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Disabling Scaffolds: The Lived Embodiment of Disability in an Oppressive Sociomaterial Environment

Juan Toro[1] · **Erik Rietveld**[2,3] · **Julian Kiverstein**[2,4]

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Abstract
The influential social model understands disability in terms of oppression instantiated in a material environment that disables bodily impaired people. Many of the demands of disability activists for what we might call equal material access have since been satisfied. Yet oppression of subtler psychological and emotional forms persists for many disabled people. We will argue that the results of these psychosocial forms of oppression is that scaffolding which was set up to provide access to disabled people may become disabling. We introduce the concept of "disabling scaffolding" to refer to environmental structures that inhibit the disabled person's abilities because of social structures of intersubjective and material oppression. We borrow Iris Marion Young's concept of "inhibited intentionality" to describe the effects of oppression, which come to operate "from within" the disabled person, deeply affecting the person's experience of the body as an "I-can". Disabling scaffolding is a consequence of material and intersubjective oppression that leads to inhibited intentionality, gradually leading to a pathologization of the disabled person's embodiment.

Keywords Social model of disability · Scaffolds · Material and intersubjective oppression · Embodiment · Affordances · Ecological-enactive cognitive science · Inhibited intentionality

1 Introduction

The social model of disability, developed in the 1970s in the UK (see e.g. UPIAS 1976), has been deeply influential not only in academic studies of disability, but also in the public sphere. It has contributed to real improvements in terms of inclusion of disabled people[1] into society and securing equal access to opportunities. The social model starts from a conceptual distinction between physical impairment and disability. Disability, according to the social model, is to be understood in terms of oppression, instantiated in social barriers that exclude and disable physically impaired individuals from participation in wider society. Thus UPIAS (The Union of the Physically Impaired Against Segregation) argued in their 1976 booklet that disability is something imposed on top of impairment by social structures that isolate and exclude disabled people from full participation in society (see UPIAS 1976). The social model, at least as it was developed by these early activists in the UK, focused on issues of access (see Upias 1974). In early work on the social model, oppression

✉ Juan Toro
juan.torod@udea.edu.co

✉ Julian Kiverstein

1 Instituto de Filosofía, Universidad de Antioquia, Medellín, Colombia

2 Department of Psychiatry, Amsterdam University Medical Center, Meibergdreef 5, Amsterdam 1105AZ, The Netherlands

3 Department of Philosophy, University of Twente, Enschede, The Netherlands

4 Lemon Tree Interdisciplinary Center for Psychiatry, Psychotherapy and Philosophy, Amsterdam University Medical Center, Location AMC, Amsterdam, The Netherlands

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[1] We follow Barnes (2016) in using the term 'disabled people' rather than 'people with disabilities'. She writes:
"I use 'disabled people' rather than 'people with disabilities' because 'disabled people' mirrors our usage of other terms which pick our minority social groups—for example, we say 'gay people' not 'people with gayness'. It is sometimes suggested that we should say 'people with disabilities' because 'disabled people' suggests that disability somehow defines the person. But I simply don't think that's true. Saying that someone is a disabled person doesn't mean that disability defines who they are anymore than saying that someone is a gay person means that sexuality defines who they are.".
The term 'people with disabilities' is often associated with the medical model. However, it should be noted this is not the case in Denmark for instance. There the disability movement has fought for the term 'people with disabilities', to avoid being objectified as 'disabled', and to call attention to the fact that the person's identity goes beyond disability. Our thanks to Jacob Nossell for discussion of this issue.

was framed as primarily a material problem of discrimination and exclusion from employment and educational opportunities, and the public affordances of the shared built environment. Many of the demands of disability activists for what we might call equal material access have since been satisfied. Yet oppression of subtler psychological and emotional forms persists for many disabled people (Paterson & Hughes 1999; Reeve, 2012; Shildrick 2009).

Consider the following example from Arseli Dokumaci (2023: ch.3) of Jérôme, a blind person attempting to navigate the busy subway system in Montreal where he lives. Jérôme makes use of the subway to travel around the city because of, for instance, its audio announcements of stops. We can think of the audio announcements as providing cognitive scaffolding for blind people. The announcements function as an external material structure that enables blind people to plan their journey and navigate across the city in a similar way to how a metro map might be used by a sighted person. At first glance the Montreal subway would therefore seem to be a success story for disability activists. It would seem to provide scaffolding for blind people, providing access to important affordances, such as the possibility to travel to work or to school enjoyed by able-bodied individuals, that would otherwise be unavailable to them.

Now consider, however, what it is like for Jérôme to make use of the subway during rush hour when his fellow travelers are in a great hurry to get to their place of work or to get home as fast and efficiently as possible. People may fail to see the white stick that Jérôme uses to find his way to the train he needs to catch. They may impatiently push pass him or prevent him from boarding a train that is about to depart by thoughtlessly rushing ahead of him. His fellow subway passengers embody what Dokumaci calls a 'habitus of ableism'—bodily habits and schemes of perception, thought and action developed under conditions of ableism. This is to say that the able-bodied people with whom Jérôme travels operate under the presupposition that everybody can meet the demands of efficiency, speed and productivity of modern city life. When people like Jérôme are unable to live up to this presupposition, the result is an experience of not belonging with a consequence that the affordances of, in this case, the subway system cease to function as scaffolds for him. The disregard and failure to make space for him of his fellow commuters creates a situation in which the environment of the metro system becomes disabling.

What makes the scaffolding of the subway "disabling" for Jérôme is his intersubjective relations to other able-bodied people who operate according to the normative presuppositions of ableism.

Cognitive scaffolds have often been discussed in the philosophical literature as environment structures, resources, tools and technologies that support, simplify or enable cognitive processes. In the absence of such scaffolds, it is argued that the cognitive processes in question would be prohibitively complex, beyond the capabilities of the individual the scaffold aids. Aagaard (2021) highlights the tendency of philosophers to accentuate the positive in discussing the role of scaffolding in cognition, and to ignore possible harmful effects of scaffolds on cognitive and affective processes (see also, Slaby 2016; Liao & Huebner 2021; Timms & Spurrett 2023; Coninx 2023; Coninx & Stephan 2021). We will argue in what follows that whether the effects of scaffolding on cognition, affect and behavior turn out to be beneficial or harmful will depend on the person's wider intersubjective relations. Scaffolding, and its affordances, can play a supporting role for a person but because of its situatedness in wider social structures of inequity, can also become disabling. In the case of Jérôme, the subway system can be beneficial, providing him with access to many possibilities to him that would otherwise be closed-off. However, it can also be harmful because of the injustices that a habitus of ableism perpetuates.

