vulnerabilities of typical bodies). Others are identified as, say, vulnerable persons, which also incurs disabling outcomes: their margins of activity are circumscribed, they are infantilised, and so on. So, while this ethical imperative is ‘universal’ in the sense that it applies to all, it is addressed to what happens in concrete conditions, and must be answered through critique and transformation on this level. With respect to vulnerability and disability, this means that it responds to instances where those with merely atypical bodies and minds are made vulnerable, and are disabled, by the relations with others and the world.

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