

# Introduction

## Normality, Abnormality, and Pathology in Merleau-Ponty's Work

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We are living in a time when scientific research into human biology, psychology, and behavior advances daily, but also at a time when we hear an increasingly loud refusal to accept not just scientific research but any expert knowledge. From conspiracy theories that create alternate facts, to rejection of overwhelming evidence of climate change, to groundless dismissal of well-researched journalism, we seem to have become unhinged from the norms we followed before.<sup>1</sup> The catchphrase “the new normal” itself appears senseless because rather than entering into a perhaps dystopian yet stable set of “normal” behaviors, we seem instead to be standing on constantly shifting ground. Our shared community and obvious patterns of behavior with other humans is constantly tested. In the United States at the time of finishing this volume, we have already witnessed over 300,000 people die from COVID-19 due in part to the rejection of basic public health recommendations including mask wearing and social distancing. A study by Columbia University, published on October 21, 2020, estimates that 130,000 to 210,000 deaths were preventable, and since that publication we have seen the numbers of new cases and deaths skyrocket.<sup>2</sup> The reckless flaunting of factual information might instill a desire to return to a time when the assertions of knowledgeable people were recognized as authoritative.

In the academy, many of us—who have, likely for historically unjust reasons, achieved positions of relative security—are accustomed to having our expertise interrogated and challenged in the traditional pursuit of better knowledge and understanding and yet find ourselves speechless at the proliferation of worlds in which nothing is held as expert and everything is subject to possibly violent rejection. Thus a book that challenges our views of what is normal, abnormal, and pathological might seem inappropriate; perhaps we should, instead, turn our attention to reestablishing the firmer ground upon which we once stood. Yet while this book does not address all the manifold complex political, historical, and cultural reasons for our current condition, it does draw attention to how weakly grounded our sense of normality was all along and suggests that what our present condition calls for is not a return but a new path forward.

### The Case of Schneider: Merleau-Ponty's Dynamic Conception of Embodiment

Maurice Merleau-Ponty's discussion of Johann Schneider in the *Phenomenology of Perception* serves as a rich opportunity for reflecting on the meaning of normality, abnormality, and pathology.<sup>3</sup> While serving as a soldier in the German army during World War I, Schneider was injured by shrapnel from an exploding mine. X-rays taken several years after the injury showed that Schneider still had some small metal shards in his brain.<sup>4</sup> Merleau-Ponty's attention to the injury's impact on Schneider's everyday life reveals his interest in thinking beyond the binaries that had dominated—and often still dominate—discussion of “abnormal” cases like that of Schneider, binaries that try to separate the diversity of human experience into categories such as well or sick, adjusted or ill-adjusted, normal or pathological. Moreover, while discussions of cases like Schneider's generally focus on identifying discrete behaviors or symptoms that distinguish the abnormal from the normal, Merleau-Ponty focuses on how Schneider's experience is, as a whole, structured differently from that of a “normal” subject. In this pursuit, he also provides a nuanced approach to discussions of normality, abnormality, and pathology that avoids blindly repeating culturally located normative assumptions.

Merleau-Ponty's description of Schneider's injuries and symptoms relies on the writings of the German neurologist Kurt Goldstein and the

German experimental psychologist Adhemar Gelb.<sup>5</sup> They first examined Schneider at a military hospital in Frankfurt, Germany, in 1916 and first published an article describing his injuries and symptoms in 1918.<sup>6</sup> Gelb and Goldstein reported that Schneider, whom they referred to as “Patient Schn.,” had a number of unusual impairments, including alexia, visual form agnosia, loss of movement vision, loss of visual imagery, tactile agnosia, loss of body schema, loss of position sense, acalculia, and loss of abstract reasoning.<sup>7</sup> Yet they also reported that he was, with respect to a large number of everyday behaviors, seemingly unimpaired. For example, when Schneider was blindfolded in an experimental setting, he was unable to point to or grasp his nose;<sup>8</sup> in his daily life, however, he could easily blow his nose with a handkerchief.<sup>9</sup>

