

Understanding Disabled Being in Terms of Corporeal Variability, Access, and Meaning

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Abstract

Many people conceive of disabled Being as a disadvantageous and undesirable way of existing, but these characteristics are neither inherent nor immutable. Martin Heidegger's hermeneutic phenomenology framework, with emphases on his notions of care and meaning formulation and revelation, guided the current exploration of disabled Being. In addition, the author consulted critical and crip phenomenology along with data gleaned from the lives of disabled people. The results of the exploration illuminated how interactions between bodies and entities impact access. In turn, access, defined as the ability to use entities in their intended manner, affects revealed meanings. Atypical bodies and entities generally do not mesh well which hinders access and leads to revealing negatively oriented and devalued meanings. In contrast, using entities in the intended manner to complete personally relevant activities and projects contributes to positively oriented meanings. The article concludes by outlining two concomitant actions that foster more favorable views of disabled Being. First, creating inclusive practices of care and second, promoting thoughtful, collaborative discourse that seeks valued meanings of and roles for impairments in people's lives.

Keywords

Aletheia, Bodymind, Crip Phenomenology, Critical Phenomenology, Hermeneutics

Many people (Abrams, 2016; Reynolds, 2021, 2024) conceive of disabled, as a way of existing, in bleak terms, starkly conveyed by the article title *I'd Rather be Dead than Disabled* (Reynolds, 2017a). The article's author convincingly contends disabled existence has become conflated with "pain, hardship, disadvantage, morbidity, and mortality" (Reynolds, 2017a, p. 152). Correlatively,

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people fear and dread experiencing this mode of existence, a problematic expectation since “almost everyone will temporarily or permanently experience disability at some point in their life” (World Health Organization, 2024, n.p.).

To demonstrate the fallacy of the widely held negative perceptions and illuminate the mode of existence’s potential allure, pertinent outcomes for all of us according to the World Health Organization’s statement, this article presents a perspective of disabled Being fashioned from hermeneutic phenomenology. In particular, the formulation draws on Martin Heidegger’s (1927/1962) notions of care and meaning revelation and makes use of insights supplied by two “new ways of doing phenomenology”: critical (Guenther, 2019; Wieseler 2023, p. 117) and crip phenomenology (Hall, 2021; Reynolds, 2017b; Wieseler, 2023).

Achieving this article’s principal goal of fostering more favorable views of disabled as a way of Being stems from completing multiple steps. The article begins by laying out Heidegger’s hermeneutic phenomenological notions of engaging in everyday activities of care and disclosing meaning. Then, a review of research conducted with disabled people elucidates that Heidegger’s notions reflect ableism by ignoring that corporeal differences and changes influence the performance of cares and meaning generation and revelation. This realization leads to formally accounting for corporeal variability and consulting critical and crip phenomenology. Considering what was learned, the article concludes by outlining two actions that imbue the myriad of ways of disabled Being with positivity and recognition as desirable ways of existing.

Hermeneutic Phenomenology

Martin Heidegger (1927/1962), a philosopher of the twentieth century whose name is largely synonymous with hermeneutic phenomenology, pursued an understanding of what it means to be human. He began the quest by distinguishing between beings (ontic understanding) and being (ontological understanding), a demarcation termed the ontological difference. On one hand, *beings* are everything that exists, and an abbreviated list includes people, plants, animals, rocks, cars, planes, and houses. Ontic oriented endeavors aim at quantifying and explaining beings in terms of attributes, qualities, characteristics, and interrelationships. On the other hand, *being* is the process of existing as beings; what beings do to be the things they are. *The* ontological endeavor is uncovering and describing the fundamental, transcendental structures facilitating the process of human Being (Heidegger, 1927/1962).

Care and Meaning

Heidegger’s (1927/1962) primary goal, at least early in his career, was detailing the Being of humans and he capitalized the term to denote the distinctive process facilitating people’s existence. His inquiry identified people interacting with beings or entities while undertaking everyday tasks as a cornerstone of the ongoing and dynamic process of existing. These everyday tasks, such as receiving healthcare services, working, playing soccer, trimming trees, washing clothes, preparing meals, talking with family members while riding in a car, hiking in a national park, and swimming at the local recreation center, constitute modes or specific examples of the structure *care* (Heidegger, 1927/1962). Care is “our basic mode of worldly engagement, the practical action-structure in which our daily life unfolds” (Abrams, 2016, p. 14). Identifying the

fundamental principle that incidents of care consequentially absorb people throughout their lives led to exposing another transcendental structure called *aletheia* (Heidegger, 1927/1962). *Aletheia* involves people revealing the meanings of entities they interact with during incidents of care. Modes of *aletheia* include creating and viewing art (Heidegger, 1971/2008), engaging in contemplative leisure (Wise, 2023), and participating in collaborative hermeneutic discourse (Gadamer, 1960/1975). The contents of revealed meanings largely ensue from people's interactions with entities. More concretely, meanings reflect entities' usefulness and importance for helping people achieve personally desired goals and outcomes. Entities deemed more useful and significant are more meaningful and valued.

The meanings people reveal are neither universal nor immutable (Heidegger, 1927/1962, 1961/2008), rather, they are normative, effected by many factors. A person's physical body, beliefs, expectations, prior experience with the entity, family and friends, social roles, stereotypes, gender, culture, age, language, and moods are among factors shaping meanings (Abrams, 2016; Gadamer, 1960/1975; Heidegger, 1927/1962; Phemister, 2017; Reynolds, 2021, 2024). Due to meanings' normative and evolving nature, different people may discover different meanings for the same entity and the meaning a person discovers for an entity may change over time because the person and entity continue being or existing.