In agreement with the social model, we claim that the situatedness of the person in what we call a "sociomaterial environment" is crucial for understanding disability. Humans inhabit a resourceful environment that is in equal measure social, material and cultural. We use the notion of "sociomateriality" to foreground the entanglement of material things in human social life (Mol 2002; cf. Suchman 2007). Drawing upon our earlier work on disability (Toro et al. 2020), we propose to understand the disabled person's situatedness in a sociomaterial environment in terms of embodiment. Our model of disability fully concurs with the political motivation of the social model, to rally disabled people around the demands for better living conditions, social inclusion and equality of opportunity. In line with the social model, our work points to important ways in which healthcare treatments for disabled people can be reoriented, avoiding the unnecessary medicalization of disabled persons by recognizing them as embodied subjects with lived experience, and not only as faulty mechanical bodies. This will allow us to expand the social model's demands to strategies that alleviate harmful intersubjective forms of oppression instantiated in stereotypes and prejudices.

Section 2 expands on the idea of an ecology of cognitive and affective scaffolding that is disabling, which we have begun to sketch above. We will argue that the scaffolding of the sociomaterial environment can be harmful for disabled people because of the wider oppressive social structures of the habitus of ableism in which this scaffolding is embedded. Section 3 introduces the distinction between normal and pathological embodiment. We will argue, in part drawing on experimental work we have carried out with people with cerebral palsy, that the limitations that come with disability are not necessarily pathologizing. What makes them pathologizing we will argue is the inhibition of the disabled person's capacity to improvise unconventional possibilities for action – what Dokumaci (2023) has called "activist affordances".

We go on to describe how pathological embodiment can become a dimension of disabled people's experiences of material and intersubjective oppression. We provide an analysis of how the experience of material oppression contributes to disability in Sect. 4, and of intersubjective oppression in Sect. 5. The upshot of our argument will be that it is disabling scaffolding that leads to the pathologization of the disabled person's embodiment.

2 Disabling Scaffolding

Situated cognition researchers use the term "scaffolding" to capture the variety of ways, for good and for ill, in which an agent can rely on environmental structures and resources in their thinking, problem-solving, affective regulation, and skilled action (Sterelny 2010; Sutton 2024; Menary 2010; Heersmink 2021; Colombetti & Roberts 2015; Colombetti & Krueger 2015; Coninx 2023). In the good cases external props, tools and technologies function as resources that work in a positively supporting manner in such a way as to augment and transform internal cognitive processes. The scaffolding constructed in the environment enables the person to perform cognitive tasks and solve problems that unaided, in the absence of this scaffolding, would prove beyond their capability. External resources, in the words of Kirsh (2019), enable an agent "to think faster, be more creative, perform specialized computations, reshape ideas…see patterns…reduce faculties such as memory impairment." (p.134, quoted by Aagaard 2021).

Sutton (2024) has argued persuasively that situated and "distributed" approaches to cognition and affect have also always been sensitive to the vulnerabilities of minds that intermingle with their environments to harmful appropriation. While it is true that work on situated cognition and affect has often stressed the good cases in which agents are able to smoothly cope with technologies and artefacts, the field has also recognized that cognitive ecologies in which human minds are situated are made up of a vast array of resources shaped by human culture and history. As Sutton puts it, a distributed approach to affectivity takes "disruption of various kinds and with various sources" to be built into the distributed fabric and structure of affectivity, not as some accidental or optional feature of it.[2] When is scaffolding harmful to an agent? To answer this question, it is important to first recognize that scaffolding plays a role in the regulation of cognition, emotion and skilled action because of its affordances. We use the term 'affordance' to refer to a near open-ended variety of different possibilities for action that the living environment of humans furnishes due in part to its built structures that have historically formed out of human activities.[3] We thus understand the concept of 'affordance' in terms of relations between aspects of a sociomaterially structured environment and skills, abilities and habits that are available for agents to develop within different social and cultural forms of life (Rietveld & Kiverstein 2014; Van Dijk & Rietveld 2017; Kiverstein 2024). Affordances, on this view, are not ready-made, waiting to be discovered, but are made by humans (and other animals and living beings) in the course of living out their social and cultural lives. The scaffolding an agent sets up to support their cognitive, and affective processes plays such a supporting role because of its affordances. Through its affordances, scaffolding therefore has a social, cultural, material and historical character. It is the situatedness of scaffolding in the wider structures of historical circumstances of inequity and social injustice that we will argue creates the potential for scaffolding to do harm.

Disabled people are among intersecting groups of people whose daily experience in social life involves marginalization, exclusion and discrimination. In thinking about oppression we tend to think for instance of women who are oppressed by patriarchal gender relations or members of minority groups who are oppressed because of their sexual orientation, skin color or body shape (Omvedt 1986, McRuer 2006, Yancy 2012; Haslanger 2012). In common with these other oppressed groups, disabled people experience discrimination, exclusion and marginalization in the

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[2] Sutton is responding to what Aagaard (2021) has labelled the dogma of harmony in the literature on situated cognition, which assumes that all entities that are made use of in human cognitive behaviors "cooperate and collaborate" with their users. Drawing on the philosophy of technology, he argues that there are also a variety of ways in which technologies mediate our actions in ways that are harmful. Along similar lines, Slaby (2016) has critiqued what he called the "user-resource" model of extended cognition and situated affectivity that assumes that the environment provides a resource that always contributes positively to the agent's meeting their goals. Slaby

Footnote 2 (continued)

provides rich descriptions of how our minds are also vulnerable to being invaded by affective regimes. In cases of mind-invasion the person "comes to feel and comport themselves seamlessly in line with domain conducive routines, or even adjust their habits such that pursuit of the domain's objectives comes to seem natural to them" (p.2).

[3] The term "affordance" was first coined by ecological psychologist J.J. Gibson (1979) to refer to possibilities for action provided by the environment of an animal. Gibson's ecological psychology starts from the reciprocity and mutual dependence of organisms and their environments. He investigated how as animals move through their environment their senses directly pick up ecological information that forms as surfaces, and substances interact with energetic stimulation such as light or sound waves. This ecological information was hypothesized to stand in a systematic relationship to the affordances provided by things, spaces and other animals that populate the animal's environment. The term 'affordance' has since been taken up in a variety of different ways within ecological psychology, and by philosophers inspired by this research program (see e.g. Turvey 1992; Reed 1996; Heft 2001; Stoffregen 2003; Chemero 2003, 2009; Rietveld & Kiverstein 2014, Van Dijk & Rietveld 2017; Kiverstein 2024; Heras-Escribano 2019; Brancazio 2020). For an excellent summary of the debate and what is at stake, see Bruineberg et al. (2024).

process of going about their everyday lives. They occupy a place in a society that is disadvantaged and disempowered compared to non-disabled people. Lajoie (2021) describes for instance how despite inclusion measure that encourage full participation of disabled people in social life, still when disabled people show up, they experience their presence as a problem that provokes a series of questions: "What are they doing here anyway?" (Titchkosky 2011: 78). What do they want? What do we *do* with them now?" Inclusion measures have not succeeded in disrupting the assumption of the normality of nondisabled spaces, with the consequence that when disabled people enter these spaces, they have an experience of an oppressive environment from which they are excluded, and do not belong.