Some have accused Gelb and Goldstein of exaggerating or making up some of Schneider’s symptoms and even of teaching Schneider to act in ways that would confirm their theories. When Carl Jung examined Schneider in the 1940s, for example, he found that Schneider, contrary to Gelb and Goldstein’s reports, was able to see and recognize most objects.<sup>10</sup> Moreover, Jung thought that the abnormal behavior of making tracing movements with his hand or head, which Gelb and Goldstein reported that Schneider used to compensate for his visual impairments when asked to identify objects or letter objects, only seemed to be present in experimental situations, suggesting that Schneider was putting on a show for the scientists studying him.<sup>11</sup> The contemporary psychologist Georg Goldenberg even goes so far as to claim that “Schneider and Schn. were two different personalities. Schneider was an amiable, open-minded, vivid human being. Schn., by contrast, was a freak: speaking with an exalted, monotonous voice, shaking all over the body, exploring the world around him like an alien, he resembled a strange automaton more than a human being.”<sup>12</sup> Nonetheless, others have defended Gelb and Goldstein’s work. Another contemporary psychologist, Martha Farah, notes that if Jung did not observe many of the impairments that Gelb and Goldstein reported, this may have reflected that, 20 years after Gelb and Goldstein’s initial reports, Schneider’s brain had largely recovered from or adapted to its injuries.<sup>13</sup>

Gelb and Goldstein’s first article about Schneider remains, Goldenberg writes, “a citation classic in neuropsychology.”<sup>14</sup> He attributes this to the fact that “several of the symptoms that they claimed to find in Schn. were indeed detected in later patients”;<sup>15</sup> these symptoms included agnosia, loss of movement vision, and loss of visual imagery. In a review of

the impact that Schneider's case has had on the field of neuropsychology, Jonathan Marotta and Marlene Behrmann write that "the case of Schn. has significantly influenced the visual agnosia literature."<sup>16</sup> Cases of visual agnosia, which Marotta and Behrmann define as a "a disorder of visual recognition, in which a person cannot arrive at the meaning of some or all categories of visual stimuli, despite normal or near-normal visual perception and intact alertness, intelligence, and language,"<sup>17</sup> are often divided into two broad categories: apperceptive and associative. Someone with apperceptive agnosia is "unable to copy, match, or identify a drawing," while someone with associative agnosia is able to copy and match a drawing but unable to identify it.<sup>18</sup> While Gelb and Goldstein identified Schneider as having apperceptive visual agnosia, Marotta and Behrmann argue that Schneider had a form of integrative agnosia: "Patients with integrative agnosia appear to have available to them the basic features or elements in a display, but are unable to integrate all aspects into a meaningful whole."<sup>19</sup>

Contemporary psychology and neuroscience's focus on Schneider's visual agnosia raises a number of questions. Should Schneider be thought of as having a collection of relatively independent disorders—disorders with respect to vision, movement, and abstract reasoning, for example—or as having a single disorder that manifests itself in different, though dependent, aspects of his experience? That is, should we think of vision as operating quite independently of movement, abstract reasoning, and other functions, or should we think of all of these functions as contributing to a perceptual experience in which the whole is, so to speak, greater than the sum of its parts? This latter approach appears to be the one that Gelb and Goldstein advocated. With respect to the rehabilitation of those with brain injuries or diseases, Goldstein writes:

If restoration is out of the question, the only goal of the physician is to provide the patient with the possibility of existing in spite of his defect. To do this one has to consider each single symptom in terms of its functional significance for the total personality of the patient. Thus it is absolutely necessary for the physician to know the organism as a whole, the total personality of the patient, and the change which the organism as a whole has suffered through disease. The whole organism, the individual human being, becomes the center of interest.<sup>20</sup>

Furthermore, contemporary psychology and neuroscience's focus on Schneider's visual agnosia contrasts sharply with the approach Merleau-Ponty takes in his discussions of Gelb and Goldstein's work on Schneider.<sup>21</sup>

Merleau-Ponty's focus is neither on Schneider's abnormal vision alone nor on his various impairments as unrelated to one another. Rather, Merleau-Ponty's focus, like Gelb and Goldstein's, is on Schneider's experience as a whole, and he understands Schneider's brain injuries as giving him a way of being-in-the-world with others that is very different from that of most other people. For Schneider, Merleau-Ponty argues, the meanings that once constituted his everyday experience of the world—and that do constitute the everyday experience of the world for most of us—are no longer operative and have been replaced by *new* meanings. Schneider's "abnormal" experience is thus not some damaged or deficient form of "normal" experience; rather, it is a unique experience in its own right.