The current scholarly endeavor concentrates on the shaping factor of people's physical bodies which includes the mind. Thoroughly understanding the body and mind necessitates simultaneously accounting for both since they display an interdependent relationship. The term *bodymind* (Price, 2015) captures this tightly entwined connection, highlighting their unity in stark contrast to the historically dominant philosophical focus on their separation or duality (Heidegger, 1927/1962; Reynolds, 2022).

Over the last decade, a number of scholars (Abrams, 2016; Reynolds, 2021, 2022, 2024) investigated the bodymind's role in Being. The scholars found that meanings spring from interactions between entities and corporeal bodies. For example, designed to hold and dispense liquids, a particular pitcher's meaning stems from a person picking it up and dispensing potable liquids in personally valued situations such as graduation celebrations, holiday family meals, romantic dinners, and wedding receptions (Heidegger, 1971). Over time, the particular pitcher gathers meaning from its use in treasured situations and becomes a symbol representing important milestones in the person's and her loved ones' lives (Abrams, 2016). What this example, though compelling, fails to explicitly acknowledge however, is the assumption the pourer possesses the ability to use the pitcher as intended (Reynolds, 2021). In order for a pitcher to be or exist as a pitcher, the pourer must have functioning arms, hands, and fingers so he/she can pick up the pitcher and dispense the contents. In many instances, the assumption holds true, and people use a pitcher as intended and they reveal comparable meanings. But, when the presumption does not hold, as in cases where people without hands encounter the pitcher, the pitcher's being and meaning alter. "The thinghood [being and meaning] of the pitcher is *different* for some humans born with atypical limbs" because they use the pitcher in an alternative manner or not at all (Reynolds, 2021, Corporetics, Disability, and Access section, para. 8). They may experience extreme difficulty or an inability to distribute beverages with the pitcher and probably consider the utensil an impractical or unusable piece of kitchenware.

Likewise, the meaning of a bowl of soup for someone with tremors is different than for someone without tremors. “It’s that the bowl of soup *is* different in its very essence for these two people.... the able-bodied person encounters a different ‘bowl of soup’ than someone disabled through tremors” (Reynolds, 2022, para. 11). Instead of enjoying the fruits of grandma’s culinary skills, the disabled person may worry about splashing hot liquid over her face, hands, and torso. The bowl of soup becomes a potential source of pain and, if consumed in front of unknown others, social discomfort.

The different interactions and resultant meanings directly result from variations in bodyminds. The next section outlines two constructs essential for grasping how bodyminds shape meaning: *corporeal variability* and *access*.

Corporeal Variability and Access

Corporeal variability, a construct derived from reviewing empirical research and first-person narratives of disabled people (Abrams, 2016; Reynolds, 2021, 2022, 2024), accounts for the inherent diversity displayed across bodyminds and changes over time occurring within individual bodyminds (Garland-Thomson, 2011; Reynolds, 2021, 2022, 2024). In turn, variations manifested by individual bodyminds impact *access*, defined as the ability to engage with an entity in a manner aligned with its intended use (Reynolds, 2021, 2024). “The form, function, comportment, and sensory modes of human bodies inform the ways we interact with human, built, and natural environments [entities]” (Garland-Thomson, 2011, p. 601) and these interactions influence the meanings of entities. Thus, different bodyminds interact differently with an entity which leads to people revealing potentially different meanings. The contingent and fluid interplay between people and entities also means a person may access one entity but not another and due to changes in the bodymind and/or entity, a person may have accessed an entity yesterday but not today or accessed an entity today but not tomorrow.

Corporeal variability encompasses limb prostheses and assistive technological devices such as canes, wheelchairs, and hearing aids. People with congenital limb loss or upper or lower limb amputations described their experiences with prosthetic limbs (Murray, 2004). Many stated how initially using the limbs to access entities required much attention and awareness. However, over time with training and practice, accessing entities became intuitive. The prostheses became part of them; “a prosthetic can be transformed from an ‘extracorporeal structure’ into a corporeal one” (Murray, 2004, p. 971). Correspondingly, a well-known phenomenologist, Merleau-Ponty (1962), in his seminal work *Phenomenology of Perception*, reported how people, through frequent and extensive utilization, incorporate noncorporeal objects into their bodily space. Merleau-Ponty famously described the case of a blind man and his cane. After extended use, “the cane is no longer an object *for* the “blind man,” but is part *of* his being” (Reynolds, 2017b, p. 423). Through incorporation of canes, blind people extend their physical reach but more importantly, they extend their existential reach by enhancing their access to entities. For instance, an adept cane user can navigate environmental entities previously inaccessible such as crowded sidewalks or hallways that lead to desired destinations. Similarly, adventitious blindness “is a disruption of the fundamental nature of being in the world” (Hull, 2001, p. 181) but enhanced access precipitated by competent use of mobility aids and techniques marks transitioning from “being a sighted

person who cannot see, ... [to] being a blind person” (Hull, back cover) with a particular way of Being-in-the-world that is “positive, generative, and rich” (Reynolds, 2017b, p. 425).

Another striking example of extending one’s existential reach by embodying a noncorporeal entity stems from experiencing a spinal cord injury (SCI) and learning how to use a wheelchair. “Becoming en-wheeled after SCI entails a transformation of one’s corporeal schema to include the physical features of the wheelchair. This transformation is not merely of one’s body but also of one’s general being in the world” (Papadimitriou, 2008, p. 697). The wheelchair becomes “part of the flesh” (p. 699), meaningfully assimilated into one’s bodymind, augmenting access. Similarly, Toombs (1995), a philosopher who experiences multiple sclerosis, a neurological condition that results in progressive muscle paralysis, unambiguously stated, “My wheelchair has become, in effect, my legs - an integral part of my body” (p. 21).