We will follow Iris Marion Young (1990) in understanding oppressed people as sharing a common bodily experience—they "suffer inhibition of their ability to develop and exercise their capacities and express their needs, thoughts and feelings" (p.40). Oppression is deeply intertwined with the disabled person's embodiment, not as an impaired physical body, but as a body subject with a first-person lived perspective on a meaningful environment. We will argue the inhibition of their abilities that disabled people experience can be traced to how their lived embodiment situates them in the world. Dokumaci (2023) has described how disabled people make what she calls "activist affordances" that serve to compensate for the limitations and restrictions they might otherwise experience because of their bodily impairment (p.23). She has documented, in part through extensive ethnographic observations (see her 2023, ch.6), how disabled people are able to "bring into being" affordances that they need that would otherwise prove unavailable to them. She uses the term 'activism' to refer to these affordances because of their performative nature (Austin 1975). The disabled person builds affordances through their actions, thereby enacting the changes in the world they want to see (Dokumaci 2023: p.5). To build activist affordances does however demand tremendous labor, and creativity from the disabled person as they battle to create a more livable world for themselves. Activist affordances are the disabled person's defiant response to an otherwise uncooperative environment. Disabled people are Dokumaci writes: "problem-solvers, engineers, tinkerers, experts, knowers, and makers in their own right" (p.105).

Activist affordances are a response to living in situation of oppression structured by what Dokumaci calls "a habitus of ableism",—a set of bodily dispositions and skills of able-bodied people that have become the established, "normal" way of moving and acting in the world. As we saw in the example of Jérôme in our introduction, the Montreal subway during rush hour makes no place for bodies like his. Able-bodied people operate pre-reflectively with an unthought assumption that everyone can and should be able to move like them. The effect of doing so is that affordances are taken away, and the environment shrinks for disabled bodies that do not share these abilities. The consequence of the normalization of able-bodied ways of moving and acting, is that other alternative, less conventional affordances that could work better as scaffolding for disabled bodies are erased from view.

We will describe how experiences of oppression can undermine and inhibit disabled people's capacity for making activist affordances. Liao and Huebner (2021) have introduced a closely related idea of oppressive things. They discuss how material things can function as "anchors" that structure patterns of thinking, imagining and acting. Oppressive things normalize patterns of behaving in ways that are congruent with and sustain oppressive social structures. The examples Liao and Huebner analyze are of material things (visual culture technologies) that sustain racist oppressive social structures by, for instance, making attitudes of whiteness, and ways of experiencing the world that reflect those attitudes, seem normal and objectively correct. The result of this normalization of racist social structures is the oppression of racial minorities, which Liao and Huebner also characterize, using Young (1990), in terms of inhibition of oppressed people's abilities to develop and exercise capacities and for expressing needs, thoughts and feelings (p.97). Racist things are thus material artifacts, technologies and built environments that partially constitute the stability of racist social structures, while also shaping the attitudes and habits of attention of people that live within these structures. There is therefore a bidirectional relationship between racist psychology and racist things whereby racist things are products of racist psychological processes and social structures whilst also partially constituting such psychological processes and social structures.

Liao and Huebner briefly discuss ableism at the end of their article, providing an evocative example of ableist things: the stairs of the U.S. Capitol Building that exclude disabled people from gaining access to this building. We agree with Corinne Lajoie (2021) however that taking care of issues of access to physical spaces would not suffice to alleviate the situation of oppression experienced by disabled people. Lajoie emphasizes that the inclusion of disabled people should not only be about physical accommodations. Inclusion requires also addressing non-physical barriers, such as emotional, cultural, or social obstacles.[4] Disabled people experience what Lajoie describes as "disorientation" in environments shaped by ableist, racist, or classist

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[4] We do not intend these remarks as a critique of Liao and Huebner's important work but take ourselves to be building on their argument. Disability was not the focus of their paper, which was concerned with racist things.

norms that alienate them, making them feel constantly "out of place." These environments may meet the bureaucratic and legal requirements of accessibility, yet fail to create an experience of belonging because they are built around assumptions that privilege able-bodied norms. Sullivan (2020) describes what she calls *ontological expansiveness*: the unconscious tendency of privileged individuals to assume that all spaces are inherently available and welcoming to them, without regard for the presence or comfort of marginalized groups. Ableism creates a situation in which there is a failure to attend to what Titchkosky (2011: p. 87) refers to as "barriers to participation". We will describe how in such a situation scaffolding that would otherwise provide access can become what we are calling 'disabling' scaffolding. Scaffolding is disabling, we will argue, when it inhibits the agent to develop and exercise their bodily skills and to participate in social practices of the community. In the cases of inhibition we will describe, the disabled person finds themselves unable to enact the activist affordances that allow them to participate in social and cultural life organized around ableist norms.

3 Normal and Pathological Embodiment

In this section we will begin to unfold our analysis of disabling scaffolds. We start from a phenomenological understanding of disabled bodies as lived bodies that have their own first-person perspective on the world. Phenomenologists such as Edmund Husserl (1989), Maurice Merleau-Ponty (2012) and Simone de Beauvoir (2015) have made a distinction between the living body and the lived body. The living body is the body of a biological organism that will disintegrate and decay when it dies. The lived body is by contrast the medium of perceptual experience. It is in and through the lived body that the person experiences the world.

The disabled person's lived experience of the world is shaped by their first-person experience of their activity limitations. Many of the limitations disabled people experience reflect their isolation, and exclusion from participation in social life. They are not physical restrictions in what the person can do with their bodies. As Setiya (2022) has recently argued, disability is not necessarily an obstacle to living well. The life of a person living with a disability need not go worse than the life of the able-bodied person. One might think that if you take away something valuable from life—for example the ability to see—this must inevitably make a person's life go worse. However, as Setiya points out, there is no single way that a good life must go. There are instead a vast number of activities that can make a difference to whether a life is good or bad. Nor can any person pursue every activity that could potentially make for a good life. It is therefore not necessarily harmful to a person to be deprived of something good by an impairment.

We will make a distinction between limitations that lead to a disability while the person preserves a normal embodiment, and limitations that lead to pathological embodiment given specific environmental conditions. We will argue that a limitation turns into a pathological embodiment when it leads to a severe shrinkage in ways of engaging with the environment that blocks the person's capacity to deal with unforeseen daily challenges (see Author's article,Toro et al. 2020). This severe shrinkage is accompanied by a transformation of the structure of the person's experience of I-can. We make this argument based on Canguilhem's distinction between the normal and the pathological, and an experimental study we have conducted with people with cerebral palsy. Canguilhem's (1991/2015) influential take on the distinction between the normal and the pathological is based on his conception of the life of organisms. He argues that for organisms to act adequately and appropriately in a changing environment, they need to establish norms and values that guide their actions, a capacity called 'adaptivity' in enactive cognitive science (Di Paolo et al. 2017). According to Canguilhem, what distinguishes a healthy organism from a pathological one is its capacity not only to follow prevailing norms (i.e., to be normal), but to be able to follow new norms of life if the situation so demands it (i.e., to be normative) (cf. Canguilhem 1991/2015, 200). In an earlier article (Toro et al. 2020) we proposed the notion of 'normal embodiment' to refer to a person's capacity to follow new norms of life if necessary, and the associated experience of '*being more than normal*', that is, the feeling of being able to develop strategies to face challenges when they come.