Merleau-Ponty argues that attempts to understand Schneider's situation have generally drawn on one of two conceptual frameworks: empiricism and intellectualism. The empiricist framework, which is largely the framework of contemporary scientific research, understands a "normal" subject as one whose body possesses a set of physical properties or capacities that can be isolated by the natural sciences. A normal subject is, for example, one whose brain displays certain anatomical or functional features, while an "abnormal" subject is one whose brain does not display, or incompletely displays, these features, and, perhaps, displays other features. According to this naturalizing view, one answers the question of what is normal and what is abnormal by turning to the sciences and investigating humans and, in particular, human bodies as objects. The intellectualist framework, by contrast, understands a normal subject as one whose body is governed by explicit acts of consciousness. Normal subjects are, for example, conscious of the position of their bodies within objective space and direct the movements of the body within this space. Abnormal subjects, on the other hand, lack such consciousness of the body and world or, perhaps, simply deny that they have this consciousness.

Yet despite their differences, the empiricist and intellectualist frameworks share, Merleau-Ponty argues, the assumption that the body is merely an object; empiricism understands the body as a physical object, while intellectualism understands the body as an object of thought. Neither empiricism nor intellectualism recognizes, therefore, that the body is fundamentally a subject rather than an object; consciousness is embodied.

While both empiricism and intellectualism may be able to discover certain features of the human body or mind that are usually present and, therefore, identify situations in which these features are absent (and, perhaps, other features are present) as abnormal, these investigations leave unexamined the impact of such abnormality for the living subject. Any one illness or injury that can be reliably identified by the absence or presence of certain objective features is, nonetheless, lived by different people in different ways. Moreover, not all abnormalities are lived as pathological; indeed, some abnormalities may even be lived as beneficial.

Thus, throughout his discussion of Schneider, Merleau-Ponty argues that attending to Schneider's lived experience is critical for understanding his situation. Though the "cause" of his disorder is evident—he has metal shards in his brain—the precise character of his disorder only becomes evident if one accounts for Schneider's changed way of being-in-the-world. Merleau-Ponty thus lays the groundwork for a dynamic conception of abnormality and normality. Information from medical literature, so long as it focuses only on the body as an object and neglects the body as a subject, is insufficient for understanding a person's symptoms. Moreover, Merleau-Ponty provides the outline of the thesis, developed more fully in this volume, that one's embodiment is shaped by both personal experiences and social and cultural norms. Any attempt to identify or understand a pathological situation thus has to attend to matters that cannot be "seen" or quantified in standard medical testing. Despite the seeming obviousness of the origin of the pathological aspects of Schneider's situation, one cannot identify his situation as pathological without appealing to Schneider's experience, to his way of being-in-the-world.

Identifying the physical aspects of illness or injury, in other words, will be insufficient for understanding them since their meaning can be found only within the body as subject and not the body as object. Indeed, to be precise, the meaning of an illness is not so much within the body as subject but, instead, within the world that appears to this body as subject. Just as pointing out that our eyes are necessary for sight offers little or no insight into perceptual experience, pointing to a physical change offers little or no insight into the meaning of the injury for the injured person. So long as the lived experiences of those with illnesses and injuries are ignored or discounted, the illnesses and injuries will remain poorly understood. Though those with schizophrenia may all share a specific genetic profile, for example, their hallucinations often reflect their cultural situations.

Researchers have found that hallucinations vary widely in cultures, both in content as well as tone and perceived threat.<sup>22</sup> Likewise, researchers have noted that differences in socioeconomic status and how one experiences systemic racism is correlated with one's health outcomes even in the case when one's physical condition might seem "objectively" similar to those in different racial or socioeconomic groups.<sup>23</sup> Understanding symptoms, behaviors, and expressions of pathology requires going beyond accurate transcription of physical differences to a careful description of differences in lived experience. And such description, in turn, requires us to reflect on, and perhaps revise, our previous understandings of normality, abnormality, and pathology. After all, human experience—either individually or as a whole—is comprised of diverse—and even divergent—experiences.