Corporeal Variability, Access, and Meaning

The commencing series of examples illustrate the relationship between particular instances of corporeal variability and concomitant access and meaning. The first is an oversimplified situation where three people arrive at the bottom of a long, steep flight of stairs, the only means of getting to a place they all want to reach. One person injured his spine a few years ago causing paralysis and requiring the use of a motorized wheelchair; the second is an older adult toting multiple bags, each filled with canned goods; and the third is a pregnant woman whose delivery date is in one week. In the first case, the person does not possess the physical functioning necessary for climbing the stairs while in the second case the older adult can climb stairs but does not have the muscular endurance to tote heavy bags and climb the stairs simultaneously. The woman has the requisite motor function and probably the endurance but recent changes to her body’s center of gravity increase her risk of falling. In each case, bodymind features interact with the architectural structure, inhibiting or preventing the three people from using the stairs as a means of conveyance.

Furthermore, analyzing bodymind variations and access conjointly supplies insight into the meanings people reveal. Continuing with the previous scenario, the first person’s physical condition is not likely to change so he probably thinks of the stairs as a permanently inaccessible, built feature. The access he experiences will not change until the community builds an accessible route or he secures equipment (i.e., off-road motorized wheelchair) capable of navigating the terrain. Relatedly, the meaning of the stairs he reveals will likely not change since it is doubtful his physical condition or the architectural structure changes. The other two people probably think of the stairs as a temporary inconvenience because their bodyminds can and will likely change, promoting changes in access and associated revealed meanings. Corporeally, the older adult can increase his muscular strength and endurance by regularly exercising and once the baby is born, the woman’s center of gravity returns to normal. These corporeal changes improve access. Correspondingly, the meaning of the stairs for both may change from an inconvenience to an efficient and effective means of getting from one point to another point.

In an example demonstrating how environmental changes influence access, consider many blind people live lives largely marked by successfully interacting with entities during everyday tasks. However, they tend to experience impaired access in situations predicated on participants

possessing sight. For example, paper currency is extremely difficult to distinguish without sight and exclusive reliance on cash substantially hinders blind people's access in shopping situations leading to disability (Schillmeier, 2008). "Through failed money transactions, blind people become disabled" (Schillmeier, 2008, p. 219). However, the advent and widespread availability of electronic payment systems improves access in those situations, alleviating disability and modifying the meaning of shopping from excursions requiring the extensive cultivation and employment of strategies for handling currency to routine opportunities for securing valued commodities.

Autistic people supply another line of evidence, one that illuminates how differences related to the mind impact access and meaning. The brains of autistic people function differently than the brains of those who are neurotypical (Walker, 2021), leading to challenges in accessing traditional academic classrooms and social interactions with strangers. As a consequence, autistics perceive these settings as stressful and avoided when possible. However, their brain functioning enhances access to situations requiring visual thinking, memorization, attention to detail, and innovative thinking (Myers, 2023). Temple Grandin (2006), a world renown animal behaviorist diagnosed with autism as child, declares autism enables her to think in pictures. When people speak to Temple, she translates the words into pictures, an ability that led to creating equipment and handling techniques used throughout the world that facilitate more humane treatment of livestock. "Visual thinking is a tremendous advantage" for someone working in the livestock industry (Grandin, 2006, p. 3). Frequently though, instead of experiencing hindered or enhanced access, autistics relate to entities in a manner indistinguishable from neurotypical people. The range of transpiring interactions exemplifies the relational nature of access, how "certain mental characteristics that are rendered pathological in some contexts become irrelevant and inconspicuous in others" and desirable yet in others (McKearney & Zogas, 2021, p. 113).

Modes of Disabled Being

Each person displays an idiosyncratic Being since compositional entities differ from one encounter to the next, the array of each person's encounters is singular, and the meaning of an entity can vary from person to person and change over time for the same person. Therefore, there are "disabled modes of being" (Abrams, 2016, p. 41) rather than *a* disabled mode of Being. Though multitudinous, modes of disabled Being share at least three characteristics. First, the presence of an atypical bodymind. Second, the misfitting or disjunctive meshing of an atypical bodymind with entities that limits or prevents access and use (Garland-Thomson, 2011). Finally, a perception as a largely undesirable form of existence detrimental to living well or flourishing (Reynolds, 2017a).

Critical Phenomenology

Heidegger (1927/1962, 2001) assumed, and this assumption is clearly evident in all of his examples, that interactions with entities involved fully functioning, typical bodyminds (Abrams, 2016; Caputo, 2001; Reynolds, 2021). A failure to depict bodymind variations in examples limits the theory's validity by ignoring how disparate bodyminds differentially influence meanings. Uncovering and correcting such biased theoretical assumptions requires adopting perspectives and methods aligned with that purpose. One pertinent perspective and method is critical phe-

nomenology, a way of conducting philosophical inquiry that explicitly seeks to identify and interrogate quasi-transcendental social structures such as ableism, racism, sexism, classism, and heterosexism (Guenther, 2019; Wieseler, 2023). Quasi-transcendental structures are not primordial or *a priori* like care and aletheia but arise from on-going deeds executed by numerous people with the deeds collecting and coalescing into firmly entrenched, institutionalized patterns of thoughts and actions (Wieseler, 2023). These, oftentimes covert, structures “are not things to be seen but rather *ways of seeing*” (Guenther, 2019, p. 12), leading people to perceive, believe, and act in ways that “privilege, naturalize, and normalize certain experiences [and meanings] of the world while marginalizing, pathologizing and discrediting others” (Guenther, 2019, p. 15; Wieseler, 2023). For example, the quasi-transcendental structure of ableism privileges typical bodyminds while pathologizing and marginalizing atypical bodyminds. Defined as believing people with atypical bodyminds are defective and therefore less worthy than typical bodyminds (Ghirotto, 2020), ableism is largely responsible for modes of Being exhibiting hierarchical positioning based on valence and desirability (Abrams, 2016). Typical bodyminds and corresponding modes of Being are more desired and ranked higher and more favorably as compared to modes of Being associated with atypical bodyminds.