Canguilhem's distinction between the normal and pathological is of course far from uncontroversial, particularly in its application to disability. There is a growing movement in medical humanities and disability studies that rejects the use of the notion of 'pathology' to describe the bodily condition of disabled people. Applying this label to disabled bodies is argued to further exacerbate their exclusion. Garland Thomson (2017), for instance, invites us "to shift our conception of disability from pathology to identity" (p.137; also see Davis 2017). We believe there are a number of good reasons to retain Canguilhem's distinction in the discussion of disability. The first reason is pragmatic: the biomedical model, which we critique, equates disability with pathological physical impairment. We see our ecological-enactive model of disability as a significant departure from the biomedical model. To delineate how our model differs, we found it necessary to make use of the concepts derived from this model, in particular to re-think what it means for someone to be in a pathological state. More specifically, we have argued for an understanding of pathology that goes beyond the physiological deviation from the average to recognize the normativity and values that the notion of pathology is premised upon. Second, and relatedly, we have argued against the pathologization and medicalization of physical disabilities for its failure to take into account the lived experience and first-person perspective of disabled people. At the same time, we have argued that it can be dangerous to deny altogether the applicability of the notion of pathology to disabled bodies, since as a matter of empirical fact disabled people are often in need of medical treatment. We've argued that the medical treatment of disabled people should be guided by values of person-centered care, and it must be complemented by social strategies of inclusion. Finally, Canguilhem's treatment of the distinction between normality and pathology provides a fruitful framework for investigating how disabled people perceive and act in everyday life as they deal with the challenge of adapting to a changing environment that is structured around norms that were not made for disabled bodies, our concern in this paper.

To illustrate the distinction between normal and pathological embodiment, we will analyze experiential reports obtained in a study we conducted in which participants with cerebral palsy had to perform simple tasks in collaboration with a non-disabled person, such as passing a cup of water, lifting a tray, shaking hands, etc.[5] Despite the difficulties they encountered, they showed a clear capacity to improvise, and to tinker alternative strategies that work for them well-enough in the tasks we gave them.[6] For instance, KR, a middle-aged person with cerebral palsy with dystonia in his left arm was asked to pass and receive a cup of water with his affected arm. This is how he described the experience after having done the task by pushing instead of grabbing the cup.

> *It's impossible if I had to take it. It would be very demanding. Anything is possible but… I think it may be possible that I take the one with water and lift it, but I would have to carry the left arm, put the hand down the cup and push the thumb, and I would probably still spill half the water.*

KR found a way to pass the cup of water, although he would never use his left arm to perform such an action in daily life. He also wanted to keep exploring for other ways to achieve the task:

> *When I had to give the cup back, I did it differently. It was almost conscious, because I wanted to do it differently than I had done it last time. (...) I thought that the last time I didn't spill, so now I wanted to see what would happen if I did.*

This capacity for flexible adaptation is lost to the disabled person when they enter the state of pathological embodiment. In this state, they display a tendency to keep everything around them as stable as possible. They no longer feel that they can negotiate and establish new ways of doing things. They can instead only establish one norm: that of keeping everything in their life as constant and stable as possible. They avoid taking risks because they often don't feel confident enough to respond effectively to unexpected situations, thus taking care to ensure that the environment they navigate does nothing to surprise them. The famous neurologist Kurt Goldstein described how his patients with lesions in the cerebral cortex entered what he described as a "catastrophic reaction" when confronted with unforeseen events, which is why they would never take a walk around the hospital through an alternative route (Goldstein 1940, 1995). Catastrophic reactions are very stressful and dangerous for the person, since they undermine the capacity to flexibly adapt to change, which Canguilhem argues is characteristic of normality.

As an example of pathological embodiment, consider the case of Michael (discussed in a paper by Jonathon Cole and colleagues, 2017), a patient with a left-sided hemiplegia caused by his cerebral palsy. This is how he describes his general experience of the world he lives in:

> *The world, that is, my surrounding environment, appears as something hostile, which I am a part of, but certainly not 'in.' The world is an object I continually manipulate, rather than being a friendly place and somewhere I feel at ease or even at home. Within this hostile world, other people appear as obstacles to be avoided, not just because I fear bumping into them and hurting myself, and them. Even a hand offering help with shopping bags can appear hostile as it is an unexpected disruption to my 'walking plan'. I live in a world which assails the body and self, and I can only hope that the adjustments will allow me to survive* (Cole et al. 2017, p. 2).

In contrast with cases like KR and other participants in our study, Michael's capacity for exploration and development of alternative strategies is highly diminished. In our earlier work, we have suggested pathological embodiment can be described as an inhibited or diminished capacity to adapt to changes in the environment that leads the agent to find themselves constantly on the verge of a catastrophic reaction. The possibility of experiencing a catastrophic

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[5] This experiment was designed and performed by an interdisciplinary team of researchers affiliated with the University of Copenhagen – Center for Subjectivity Research, the Technical University of Denmark, the Elsass Institute, and the Enactlab. For the reader interested in a more detailed description of the study, we refer them to (Toro et al. 2020).

[6] We were gratified to find that is also a capacity that Dokumaci (2023) describes in exquisite detail in her work on activist affordances.

reaction structures the social and material environment of the person in such a way as to force them to avoid at all costs unknown situations. In this way, their being-in-the-world is deeply changed, as their situation ceases to be an open horizon of possibilities for action, and it becomes instead a space of threatening and hostile possibilities.

The difference between normal bodily restrictions entailed by disability, and pathological embodiment is a difference in the being-in-the-world of disabled people. From a phenomenological perspective, we all experience the world primarily as a horizon of possibilities, and we perceive ourselves as beings that can do things in the world. In this sense, before any reflection our lived body appears in our experience as an 'I-can'. As Merleau-Ponty puts it, "Consciousness is originally not an 'I think,' but rather an 'I-can'" (2012, 139). However, sometimes the world doesn't collaborate with our practical goals, turning our experience of I-can into one of I-cannot (see Husserl 1989, 271). The experience of I-cannot is a constant in the daily experience of many disabled people. It is, we suggest, an experience that must be constantly conquered by making bodily or environmental adjustments (see also Martiny 2015). However, for normally embodied disabled people, this experience of I-cannot can be described as a local I-cannot, with a background of I-can: I can try a different way, I can ask for help, I can do it slowly, and so on (see Fig. 1, left diagram). We see such a structure of normal embodiment in disabled people who bring what Dokumaci (2023) dubs "activist affordances" into being in their practical engagement with the world. In situations in which the person becomes pathologically embodied however, the experience of I-cannot deeply pervades their being-in-the-world. The interwoven connectedness that is normally in place between the person's skills and the affordances the environment provides is severed. The person may experience a local I-can but against a global background feeling of I-cannot as in the example of Cole's patient Michael discussed above. Establishing new and better ways of doing things through the tinkering together of activist affordances is no longer an inviting possibility for them. They must, as a matter of felt necessity, keep everything in the environment as stable as possible to preserve the fragile and diminished region of I-can, from the regular intrusion of the experience of I-cannot (see Fig. 1, right diagram). The person strives to keep everything as constant as possible leading to a considerable shrinkage in the space of possibilities they inhabit.