Merleau-Ponty's references to and descriptions of a "normal" subject, whom he contrasts with Schneider, are not without controversy. As Gail Weiss notes, Iris Marion Young, Judith Butler, and others have criticized Merleau-Ponty for failing to recognize that his descriptions of "normal" experience do not actually "hold true for all individuals, regardless of gender, race, class, ethnicity, age, ability, etc.,"<sup>24</sup> what Merleau-Ponty takes to be human experience may actually only be the experience of particular humans, humans who are, for example, white, male, and cisgender. Nonetheless, Weiss argues that even as Young

offers a powerful critique of Merleau-Ponty insofar as he presents an allegedly neutral and universal experience of bodily transcendence, intentionality, and unity that is, in actuality, more frequently enacted by and associated with boys and men rather than girls and women . . . it is clear that the contradictory bodily modalities she is describing are problematic precisely because they fail to realize the possibilities for transcendence, intentionality, and unity that, like Merleau-Ponty, she believes that both male and female bodies are capable of achieving.<sup>25</sup>

Likewise, Weiss argues that while Butler, like Young, faults Merleau-Ponty for failing to adequately acknowledge "that the 'I can' is not merely an expression of embodied agency but also of cultural agency," she also praises Merleau-Ponty for "recognizing that the significance of our embodied experiences is always tied to a particular historical context . . . [thereby supporting] an understanding of gender as never purely natural but always

naturalized.”<sup>26</sup> Weiss draws our attention, therefore, to the “rich resources in Merleau-Ponty’s own discussion that undermine a false view of the body schema as unaffected by the normative expectations of others, whether these latter are based on our race, our gender, our class, our religion, a particular ability or disability or on other aspects of our identities.”<sup>27</sup> When Merleau-Ponty focuses on “allegedly abnormal experiences,” Weiss argues, he does so “not as negative examples that reinforce the rigid boundaries of normality, but . . . to challenge our conceptions of what is normal, what is natural, and what can and should be normative.”<sup>28</sup>

Drawing, then, on Merleau-Ponty’s insight that a person’s lived experience is critical to any account of the normal, abnormal, and pathological, and on the resources his work offers for recognizing how bodies that are differently gendered, raced, classed, and so forth will live the world differently, the chapters in this volume explore both the diversity of human experience and the possibility of whether, while acknowledging this diversity, there nonetheless remain good reasons for retaining a conception of normal experience. The questions addressed by these chapters include: Given the vast variety of forms that human experience takes, is it still worthwhile to search for universal features of human experience? Is it still legitimate to identify certain forms of experience or certain subjects as normal and others as abnormal? Since many abnormal kinds of embodiment, such as color blindness, do not impede an individual from having a healthy and happy life, should abnormality and pathology be distinguished from each other, and if they are distinguished, what is their relation? How does the fact that the definitions of normality, abnormality, and pathology have been different in different cultures and changed over time complicate our understanding of these concepts? Is it possible to assert some kind of natural, and thus universal, origin for these concepts or are they all inevitably overdetermined by our culturally specific, contemporary epistemologies?

The purpose of this volume is twofold. First, it will offer scholarly reflection on Merleau-Ponty’s conception of embodiment and of the effects of pathology, disease, disorder, or social exclusion on embodiment. Second, it will contribute to the ongoing discussion within biomedical ethics, philosophy of medicine, philosophies of disability, and related fields of how we should, both theoretically and practically, take account of diverse forms of embodiment. Four interwoven themes drawn from Merleau-Ponty’s work on normality, abnormality, and pathology are

contained within: (1) Jenny Slatman, Gabrielle Jackson, and Christine Wieseler discuss and complicate Merleau-Ponty's description of Schneider; (2) Susan Bredlau, Hannah Lyn Venable, and Whitney Howell consider other pathological cases to further develop Merleau-Ponty's insights into normality, abnormality, and pathology; (3) Jenny Slatman, Adam Blair, James Rakoczi, Joel Michael Reynolds, and Christine Wieseler consider limitations of Merleau-Ponty's approach; and (4) Christine Wieseler, Whitney Howell, Adam Blair, and Joel Michael Reynolds argue that despite some limitations in Merleau-Ponty's work, rich resources remain for considering topics he did not speak extensively about, including gender, race, and disability. In the next section, we offer a short summary of the contents of this volume.