Medical Model

To illustrate how ableism promulgates negative connotations associated with modes of disabled Being, consider the medical model. Originating in healthcare settings, the medical model’s influence extends into all aspects of society (Abrams, 2016). Often treated as *the* authoritative and complete account of disability (Wieseler 2023), the model views impairments and resulting disability from a pathological paradigm (Walker, 2021). In other words, an impairment, defined as a *problem* with the normal biological operation of the bodymind, inhibits or prevents access leading to disability, a reduction in health, and/or functioning (Oliver, 1996).

Three assumptions with attendant negative connotations ensue from the medical model. First, disabled modes of Being are inferior states marked by a low quality of life (Devine & Sylvester, 2005; Mobily et al., 2015; Sylvester, 2014). Second, people experiencing disability *want* to rid themselves of the undesirable condition and attain normality, defined as thinking, performing, feeling and interacting in a manner endorsed by most people in society, a goal frequently achieved through medical treatments (Barnes, 2012; Oliver, 1996). Finally, disability is a problem rooted within individuals; the problems people experience result from personal deficiencies (Barnes, 2012; Oliver, 1996; WHO, 2002).

The model also assumes a linear relationship between impairment and disability with more severe impairments equating to greater levels of disability (WHO, 2002). This assumption permits conveying disability with numerical values because the relationship emphasizes *amount* rather than meaning (Abrams, 2016; Barnes, 2012; Devine & Sylvester, 2005; Mobily, 2015; Mobily et al., 2015; Oliver, 1996; Sylvester, 2014). The Functional Independence Measure (FIM), the most used functional assessment instrument in medical rehabilitation (Cournan, 2011), is an exemplar of measuring the amount rather than meaning of disability. The FIM assesses a person’s performance of motor-based activities of daily living (ADLs) that include eating, dressing, and transferring on and off a toilet as well as her ability to comprehend written and verbal communication, express herself verbally and nonverbally, interact appropriately with

other people, and remember information necessary to complete ADLs (Keith et al., 1987). Rehabilitation professionals ascertain, for each task, a person's level of independence according to a seven-point response scale ranging from 1 (*total assistance required*) to 7 (*complete independence*). Lower FIM scores equal more impaired function, dependence, and disability (Deutsch et al., 1996).

Problematically, FIM scores only furnish a partial picture of people's lives. For instance, the numerical values do not capture a person's quality of life nor what the impairment or exhibited levels of function and dependence mean to the person (Abrams, 2016; Reynolds, 2022). The overreach and negative tone of the medical model coupled with restricted views imparted by measures such as the FIM call for more comprehensive, person-centered approaches that allow for and encourage favorable views and meanings of impairments and disabled Being.

Crip Phenomenology

In the present case, a form of critical phenomenology known as crip phenomenology is especially germane (Hall, 2021; Reynolds, 2017b, Weiseler, 2023). Crip phenomenology exposes "the able-bodied assumptions of a given conceptual terrain" and grounds reconstruction of the terrain on disabled people's lived experiences (Reynolds, 2017b, p. 426). Empirical data support reconstructing the conceptual terrain of disabled Being (Albrecht & Devlieger, 1999; Iezzoni et al., 2021). Albrecht and Devlieger (1999) found, paradoxically, that many nondisabled societal members believe disabled people live undesirable and poor-quality lives when, in fact, the majority of severely disabled people report a good or excellent quality of life. Plus, their quality-of-life self-reports come amidst them experiencing difficulties completing activities of daily living due to hindered access and confronting other challenges such as living on limited incomes and experiencing social isolation and discrimination. However, the same people report that living in inclusive environments which enhance access and making sense of and meaningfully integrating their impairments or atypical bodymind features into personal narratives equipped them to successfully negotiate the difficulties and challenges. More recently, Iezzoni et al. (2021) reported that more than 80% of responding physicians believed patients with disabilities experience a lower quality of life as compared to patients without disabilities.

The personal narratives of disabled people corroborate the preceding findings by conveying valued meanings of impairments or atypical bodymind features, and evidence of flourishing (Clifton, 2018; Clifton et al., 2018; Grandin, 2006; Wise, 2016, 2021; Wise & Barney, 2021; Zupan & Swanson, 2006). To illustrate, personal narratives unequivocally impart that not all people wish to be rid of impairments because these atypical bodymind features can be meaningful, valued, positive aspects of their lives, making them who they are (e.g., Smith & Sparkes, 2009; Zupan & Swanson, 2006). Moreover, some of the narrative authors convincingly contend their impairments enabled them to pursue projects and achieve goals they would not have pursued or achieved otherwise (e.g., Kavanagh, 2012; Zupan & Swanson, 2006). Additionally, the contents of narratives furnish unmistakable verification that impairments do not, by themselves, prevent people from living well or flourishing (Wise, 2016, 2021; Wise & Barney, 2021). For example, Clifton and his colleagues (Clifton et al., 2018) gathered the personal narratives of people who had lived at least five years with quadriplegia caused by spinal cord injuries. The researchers found that people "live well not despite quadriplegia, but with it" (p. 35) and "it is

possible to flourish with a severe impairment” (p. 35). In summary, based upon content drawn from personal narratives, many people find living with impairments or atypical bodymind features a meaningful and affirming way of Being. They like their lives.