As long as the disabled person is able to make use of their capacity to face unexpected events in resourceful ways, they remain normally embodied. We will argue later that experiences of oppression can sometimes undermine the disabled person's abilities to come up with new and creative ways of doing things to the point that the person systematically avoids all unforeseen events. The result is a shrinkage in the space of possibilities the person inhabits, an essential feature of a pathological relation with the environment as we have described pathology (following Canguilhem). Dokumaci's (2023) account of activist affordances thus applies only in cases of normal embodiment. In cases of pathological embodiment, as illustrated by Cole's patient Michael, the very possibility of enacting activist affordances is out of the question. Michael directs all his efforts to remaining within the fragile zone of I-can (Fig. 1, right), and would never venture willingly into the background of I-cannot, precisely because doing so would bring him closer to a catastrophic reaction. This is not the case for normally embodied disabled people (Fig. 1, left), for whom enacting activist affordances would be experienced as the possibility to explore beyond the region of I-cannot, and conquer some of the 'territory' of I-can by making novel, unconventional affordances for facing daily challenges. The capacity for performing activist affordances is an expression of what we are calling the "normal embodiment" of disabled people.

The account of pathological embodiment we have proposed might be viewed as placing too much emphasis on the disabled *individual*'s failure to adapt, neglecting the role the social environment plays in the pathologization of disability. Jurgens (2023) has for instance suggested that this misplaced emphasis on the individual creates an unacceptable burden on the disabled person to manage their disability. He takes it to be a consequence of our view that the causes of pathological embodiment can be traced back to the disabled individual. In Jurgens' view (and we would agree) the harms associated with disability arise from "social barriers and ableist norms" (*Ibid.*).[7] In what follows, we describe how the structuring of the sociomaterial environment can result in an inhibition of the disabled person's skills and capacities for creating activist affordances. We elaborate on this point further in the next Sect. (4) by introducing the notion of 'material oppression'. We argue further (in Sect. 5) that pathological embodiment is due to a failure of adaptivity in a system composed by the disabled person, the material environment, the social norms, and the community of people inhabiting that environment. (Notice that a failure of *adaptivity* so conceived is different from a failure of the disabled person considered as an individual isolated from wider social historical structures.) We

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[7] Jurgens proposes to follow Chapman (2021) in arguing that disabilities are not the result of any underlying pathology but a reflection of natural variation in embodiment found across the whole species (see also Blume 1998; Singer 1999; Armstrong 2015). Chapman, writing about neurodiversity (and autism more specifically), argues that variation within a population is a sign of the health of the population rather than a reflection of any underlying pathology. We agree with Jurgens (and Chapman) that disabilities are not generally caused by an underlying medical pathology. We argue nevertheless that disabling scaffolding, provided by an environment structured by ableist sociomaterial practices, can lead people to develop pathological forms of embodiment.

Fig. 1 Contrast between the phenomenological structure of the experience of the lived body as an I-can in the normally embodied disabled person (left) and in the pathologically embodied disabled person (right)

claim that pathological embodiment is the outcome of what we will call “material” and “intersubjective oppression”. Both experiences of oppression have in common that they lead to an undermining of the disabled person’s background feeling of I-can and its replacement with a background feeling of I-cannot (see Fig. 1).

4 An Ecological-Enactive Account of Material Oppression

The human environment offers a rich abundance of affordances (possibilities for action) for people to selectively engage depending on their skills, and their interests at each moment. People have shaped the environment around them through the practices of their communities. At the same time, these practices are shaped by the affordances the environment offers. There is, for the typical member of a community, a harmony between the skills they have developed and the environment in which they are situated. However, sociomaterial practices can lead to the formation of affordances that serve to exclude certain groups of people. This can happen through conscious design. Hostile architecture is a clear example of public space being intentionally designed to exclude, in this case, homeless people from sleeping or begging in the streets of the city center. Some cities have installed devices like benches with specific designs that would make it impossible for someone to lay down on them, and anti-loitering spikes on sidewalks (see Whyte 1980; Bergamaschi et al. 2014; Chellew 2019; Krueger 2023). More typically, the environment is not consciously designed to exclude groups of people. Such exclusion is however an unintentional side-effect of the regular ways of acting that shape sociomaterial practices. The practices that dominate at a certain place get to play a determining role in shaping the possibilities for action the environment makes available.[8] The type of oppression we wish to highlight in this section occurs when there is a disconnect between the affordances that form in the practices of a dominant group, and the skills and abilities of a minority group.

Consider as an example a person that has a flight to catch. The possibility to travel by bus or by taxi to the airport may stand out to them as inviting. At the same time, they are coordinating their actions with several other relevant affordances such as the security procedures at the airport; the queue that awaits them for the checking of passports; the departure gate; and all the affordances they must negotiate on the way to their destination. Now consider a disabled person that confronts an identical situation. They feel the tension of running out of time to catch the plane. To relieve this tension, they also have to engage with the multiple affordances that would take them to the airport to catch the plane. Nevertheless, because solicitations of smaller-scale affordances are nested inside of large-scale affordances, to engage with one affordance adequately, it is necessary for them to also engage with several affordances, simultaneously and diachronically (Van Dijk & Rietveld 2018). Their disability means however that they will encounter some affordances that are either entirely out of reach, or that it would take too much time and energy to engage with. Their access to the affordances of the airport and of traveling to their destination is suddenly precariously in the balance. The configuration of the landscape of affordances makes it easier for so-called “able-bodied” people to engage simultaneously with multiple relevant affordances, compared with disabled people. The former can adjust what they are doing to several relevant affordances at the same time because of the way in which the affordances they engage with are nested over multiple spatial and temporal scales. The disabled person, by contrast, is only able to coordinate their activities with such a complexly structured nesting of possibilities if the environment set-up for non-disabled people cooperates. Thus, their

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[8] We emphasize that the distinction we make between material and intersubjective oppression is made for analytical reasons. In practice, oppression is both material and intersubjective. This is why we talk about a ‘sociomaterial’ environment. We make the distinction only because it provides a convenient means of treating these entangled dimensions of oppression separately, allowing us to disentangle their effects on a disabled person’s embodiment. Second, we wish to highlight that the social model of disability has mainly focused

Footnote 8 (continued)

on combating what we are calling material oppression. We point to intersubjective oppression to highlight that there is a good deal more work still to be done for disabled people, over and above tackling the causes of material oppression.

grip on the environment is doubly precarious: it is fragile because they are constantly confronted with bodily restrictions which they must repeatedly conquer. But the challenges they face are made all the harder by an environment whose affordances are often not set-up to complement their skills and abilities.