## Part I—Grounding a Phenomenology of Normality, Abnormality, and Pathology

The first five chapters set the stage for the later chapters by explicating, refining, and examining the implications of Merleau-Ponty's conception of normality, abnormality, and pathology.

The first two chapters discuss the importance of Kurt Goldstein's work for Merleau-Ponty's by exploring the case of Schneider. In chapter 1, Jenny Slatman introduces the theme of the book, exploring Merleau-Ponty's conception of normality and abnormality. Merleau-Ponty, she argues, did not conceive of abnormality as the opposite of normality, but instead, following Goldstein, Merleau-Ponty recognized pathological states as distinguishably different from states of health. Moreover, Slatman asserts that phenomenology's focus on the body as lived tends to avoid consideration of mathematical models in its discussions of embodiment. However, she argues that the use of statistics complements phenomenological descriptions. The norms discovered by statistics often become normative; social and cultural attitudes and environments are often built upon these statistically generated norms, thereby limiting the possibilities of expression for those who merely fall toward either end of a standard distribution. In chapter 2, Gabrielle Jackson further analyzes the significance of Goldstein's work for Merleau-Ponty's philosophy. Attending first to Goldstein's general method, Jackson then carefully documents how Merleau-Ponty's articulation of the difference between the normal

and the pathological draws upon and implicitly endorses Goldstein's own methodology. Thus, Jackson underlines the centrality of Goldstein's work for future phenomenological discussions that depart from Merleau-Ponty's.

In chapter 3, Neal DeRoo explores how expression functions in Edmund Husserl's and Merleau-Ponty's phenomenology, and, in so doing, complicates our understanding of what constitutes "normal" phenomenology. Merleau-Ponty's later work on expression takes up Husserl's idea that sense and being must be understood as having a reversible, asymmetrical relationship that is experienced as a phenomenal unity. In this approach, Merleau-Ponty works to end various kinds of dualism in phenomenology by seeing our primary mode of existence as a kind of interrogation. Merleau-Ponty thus continues the normal path of Husserlian phenomenology while also extending its scope, refusing to make consciousness central to his discussion of expression.

In chapter 4, Susan Bredlau draws on Merleau-Ponty's discussion of habit and hallucination in the *Phenomenology of Perception* and "psychological rigidity" in the lecture "The Child's Relations with Others," as well as on John Russon's discussion of the "ideal of normalcy," to argue for the inadequacy of a common conception of a "normal" self as one who freely chooses her behavior and is, as such, not compelled by her body, emotions, or relations with others. Rejecting this conception of a normal self does not mean, however, that we have no basis for identifying certain forms of experience as problematic. Rather, we must simply recognize that it is not the presence of compulsions as such that defines a situation as pathological, but instead the presence of compulsions that undermine, rather than support, a person's ability to acknowledge and flexibly navigate the multiple, often conflicting, aspects of her experience.

In the last chapter of part I, Hannah Lyn Venable, like Bredlau, discusses other pathological cases; in so doing, she explores how Merleau-Ponty's work provides essential clarification for Michel Foucault's discussion of abnormality in *History of Madness*. She points out that while Foucault explores the different forms that madness takes in different societies, his account suffers from two omissions. First, he never explores the origin of these different forms of madness and thus runs the risk that his account appears arbitrary since diversity in the experiences of the mad remains unclarified. Second, he takes no interest in better diagnosis or treatment and thus runs the risk that his account appears inapplicable to our present situation. Merleau-Ponty's phenomenology, she argues, allows us to explore and understand these different forms of

madness as meaningful, and thus offers insight into why madness has taken the forms that it does and how it might be treated more effectively.

## Part II—Practical Phenomenological Applications of Merleau-Ponty's Theories of Normality, Abnormality, and Pathology

The next five chapters examine the application of Merleau-Ponty's work to contemporary cases of abnormality and pathology and to the operation of the medical sciences. Phenomenological discussions of Morning Glory Syndrome, inverted perception, bodily immobility, and Autism Spectrum Disorder explore how the body's capacities are interwoven with its milieu, thus complicating our understanding of bodily differences. The last two chapters consider how the existence of narrow norms for healthy bodies limits our sense of what a life worth living is like and discuss the implications of these limitations for our use of genomic testing and our understanding of the sexuality of disabled persons.