As validated by multiple sources, negative connotations associated with disabled Being are neither universal nor inevitable and adequate access is correlated with higher quality of life. The connotations of a particular mode of disabled Being largely stem from two sources. First, the person’s performance of everyday incidents of care. Diminished, hindered, or prevented access leads to negative connotations. Conversely, improved or ensured access leads to positive connotations. Second, people frequently do not look beyond the surface level, performative derived meanings of disabled. Plus, they are fallible and commit errors while revealing meanings. They “may misconstrue the unconcealed and misinterpret” the meanings of entities (Heidegger, 1977/2008, p. 331). Both sources are malleable; cares can become more inclusive while deeper level meanings can be seen and faulty thinking corrected. Armed with this knowledge, a logical aim is transforming “the [negative] meanings typically attributed to disability” (Kafer, 2013, p. 9) into positive meanings that accompany a meaningful form of living.

Actions

Here again, critical phenomenology plays a prominent directorial role since it serves as “a way of doing philosophy and a way of approaching political activism” (Guenther, 2019, p. 15). As a way of doing philosophy, critical phenomenology demands scholars actively root out forms of ableism in existing philosophical frameworks and prevent its inclusion in future frameworks. The subsequent increased awareness and knowledge leads to “developing concrete strategies for dismantling oppressive structures and creating or amplifying different, less oppressive, and more liberatory ways of Being-in-the-world” (Guenther, 2019, p. 16). The remaining portion of this section outlines two actions aligning with the aforementioned sources of connotations that boost the overall desirability of modes of disabled Being. Namely, improving disabled people’s access to incidents of care and increasing the probability all people disclose deeper, more favorable and consequential meanings of entities, especially atypical bodymind features.

The first action addresses the inclusivity of discrete incidents of care. Specifically, this action centers on developing practice-based cares because doing so improves people’s access. A practice is “any coherent and complex form of socially established cooperative human activity” in which people strive to succeed (MacIntyre, 2007, p. 187). Examples of practices include many incidents of care such as recreation pursuits and people’s professions (MacIntyre, 2007; Wise, 2017, 2019). People succeed when they acquire and employ requisite technical knowledge and skills and act virtuously. For example, succeeding at the recreation practice of snow skiing (Professional Ski Instructors of America, 2023) demands participants know about equipment and how it works, and apply skiing techniques to different snow conditions and terrains. Skiers must also be ethical which includes skiing in control, observing posted signs and warnings, and yielding to skiers who are downhill.

Practices develop in ways that broaden the scope of access (MacIntyre, 2007). To illustrate, skiing became more accessible for people with impairments shortly after the Second World War due to innovations in adaptive ski equipment and instructional techniques (Move United, n.d.).

The evolution of practices also targets existing requisites, making them more accommodating, such as in tennis where the ball can bounce twice instead of once before a player returns it (International Tennis Federation, 2020). This simple adjustment enabled wheelchair users to access the practice and excel. Relatedly, replacing a single set of challenging requirements with hierarchical levels of requirements (e.g., beginner, intermediate, advanced, expert) increases access because people do not have to become an expert to succeed and those who continue to gain competency continue to excel by achieving progressively more demanding standards. Finally, evolution leads to designing new practices that embrace people with impairments. For instance, people with substantial physical impairments merged elements of basketball, ice hockey, and rugby to create wheelchair rugby, a physically demanding and highly competitive sport that takes advantage of players' atypical bodyminds (United States Wheelchair Rugby Association, 2023).

The second action utilizes hermeneutic discourse for discovering meanings of entities which contribute to flourishing. One particular technique, the hermeneutic circle (Gadamer, 1960/1975), nurtures thoughtful, deep consideration of an entity in collaboration with others aimed at revealing positive, affirming meanings (Bouwer & Van Leeuwen, 2017; Heidegger, 1961/2008; King, 2015). A hermeneutical circle involves people reviewing an entity from multiple perspectives, moving back and forth from one perspective to another, gaining insights on the entity's meaning. One perspective considers the *individual details*, a second perspective considers the *whole* created by the details, and the third perspective considers the individual details and whole from a *vision* of what it means to live well.

To illustrate the circle, consider an admittedly simplistic example involving a group facilitated by a therapeutic recreation specialist (TRS), a professional who helps people reveal affirming meanings of and discover valued roles for impairments (Wise, 2021). The group consists of a young woman who recently experienced a thoracic-level spinal cord injury (SCI), the woman's family, members of the medical treatment team, and a peer with a similar injury. The group members strive to find a shared meaning to guide the young woman's rehabilitation and her transition into a new way of Being after discovering they have different meanings for the impairment (Carel, 2012). The woman with the newly acquired impairment, her family, and the medical professionals see the SCI as a significant hindrance to living well. The TRS and peer of the young woman hold meanings that contrast with those held by the preceding members. Of special interest, the peer credits the SCI for helping her flourish (Zupan & Swanson, 2006).