The affordances the environment furnishes for the disabled person thus come with several important lacunae attached. We have just seen how the nested structure of the landscape of affordances has the consequence that the disabled person will often struggle to be responsive to multiple solicitations simultaneously. They may feel incapable of relieving the tension generated by a suboptimal situation.[9] Depending on the severity of the tension felt, and on how oppressive the environment is, their lived embodiment can turn from normal, in which the I-can is predominant with a local I-cannot, to a pathological one, with a pervasive I-cannot (see Fig. 1). Toombs (1995) for instance writes of an "existential fatigue" she experiences because of daily struggles to practically engage with an environment whose affordances are structured by an ableist normativity. Annika Konrad describes a related experience of "access fatigue"—an "everyday pattern of constantly needing to help others participate in access, a demand so taxing and so relentless that, at times, it makes access simply not worth the effort." (Konrad 2021: p.180). When a disabled person constantly undergoes these kinds of affective experiences of not belonging, of being treated as a burden (Lajoie 2021: p.332), the environment is experienced by them as hostile and threatening, and the person becomes at risk of a catastrophic reaction. In such a situation, what Silvers (2010) has described as "feelings of vulnerability, pain, weakness and enervation" become more salient.

The pathological embodiment of a disabled person can thus arise when they find themselves engaging with an environment whose affordances are set-up in practices organized around the non-disabled. Recall Dokumaci's argument that ableist beliefs and attitudes come to function as a habitus—"an embodied history, internalized as a second nature and so forgotten as a history" (Bourdieu 1990: p.56, quoted by Dokumaci 2023: p.20). We have introduced the concept of material oppression to illustrate how this habitus has the consequence that the sociomaterial environment is structured in ways that fit the able bodied and exclude or erase possibilities that are "not for the likes of us" (Bourdieu 1990, p.56: quoted by Dokumaci 2023: p.21). Thus, the scaffolding of an environment structured by a habitus of ableism can be disabling: they can lead to a constant experience of I-cannot, and in severe cases to experiences of pathological embodiment in which the person can't enact activist affordances because of a perceived risk of a catastrophic reaction.

To avoid the disabled person's embodiment becoming pathological, what is needed is an environment that is structured to facilitate the disabled person's capacity to develop their own skills and strategies for dealing well with the daily challenges they encounter. These processes of adaptivity, studied within an ecological-enactive framework, are to be understood in terms of reciprocal relations between two parties: on the one hand, an agent that aims at reestablishing a dynamic stability with the sociomaterial environment, and on the other, an environment constituted by social practices, norms and values, that might or might not cooperate with the person's practical goals. For this reason, it is essential that disabled people have a voice in shaping the sociomaterial practices through which the affordances of their environment form. As Paterson and Hughes (1999) note: "Any body that is excluded from making a contribution to the construction of the social world cannot find a home in it" (p.604).

The notion of pathological embodiment we propose here is understood in terms of a relation between the embodied person and the environment. This opens a space to think about how disabled people can improve their own situation so as to feel better and counteract the sources of oppression in the environment. For example, healthcare practices should aim not at bringing the person 'back to normal', but at developing the specific skills of the person according to their interests and priorities in real life situations.[10] Moreover, a healthcare practice that doesn't conceive the disabled person's body only as a physical body, but also as a lived body, can reduce the person's feeling of I-cannot that dominates in situations that lead to pathological embodiment.[11] In any case, it is not enough to develop person-centered healthcare strategies if different forms of oppression are still operative. As we wrote in a previous article: "If people with CP are not allowed to find alternative ways of dealing with daily challenges, if therapy hinders their capacity to explore and

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[9] Sometimes the situation is so precarious for the disabled person, that the only solution left is for other people to become affordances themselves to replace the ones lacking in the material environment. Dokumaci (2023) develops this idea: "people can enable the emergence of, or directly become, affordances for one another, especially when affordances that their coming-together might create do not and could not otherwise exist within the niche they share". Dokumaci describes the case of a father that carries his son in his arms to school every day because the road is not suited for the wheelchair his son uses. However, as Dokumaci mentions, other people might also interfere with the disabled person's generating and finding affordances to deal with daily challenges. We address this point in the next section.

[10] These considerations don't rule out that in some cases traditional interventions are needed, although they must be organically integrated into a person-centered care approach. We thank the editor for calling our attention to this point.

[11] One of us has developed elsewhere a guide to apply such person-centered care (see Toro and Martiny 2020).

develop their own abilities that work for them given their embodiment, or if the sociomaterial environment is built around only able-bodied people, their practical engagement with the world will become much harder and the risk of becoming pathologically embodied will increase. This is because the way the disabled person conquers the experience of I-cannot is by finding their way to affordances that allow them to act adequately within the constraints of their impairment". (Toro et al. 2020).

The focus in this section has been on material aspects of oppression. Such a conception of oppression is however only partial insofar as it neglects the role of intersubjective interaction with other non-disabled people, and how such interactions are also an important aspect of oppression disabled people experience. To understand the oppression of disabled people solely in material terms misses the way in which material things are entangled in social life. Unfortunately, most of the efforts to improve disabled people's lives have focused on this sort of oppression, leading to a superficial understanding of their legitimate demand for access. As Lajoie puts it, "(…) in the current post-Americans with Disabilities Act (ADA) era in the United States, access is most often collapsed with the minimal provision of mandated accommodations. In this process, access becomes a matter of legal compliance. (…) New ramps are hurriedly affixed to the main entrance of a centennial building, course syllabi include a mandatory section on disability service offerings, and an official document's technical jargon is synthesized in a reader-friendly list" (2021, 1–2). In consequence, a political strategy that focuses only on the material infrastructure—ignoring that the environment is essentially a *socio*material environment—is that more subtle but harmful forms of intersubjective oppression are ignored.[12]

5 The Embodiment of Intersubjective Forms of Oppression

In the struggle to shape the niche according to the interests and skills of the dominant group in a community a form of oppression arises, which Iris Marion Young (1990) has labeled as "cultural imperialism". Young describes how a dominant group can project a set of meanings, values, and perspectives as universal, representative of the experiences of humanity in general, while in fact excluding the perspectives of other minority groups in society (p.59). This has the consequence that the voices of minority groups are silenced and marginalized. In this process of domination, the culturally dominated minority groups are marked as Other and difference is reconstructed as degenerate or inferior because members of these groups deviate from what is normal.

Stereotypes become associated with the bodies of the dominated individuals that shape how members of the dominant group see and interact with them. These stereotypes about members of minority groups are not abstract preconceptions: they are embodied attitudes adopted by people – mostly inadvertently – when interacting with persons belonging to oppressed groups. Members of oppressed groups desire recognition of their dignity as persons but what they typically receive from the dominant group is the judgment that they are "different, marked, or inferior" (*Ibid,* p.60). Young notes that this has the paradoxical consequence that while the oppressed person experiences themselves as invisible when it comes to making their perspective known, at the same time they experience their difference as conspicuous, marking them out from the dominant group (cf. Goffman 1963; Gordon 2000). They live with the constant possibility of attack or harassment because of this difference. Random, systematic violence motivated by fear or hatred is a part of their social reality (Young 1990).

