

EXTRACT 1

In January 2000 – while Ann was recovering from a severe bout of flu – numbness in the fingertips of her right (dominant) hand spread up her arm. After a couple of weeks she lost control over her arm, leaving her unable to write or to use her hand for any fine movements. Although her symptoms were *relatively minor in medical terms*, Ann felt her life had been derailed [...]

Ann comes to see her right arm as an ‘it’, something *a-part* from herself, something out of control. ‘It had a life of its own ... And it just used to fall off things ... it would just suddenly come up like this and it was very strange.’ She now has to learn to do things in new and different ways, aware that she can no longer take her body for granted. She fatigues easily and certain tasks are no longer easy to do. Describing her difficulty with doing up the buttons on her children’s clothes she explains her altered consciousness: ‘I have to watch, visually do it ... it is much more difficult.’ Ann notes with an embarrassed laugh, personal care also presents problems: ‘I had to learn things like how to clean my “toilet” with just my other hand.’ [...]

As she seeks to preserve her ‘mummy role’, she also sees it being threatened. Her worst nightmare is having her relationship with her children disrupted. ‘Initially it was difficult giving the children a proper cuddle which was just so terrible!’ She realises with horror that she may permanently lose her ability to touch and feel them: ‘I then thought, “I won’t be able to feel the softness of their skin properly” [demonstrates by caressing her own cheek softly]. ‘I mean that’s sort of a mummy-thing. And that upset me.’ [...]

With her fatigue and the loss of sensation/co-ordination problems in her arm, the unity between Ann’s self–body–world is disrupted. Her on-going engagement with the world – her bodily intentionality – is thwarted, as she can no longer do things she had previously taken for granted. With her arm desensitised and spatially dislocated she has to learn how to carry out everyday living tasks (for herself and children) in new and unfamiliar ways. She must look at her arm, as she does up buttons or reaches into her handbag, to understand what ‘it’ is doing. Certain gestures are no longer within her bodily scope and her possibilities for action shrink. That her arm is out of her control and that she can no longer feel the connection between herself and the world adds to a profound sense of *bodily alienation*.

At the same time, Ann has an acute awareness of *inescapable embodiment*. She cannot, however much she wants to, disassociate herself from her malfunctioning body. She has to cope with her life despite her body feeling fatigued. She cannot separate her arm from herself. As she rails ‘Why me?’, she is confronted by the truth that the multiple sclerosis is in her, that it is her. She is forced to negotiate with her arm and gradually learn to incorporate it, in its altered state, back into herself. She learns a new way of Being-in-the-world where her eyes and arm work together engaged in daily living tasks. She must modify her actions to handle a new world of ‘restrictive potentialities’ (Merleau-Ponty, 1962 [1945], p. 143).

Ann experiences her body ambivalently. Her arm is something both a-part from and a-part of herself and the world [...] For Ann, her pre-reflectively lived *subjective body*, is disconnected. The comfortably familiar body [...] which represents her continuing perspective on the world, now contains both an absence and a new, unfamiliar aspect. Her old arm is no longer there and it is as if she has gained a new appendage: an 'it', an unseeable, unpredictable attacker, who does things without her volition. It feels out of her control, as if an alien infiltration has arbitrarily taken over and might suddenly turn round and 'kick [her] in the face again'. 'It' is the enemy, one called multiple sclerosis, who forced itself into her consciousness and took away her life as she knew it. But her task is to resist and subdue the enemy.

So, Ann scrutinises her body. Her arm is part of her *objective body* – one that she can observe, examine and be disconnected from. Each morning she runs through the different parts of her body, checking they are still there and functioning; evaluating her levels of fatigue and energy. She views her body with a medical gaze. With her professional understandings of multiple sclerosis she 'sees' the myelin sheaths of her peripheral nerves being eroded away. She assesses her own physical functioning as she has assessed others' and as others have assessed her. Sartre (1969 [1943]) refers to this process of disease as 'being-for-others'. The sick person understands and reflects upon their experience through concepts derived from, and defined by, others – in this case the medical profession.

Yet, even as she 'splits' her body she also seeks to re-connect with her body. Her morning ritual 'check' offers a way of simultaneously embracing both her subjective and objective body. As she runs through her body parts and assesses her functioning level for that day, she is affirming her body identity as a part of herself, apart from herself, as parts of a whole and as part of the world. 'The body, aware of itself in being aware of the world, stands in a relation "of embrace" with the world ... Each morning I awake to "that blending with the world that recommences for me ... as soon as I open my eyes"' (Merleau-Ponty, 1968 [1964], paraphrased by Wider, 1997, p. 138).

(Finlay, 2003, pp. 162–3, 166–8)