The woman with the recent injury contemplates the individual details presented by all group members. A few of the details include impaired physical functioning, prevented from pursuing pre-morbid sports and recreation activities, increased risk of pressure sores, and added living expenses associated with purchasing and maintaining a manual wheelchair. Other details, supplied by her peer and the TRS, include learning and competing in wheelchair sports, gaining in-depth knowledge of oneself, adopting an affirming outlook on life, and forging an empowering identity (Bauer et al., 2008; Carel, 2012; Tedeschi & Calhoun, 2004). After contemplating the details and assigning considerable weight to those presented by her peer with a SCI and the TRS, the woman amends her insight on the SCI, seeing the injury's potential for positively impacting her life. She now sees that a SCI comes with challenges and blocks some possibilities, but the condition opens other possibilities and can become a defining, valued attribute of oneself

(Bauer et al., 2008; Carel, 2012; Tedeschi & Calhoun, 2004). Next, she reviews insights gained from considering the details and the whole from the perspective of her vision for living well. As a result, the woman alters her vision of living well to incorporate the SCI and its attendant consequences in a meaningful and positive manner (Wise, 2021; Wise & Barney, 2021). For instance, she plans to become a social justice activist advocating for a society that exhibits full inclusion, strive to excel in one or more wheelchair sports, and serve as a peer mentor to people with recently acquired SCIs. The woman shares her transformed meaning with the other group members who perform similar reviews. The goal is continuing the cyclical, reciprocal procedure until group members arrive at a shared empowering and affirming understanding of the impairment that becomes embedded in a mode of disabled Being.

The applicability of hermeneutic discourse extends to interactions between healthcare professionals and people with mental health conditions (Aho, 2008; Gadamer, 1996). In these situations, healthcare professionals and patients seek to reveal favorable meanings of and valued roles for the illness and/or symptoms in patients' lives. The process entails patients sharing their life stories that encompass crucial relationships, goals, projects, socio-historical background details, and symptoms. The life stories supply context for the bio-physical data professionals gather via clinical instruments. After thoroughly reviewing people's life stories and bio-physical data, professionals, acting as hermeneutic guides or existential therapists (Richter & Kaschalk, 1996; Wise, 2021), work jointly with patients, helping them "find and insert meaning into the substance of their lives" (Richter & Kaschalk, p. 87).

Regardless of the setting, the success of hermeneutic discourse depends upon several factors. First, all participants recognize they hold biases, assumptions, and presuppositions. Second, they deactivate these filters, so the stories told by others initially emerge with minimal outside interpretation. Third, everyone comprehends there is not *one* correct interpretation, rather the goal is a shared understanding that contributes to people's visions of living well. Finally, all participants exercise courage, humility, and patience; genuinely care about, actively listen to, empathize with, and respect each other's perspectives; and intentionally consider discordant meanings (Gadamer, 1960/1975, 1996; Holba, 2014; Hurly, 2021; Sorrell Dinkins & Hansen, 2016).

Conclusion

Data drawn from disabled people lives demonstrate the fallacy of exclusively equating disabled existence with pain, hardship, disadvantage, negativity, and failure to flourish. Though all of modes of Being involve hindrances and obstacles to living well, ableism is a particularly significant barrier for people with atypical bodyminds. However, applying critical and crip phenomenology to the notions of care and meaning revelation leads to ascertaining specific courses of actions for combatting ableism. The two outlined actions possess the potential to create a more just and inclusive society by maximizing access and increasing the probability "the meaning and lived experience of [disabled] will more reliably trend toward the positive" (Reynolds, 2018, p. S35).

References

- Abrams, T. (2016). *Heidegger and the politics of disablement*. Palgrave Macmillan. <https://doi.org/10.1057/978-1-137-52856-8>
- Aho, K. (2008). Medicalizing mental health: A phenomenological alternative. *Journal of Medical Humanities*, 29, 243-259. <https://doi.org/10.1007/s10912-008-9065-1>
- Albrecht, G.L., & Devlieger, P.J. (1999). The disability paradox: High quality of life against all odds. *Social Science & Medicine*, 48, 977–988. [https://doi.org/10.1016/S0277-9536\(98\)00411-0](https://doi.org/10.1016/S0277-9536(98)00411-0)
- Barnes, C. (2012). Understanding the social model of disability: Past, present and future. In N. Watson, A. Roulstone, & C. Thomas (Eds.), *Routledge handbook of disability studies* (pp. 12–29). Routledge. <https://doi.org/10.4324/9780203144114>
- Bauer, J.J., McAdams, D.P., & Pals, J.L. (2008). Narrative identity and eudaimonic well-being. *Journal of Happiness Studies*, 9, 81-104. <https://doi.org/10.1007/s10902-006-9021-6>
- Bouwer, J., & Van Leeuwen, M. (2017). *Philosophy of leisure: Foundations of the good life*. Routledge.
- Caputo, J. (2001). The absence of Monica: Heidegger Derrida and Augustine's confessions. In N. Holland & P. Huntington (Eds.), *Feminist interpretations of Martin Heidegger* (pp. 149-164). Pennsylvania State University.
- Carel, H. (2012). Phenomenology as a resource for patients. *Journal of Medicine and Philosophy*, 37, 96-113. <https://doi.org/10.1093/jmp/jhs008>
- Clifton, S. (2018). *Cripple grace: Disability, virtue ethics, and the good life*. Baylor.
- Clifton, S., Llewellyn, G., & Shakespeare, T. (2018). Quadriplegia, virtue theory, and flourishing: A qualitative study drawing on self-narratives. *Disability & Society*, 33, 20-38. <https://doi.org/10.1080/09687599.2017.1379951>
- Cournan, M. (2011). Use of the functional independence measure for outcomes measurement in acute inpatient rehabilitation. *Rehabilitation Nursing*, 36(3), 111-117. <https://doi.org/10.1002/j.2048-7940.2011.tb00075.x>
- Deutsch, A., Braun, S., & Granger, C. (1996). The functional independence measure (FIMSM Instrument) and the functional independence measure for children (WeeFIM[®] Instrument): Ten years of development. *Critical Reviews in Physical Medicine and Rehabilitation Medicine* 8(4), 267-281. Retrieved from <https://www.scholars.northwestern.edu/en/publications/the-functional-independence-measure-fimsupsm-sup-instrument-and-th>