The forms of oppression discussed by Young share a basic feature which, we argue, can be understood in terms of the classical phenomenological distinction between the lived body and the living body. The oppressed person is reduced for the rest of the community to a living physical body whose lived first-person perspective on the world is not recognized. This phenomenon, which has been widely studied in relation to the experience of black people in racist societies, leads to the paradoxical pairing of hypervisibility and invisibility for the oppressed person. The person becomes invisible by being too visible: because the person is reduced to their physical body, being seen amounts to being known (see Gordon 2000). When the person is reduced to their physical body, their lived embodiment is substituted and replaced by the stereotype associated with the oppressed person's living body. George Yancy describes these cases in existential terms: "As black, I am possessed by an essence that always precedes me. I am always 'known' in advance. Please welcome the 'person' who needs no introduction: the black" (Yancy 2012, 35). This reduction of the oppressed person to a stereotyped living body, defined from the outside by the community, is the core of what we are calling "intersubjective oppression".

The stereotypes disabled people fight against include preconceptions that they are incapable and unreliable

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[12] Authors like Thomas (1999), Paterson and Hughes (1999), Shildrick (2009), Reeve (2012) and Goffman (1963) have called attention to a subtle form of oppression that arises in the social interactions of the disabled person with others in their community. They have shown that the structuring of the environment in disability friendly ways doesn't alleviate these intersubjective forms of oppression: "Although much progress has been made in removing sources of structural disablism, the prevalence of prejudice about disability in mainstream society and culture means that psycho-emotional disablism will be much harder to eradicate" (Reeve 2012).

(Beresford 1996). At the same time, they experience their own body –the lived body– as opening them to a rich landscape of affordances. This creates a tension within them that Young, following Du Bois, calls 'double consciousness' (Young 1990): "The sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity" (Du Bois 1969/1903: p.45, quoted by Young 1990: p.60).[13] On the one hand, the disabled person experiences the environment based on the skills and abilities they have developed for taking advantage of its affordances. On the other hand, they experience their own bodies as incapable and unreliable because of how they are seen and treated by others.

An environment shaped according to the sociomaterial practices of the dominating group contributes to the marginalization of disabled people (see also Lajoie 2021). Marginalization is extremely burdensome, not only because it can cause poverty and dependence on welfare services, but also because it leads to what Young (1980) describes as an "inhibited intentionality". The body is the locus of intentionality—it is through the body that a person is open to the world and its possibilities. Young writes: "An uninhibited intentionality projects the aim to be accomplished and connects the body towards that end in an unbroken directedness which organizes and unifies the body's activity" (Young 1980: p.146). We characterize the connection Young describes as holding between the habits, skills and abilities that organize the body's activities and the affordances that stand out as inviting action. As Young notes, this connection is broken in inhibited intentionality. Intersubjective oppression can lead to the loss of the confident feeling of I-can. Young (1980) describes this loss of confidence which "simultaneously reaches towards a projected end with an 'I can' and withholds its bodily commitment to that end in a self-imposed "I cannot" (p.146). It is this self-imposed I-cannot which we are claiming is a consequence of experiences of intersubjective oppression. Unlike the I-cannot discussed above, that derives from an uncooperative environment in which some affordances are out of reach for the person, in this I-cannot it is the gaze of others that tells the disabled person they are not capable, that refuses to recognize their contribution, thus exacerbating the person's own experience of I-cannot. We claim that disabling scaffolds emerge mainly out of this process of intersubjective oppression, in which the affordances in the environment cease to be inviting or even accessible for the disabled person, even though the normally embodied person would be able, under non-oppressive circumstances, to engage with them, albeit in alternative non-conventional, atypical ways.

Fanon describes how prejudice (of an explicit or implicit variety) can distort a person's experience of their body as an I-can: "In the white world the man of color encounters difficulties in the development of his bodily schema. Consciousness of the body is solely a negating activity. It is a third-person consciousness." (Fanon 2008: p.83). Fanon describes how the person of color sees themselves through the eyes of the white world and its prejudices and hate (see also Ahmed 2007). They may experience an environment rich with possibilities for action to which they lack access because of the double consciousness we described above. The situation is not essentially different for the disabled person. They are denied their individuality and are reduced to the stereotype attached to their body by the community: they are perceived as someone incapable.

Intersubjective oppression can be understood in terms of an inhibition of the disabled person's skilled intentionality—their responsiveness to a field of multiple relevant affordances (Rietveld et al. 2018). Affordances that would otherwise summon the person to act on them are silenced by the doubts about their own skill and ability they have taken on from the community.[14] Based on their skills and abilities, a person will normally be drawn into action by relevant affordances, but it is precisely these skills and abilities that are inhibited when their body is reduced to a stereotyped living body. The disabled person comes to engage with the environment "through the eyes of the community" based on the dominant group's expectations of them. The person may experience their own body as degenerate, incapable and not to be depended upon. The stereotypes attached to the living body by the community are transferred to the person's experience of their own lived body. The community's negative

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[13] We are following Young's treatment of Du Bois' concept in what follows. For Young "double consciousness arises when the oppressed subject refuses to coincide with these devalued, objectified, stereotyped visions of himself or herself. While the subject desires recognition as human, capable of activity, full of hope and possibility, she receives from the dominant culture only the judgment that she is different, marked or inferior." A number of other interpretations of Du Bois' concept of double consciousness have been given in the literature since the concept first made its appearance in his writings in 1903. For discussion see Pittman (2024). A comparison of these different interpretations with that of Young is however outside the scope of this paper.

[14] An anonymous reviewer suggested to us that this experience is one that people without any physical disabilities can also undergo. They gave us the example of a student delivering a talk in front of an audience of intellectually intimidating professors, as contrasted with the same student giving the same talk in front of supportive peers. We agree with the reviewer that what we are calling 'inhibited skilled intentionality' does not describe a structure of experience unique to disabled people. We suggest a similar phenomenological structure of bodily experience can be instantiated whenever people experience what we are calling intersubjective oppression. We see this structure for instance in Young's (1980) classic discussion of throwing like a girl, and in Fanon's descriptions of what it is like for people of different skin colors to inhabit white spaces.

judgment of the person thus can come to obstruct their performance “from within”. Hence, the challenges the disabled person faces are compounded. Not only do they face prejudice comparable to the racial discrimination described by Fanon. The disabled person already has an underlying activity limitation, which by itself makes it harder for them to engage with the relevant affordances in the environment, as we described in Sect. 4.