- Devine, M.A., & Sylvester, C. (2005). Disabling defenders? The social construction of disability in therapeutic recreation. In C. Sylvester (Ed.), *Philosophy of therapeutic recreation (Vol. III)*, (pp. 85-101). National Recreation and Park Association.
- Gadamer, H.-G. (1975). *Truth and method* (2nd ed.; G. Barden & J. Cumming, Trans.). Seabury. (Original work published in 1960.)
- Gadamer, H.-G. (1996). *The enigma of health* (J. Gaiger & N. Walker, Trans.). Stanford University Press.
- Garland-Thomson, R. (2011). Misfits: A feminist materialist disability concept. *Hypatia*, 26(3), 591-609. <https://www.jstor.org/stable/23016570>
- Ghirotto, L. (2020). Phenomenology and physical disability: For a non-normative body policy. *Encyclopaideia – Journal of Phenomenology and Education*, 24(56), 59-67. <https://doi.org/10.6092/issn.1825-8670/10620>
- Grandin, T. (2006). *Thinking in pictures and other reports from my life with autism* (2nd ed.). Vintage.
- Guenther, L. (2019). Critical phenomenology. In A. Murphy, G. Salamon, & G. Weiss (Eds.), *50 concepts for a critical phenomenology* (pp. 11-16). Northwestern University Press.
- Hall, K.Q. (2021). Limping along: Toward a crip phenomenology. *The Journal of Philosophy of Disability*, 1, 11-33. <https://doi.org/10.5840/JPD20218275>
- Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). Harper & Row. (Original work published in 1927.)
- Heidegger, M. (1971). The thing. In *Poetry, language, thought* (A. Hofstrader, Trans.; pp. 161-184). Harper & Row.
- Heidegger, M. (2001). *Zollikon seminars: Protocols—conversations--letters* (M. Boss, Ed.; F. Mayr & R. Askay, Trans.). Northwestern.
- Heidegger, M. (2008). On the essence of truth (J. Sallis, Trans.). In D.F. Krell (Ed.), *Basic writings* (pp. 111-138). Harper Perennial Modern Thought. (Original work published in 1961.)
- Heidegger, M. (2008). The origin of the work of art (A. Hofstadler, Trans.). In D.F. Krell (Ed.), *Basic writings* (pp. 143-212). Harper Perennial Modern Thought. (Original work published in 1971.)
- Heidegger, M. (2008). The question concerning technology (W. Lovitt, Trans.). In D.F. Krell (Ed.), *Basic writings* (pp. 311-341). Harper Perennial Modern Thought. (Original work published in 1977.)

- Holba, A.M. (2014). In defense of leisure. *Communication Quarterly*, 62(2), 179-192. <https://doi.org/10.1080/01463373.2014.890117>
- Hull, J.M. (2001). *On sight and insight: A journey into the world of blindness*. Oneworld.
- Hurly, J. (2021). Philosophical chemistry: What the alchemy of Gadamer and Aristotle brings to leisure studies. *Leisure Studies*, 40(5), 730-739. <https://doi.org/10.1080/02614367.2021.1888311>
- Iezzoni, L.L., Rao, S.R., Ressalam, J., Bolcic-Jonkovic, D., Aggronnik, N.D., Donelan, K., Lago, T., & Campbell, E.G. (2021). Physicians' perceptions of people with disability and their health care. *Health Affairs*, 40(2), 297-306. <https://doi.org/10.1377/hlthaff.2020.01452>
- International Tennis Federation. (2020). *A guide to wheelchair tennis*. Retrieved December 16, 2023, from <https://www.itftennis.com/en/news-and-media/articles/a-guide-to-wheelchair-tennis/>
- Kafer, S. (2013). *Feminist, queer, crip*. Indiana University.
- Kavanagh, E. (2012). Affirmation through disability: One athlete's personal journey to the London Paralympic Games. *Perspectives in Public Health*, 132, 68-74. <https://doi.org/10.1177/1757913911435757>
- Keith, R.A., Granger, C.V., Hamilton, B.B., & Sherwin, F.S. (1987). The functional independence measure: A new tool for rehabilitation. *Advances in Clinical Rehabilitation*, 1, 6-18.
- King, R. (2015). Light and shadow in the forest: A phenomenological exploration of Heidegger's clearing (*die lichtung*). *Existential Analysis*, 26(1), 103-118.
- MacIntyre, A. (2007). *After virtue* (3rd ed.). University of Notre Dame.
- McKearney, P., & Zogas, A. (2021). Mentally fit: Negotiating the boundaries of cognitive disability. *Medical Anthropology*, 40(2), 111-115. <https://doi.org/10.1080/01459740.2020.1858296>
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. (C. Smith, Trans.). Humanities Press.
- Mobily, K. E. (2015). The intersection of disability, feminism, and RT/TR. *Leisure/Loisir*, 39, 1-21. <https://doi.org/10.1080/14927713.2015.1074402>
- Mobily, K.E., Walter, K. B., & Finley, S. E. (2015). Deconstruction of TR/RT: Does TR/RT contribute to the negative construction of disability? Part I. *World Leisure Journal*, 57(1), 46-56. <https://doi.org/10.1080/16078055.2014.1001176>
- Move United. (n.d.). *Early history*. Retrieved December 16, 2023, from <https://moveunitedsport.org/early-history/>

- Murray, C.D. (2004). An interpretative phenomenological analysis of the embodiment of artificial limbs. *Disability and Rehabilitation*, 26(16), 963-973.
<https://doi.org/10.1080/09638280410001696764>
- Myers, J. (2023, July 14). *Top 10 positive traits about people with autism*. Autism Spectrum Disorder Foundation. Retrieved September 10, 2023, from
<https://myasdf.org/2023/07/14/positive-traits-about-autistic-people/>
- Oliver, M. (1996). Defining impairment and disability: Issues at stake. In C. Barnes & G. Mercer (Eds.), *Exploring the divide: Illness and disability* (pp. 29–54). Disability.
- Papadimitriou, C. (2008). Becoming en-wheeled: The situation accomplishment of re-embodiment as a wheelchair user after spinal cord injury. *Disability & Society*, 23(7), 691-704.
<https://doi.org/10.1080/09687590802469420>
- Phemister, A.A. (2017). Interpreting disability: Using hermeneutics to enhance rehabilitation counseling practice. *Journal of Rehabilitation*, 83(3), 21-27.
- Price, M. (2015). The bodymind problem and the possibilities of pain. *Hypatia*, 30(1), 268-284.
<https://doi.org/10.1111/hypa.12127>
- Professional Ski Instructors of America. (2023). *Adaptive alpine certification pathways & specialist standards: AS 1, AS 2, AS 3*.
https://www.thesnowpros.org/download/PSIA_Alpine_Standards0921v4_3.pdf
- Reynolds, J.M. (2017a). “I’d rather be dead than disabled”—the ableist conflation and the meanings of disability. *Review of Communication*, 17(3), 149-163.
<https://doi.org/10.1080/15358593.2017.1331255>
- Reynolds, J.M. (2017b). Merleau-Ponty, world-creating blindness, and the phenomenology of non-normate bodies. *Chiasmi International*, 19, 419-436.
<https://doi.org/10.5840/chiasmi20171934>
- Reynolds, J.M. (2018). The extended body: On aging, disability, and well-being. *The Hastings Center Report* 48(S3), S31-36. <https://doi.org/10.1002/hast.910>
- Reynolds, J.M. (2021). Heidegger, embodiment, and disability. *Epoché*, 26(1), 183-201.
<https://doi.org/10.5840/epoche2021817199>
- Reynolds, J.M. (2022). Bodymind. *The Philosopher*, 110(3).
<https://www.thephilosopher1923.org/post/the-new-basics-bodymind>
- Reynolds, J.M. (2024). Possibilities of which I am: Disability, embodiment, and existentialism. In K. Aho, M. Altman, & H. Pedersen (Eds.), *The Routledge handbook of contemporary existentialism* (pp. 464 - 474). Routledge.

- Schillmeier, M. (2008). Time-spaces of in/dependence and dis/ability. *Time & Society*, 17(2/3), 215–231. <https://doi.org/10.1177/0961463X08093423>
- Smith, B., & Sparkes, A. C. (2009). Narrative inquiry in sport and exercise psychology: What can it mean and why might we do it? *Psychology of Sport and Exercise*, 10, 1–11. <https://doi.org/10.1016/j.psychsport.2008.01.004>
- Sorrell Dinkins, C., & Hansen, F.T. (2016). Socratic wonder as a way to aletheia in qualitative research and action research. *HASER. Revista Internacional de Filosofía Aplicada*, (7), 51-88. <http://doi.org/10.12795/HASER/2016.i7.02>
- Sylvester, C. D. (2014). Therapeutic recreation and disability studies. *Therapeutic Recreation Journal*, 48(1), 46–60.
- Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18. https://doi.org/10.1207/s15327965pli1501_01
- Toombs, S.K. (1995). Intersubjectivity as a practical matter and a problematic achievement. *Human Studies*, 18(1), 9-23. <https://www.jstor.org/stable/20011069>
- United States Wheelchair Rugby Association. (2023). *Rugby basics*. Retrieved December 16, 2023, from <https://www.uswra.org/rugby-basics>
- Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities*. Autonomous Press.
- Wieseler, C. (2023). The import of critical phenomenology for theorizing disability. *The Journal of Philosophy of Disability*, 3, 116-146. <https://doi.org/10.5840/jpd2023102324>
- Wise, J.B. (2016). Deepened ecological model: A fresh perspective on the experience of disability. *Therapeutic Recreation Journal*, 50(3), 199-212. <https://doi.org/10.18666/TRJ-2016-V50-I3-7156>
- Wise, J.B. (2017). Leisure and work: Interdependent facets of human flourishing. *Therapeutic Recreation Journal*, 51(1), 1-17. <https://doi.org/https://doi.org/10.18666/TRJ-2017-V51-I1-7963>
- Wise, J.B. (2019). A conceptualization of recreation that contributes to human flourishing. *Therapeutic Recreation Journal*, 53(1), 37-52. <https://doi.org/10.18666/TRJ-2019-V53-I1-9027>
- Wise, J.B. (2021). Leisure and the therapeutic relationship: Contributing to meaningful lives. *Therapeutic Recreation Journal*, 55(2), 150-167. <https://doi.org/10.18666/TRJ-2021-V55-I2-10739>
- Wise, J.B. (2023). A form of leisure to treat busyness and enframing. *World Leisure Journal*, 65(3), 299-308. <https://doi.org/10.1080/16078055.2023.2199711>

Wise, J.B., & Barney, K. (2021). A personal narrative conveying human flourishing. *Therapeutic Recreation Journal*, 55(1), 42-59. <https://doi.org/10.18666/TRJ-2021-V55-I1-10430>

World Health Organization (WHO). (2002). *Towards a common language for functioning, disability and health (ICF)*. Retrieved from https://cdn.who.int/media/docs/default-source/classification/icf/icfbeginnersguide.pdf?sfvrsn=eead63d3_4&download=true

World Health Organization. (2024). *Disability*. Retrieved on June 11, 2024, from https://www.who.int/health-topics/disability#tab=tab_1

Zupan, M., & Swanson, T. (2006). *Gimp*. Harper Collins.