It is important to emphasize that an inhibited skilled intentionality, caused by different experiences of oppression, doesn’t necessarily lead to pathological embodiment in a disabled person. As we discussed in Sect. 3, it is often possible for the oppressed person to preserve the background of I-can, and to limit the experience of I-cannot to a local region. Oppression and the disabling scaffolds caused by it may cause an enlargement of the person’s local I-cannot, but they can keep the structure of the experience of the normally embodied disabled person of the local I-cannot against a background I-can (see Fig. 1). However, a highly oppressive sociomaterial environment, can inhibit a person’s skilled intentionality until they don’t feel able anymore to deal with daily challenges or with unexpected events. At that point, the threat of a catastrophic reaction may become overwhelming for the person. The structure of the person’s experience may thus be transformed into that of an overarching I-cannot with a local and fragile I-can.

What is the relationship between pathological embodiment and inhibited skilled intentionality? Fanon, living in a society characterized by pervasive racism, experienced inhibited skilled intentionality. Did he also experience pathological embodiment? We have been arguing that the answer to this question depends in part on whether Fanon lived his life on the verge of catastrophic reactions, or was it possible for him to develop alternative strategies (activist affordances) to deal with racism. The same analysis applies for disabled people: do intersubjective oppression and disabling scaffolds lead them to experience the threat of a catastrophic reaction whenever they face a daily challenge? If they do, then we can say that the disabled person is in a situation that can be called pathological. Intersubjective oppression is, according to Reeve, “the most important form of psycho-emotional disablism” (Reeve 2012).

There is, consequently, an essential affective component in the person's experience of I-cannot derived from intersubjective oppression, and the consequent inhibited skilled intentionality we discuss here. It is not without reason that Reeve labels this form of oppression ‘psycho-emotional disablism’. From a phenomenological perspective the experience of I-can (and of I-cannot) is deeply permeated by the affective states that situate the person in the world (see Ratcliffe 2008). For someone tired or sad the world appears differently than for someone excited or energetic. In this sense, the experience of the body as an I-can is interdependent with the experience of the world, and a modification of the affective state brings with it a corresponding modification of the field of affordances perceived as accessible or salient.[15]

What makes it so hard to eliminate the disabling effects of intersubjective oppression is that stereotypes are often deep rooted, enacted by people unreflectively as they act in accordance with a habitus of ableism, and that the sociomaterial environment and our objects of everyday use are designed in a way that perpetuates ableist habits (see also Liao & Huebner 2021).

The stereotype and prejudice disabled people experience, according to which they are incapable and unreliable, sustain a situation of intersubjective oppression. Inhabiting such an environment in which they repeatedly encounter intersubjective oppression, can gradually erode the disabled person’s ability to fight back and develop their own strategies to face daily challenges. What formerly was an experience of a local I-cannot, with a background of I-can, according to which the person feels capable of finding ways of doing things under difficult circumstances, can as a consequence of severe intersubjective oppression become an experience of an all pervasive I-cannot that shrinks the person’s room for maneuver in their engagement with the living environment.

6 Conclusion

Our aim in this paper has been to provide an analysis of disabling scaffolding in terms of the experience of material and intersubjective oppression by disabled people. The disability rights movement has long fought for access to public places through the construction of ramps, curb cuts and so on. Such material structures are examples of scaffolds that provide support for participation in social life that might otherwise prove impossible for disabled people. We have argued

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[15] This position on the affective character of the experience of I-cannot can be complemented with recent works on affective injustice (see Krueger 2023). Affective injustice, according to Gallegos (2021) is “the morally objectionable deprivation of affective goods” (6); affective goods, on their turn, are those that contribute positively to the person’s emotional life. One core affective good considered by Gallegos is subjective well-being, which can be intuitively identified with the person’s happiness. Well-being rests on several subsidiary affective goods. One of those affective goods we would like to call attention to is *affective recognition*: “respectful consideration of, and responsiveness to, one’s particular needs with regard to subjective well-being” (7). The constant experience of being out of place, of being a burden, or worse still of being stigmatized because of one’s disability stands in the way of having a sense of belonging or being at home in the world, arguably a necessary ingredient in human flourishing (see also Lajoie 2021). In this sense, the affective dimension of the intersubjective oppression experienced by disabled people can be understood in terms of affective injustice, a point we hope to explore further in future work.

that in situations of material and intersubjective oppressions such scaffolding can become disabling. An important, and underappreciated, dimension of the oppression experienced by disabled people is the impact of such experiences on a disabled person's embodiment. Material oppression such as public transport without multisensory signage has the consequence that the disabled person cannot remain well-adapted with their environment because the landscape of affordances has a structure that does not fit with their bodily skills and abilities. The intersubjective dimension of oppression has the effect of limiting "from within" the person's skilled intentionality—their responsiveness to multiple relevant affordances. Living in an oppressive environment may lead to pathological embodiment: the experience of a constant threat of going into a catastrophic reaction when faced with daily struggles. In this experience of pathological embodiment, the person no longer feels capable of exploring for new affordances, since they will perceive their embodiment through the eyes of a community that largely considers them in terms of a generic incapable, impaired or damaged body. Novel, unconventional 'activist' affordances are no longer inviting to the disabled person, even if they would be crucial for dealing with their specific circumstances.

This doesn't mean that these two dimensions of oppression are equally harmful. One important difference between material and intersubjective oppression is the degree to which each can lead to inhibited skilled intentionality. Material oppression affects the disabled person's capacity to engage with multiple solicitations simultaneously, because some of the important affordances may be missing or inaccessible for them. However, within some reasonable range, the person can preserve her inherent capacity to be open to alternative ways to deal with challenges and to establish new norms when the situation demands it. The disabled person can, under most circumstances, generate new and creative ways of facing daily difficulties, for example by engaging freely with unconventional affordances. Intersubjective oppression undermines the creativity with which the disabled person explores and develops new and better ways of doing things.

Making progress in reducing oppression through a more inclusive structuring of the landscape of affordances doesn't proportionately diminish intersubjective oppression. It doesn't eliminate the stereotypes and the habitus of ableism that operates in the disabled person's larger community. It is these stereotypes, and ableist presuppositions and expectations that unreflectively inform intersubjective embodied interactions with disabled people. We have argued that such experiences can serve to undermine a disabled person's bodily openness to her environment. Crucially, disabled people must be given the space to freely explore unconventional possibilities that allow them to creatively adapt to the unique challenges they face in daily life. Intersubjective oppression undermines this capacity and in extreme cases can lead to a pathologization of the bodies of the disabled.

Thinking of disability in and through the disabled person's lived embodiment, does justice to the demands for recognition and inclusion. Disabled people experience vulnerability, but they are also capable of leading a life in which they flourish. We claim it is an ethical duty for communities to facilitate the participation and inclusion of disabled people in sociomaterial practices. Here we are fully in agreement with the social model and its political cause. The cost of exclusion is, we've been arguing, the unnecessary pathologization of the embodiment of disabled persons. The benefit of including disabled people is the construction of a more explorative, diverse and broad-minded society in general.

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Data Availability The datasets generated for this study are available on request to the corresponding author.

Declarations

Conflict of interest The authors certify that they have no conflicts of interest.

Ethical Approval Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. The patients/participants provided their written informed consent to participate in this study.

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