Part II begins with Adam Blair's exploration of his own abnormal vision. Blair has Morning Glory Syndrome in his left eye. When using just his left eye, his perceptual experience does not conform to the standard phenomenological description of perceptual experience as having a figure/background structure. He describes what he sees with his left eye as only background with no possibility of a normal figure. The phenomenological description of his own perceptual experience, Blair argues, allows us to better understand Merleau-Ponty's conception of the constitution of sense and to better recognize the necessity of indeterminacy even within normal perception. By acknowledging a view of the world that is not driven by the contrast of figure-ground and that emphasizes indeterminacy and possibility over determinacy and particularity, we are better able to understand Merleau-Ponty's most important claims regarding perspective, sensation, and freedom.

In chapter 7, Whitney Howell also explores the implications of the phenomenological description of an "abnormal" experience for our understanding of experience more broadly. Howell focuses on how our sense of space is determined not simply by being in space but by personal, historical, cultural, and political affordances. Using examples from China Miéville, Simone Weil, and Sara Ahmed, Howell explores how space has normative dimensions that can go unrecognized in normal and normative forms of orientation. Particular spaces, in requiring a subject

to have specific capacities if she is to belong to them “properly,” both include certain individuals and exclude others depending on how closely these individuals adhere to the norms established by the particular space. Noting some limitations in Merleau-Ponty’s account, Howell concludes by exploring the political implications of this account of spatial orientation and disorientation.

Chapter 8, by James Rakoczi, focuses on a little discussed but compelling body of literature on individuals who have lost much of their capacity for moving freely in the world. Rakoczi takes up these narratives and uses Merleau-Ponty’s work on embodiment to point out that such accounts are not devoid of reference to movement, but instead, are saturated with references to movement; this calls for a more nuanced understanding of the role of movement, even for those whose movement is quite limited, in the constitution of sense and selfhood. In contrast to the phenomenon of extreme bodily immobility, autism has received significant scholarly attention in philosophy. Yet, as Jennifer E. Bradley argues in chapter 9, philosophical reflection on autism often focuses on the capacity of those individuals with autism spectrum disorder (ASD) to achieve certain intellectual tasks, such as recognizing the other person’s mental state, or behaving in a particular controlled manner. Yet this approach, which implicitly assumes that abnormal behavior is necessarily pathological, overlooks the dynamic manners in which individuals with ASD make meaningful solutions to sensory disturbances. Drawing on Merleau-Ponty’s work on space and on our relations with others, Bradley argues that a phenomenological approach offers a more adequate understanding of, and more effective therapies for, individuals with ASD.

The last two chapters reflect on how everyday identifications of what is, and what is not, “normal” often hide forms of privilege that deserve to be questioned—extending Merleau-Ponty’s work to contemporary topics. In chapter 10, Joel Michael Reynolds discusses the contemporary case of pediatric whole genome sequencing tests, which are often used to predict a child’s likelihood of developing serious, and sometimes terminal, illnesses. Using Merleau-Ponty’s work on ambiguity, Reynolds explores how we tend to live the world both individually and with loved ones with a tacit expectation of control over “normal” circumstances. He argues that we tend to see humans through the medical lens as *homo faber*—a human that is in control and will continue in the same fashion

over time—and *homo curare*—the human understood as connected to fate and to be cared for according to the human’s particular individual situation. Reynolds argues for considering the latter more seriously and also exposes how the stance of the *homo faber* is often only possible for a small percentage of individuals—those who are white, cis-gendered, able-bodied, and upper-middle class. Given this, Reynolds argues, ethical discussions of tests such as pediatric whole genome sequencing should always take a larger social and political context into account. In the last chapter, Christine Wieseler explores how disabled people are often read as being inherently asexual due to their physical differences. She argues that ideals of normal sexuality constitute an existential harm to disabled persons, not just in contemporary popular thought but also in academic research. Returning to Merleau-Ponty’s account of sexuality, she argues for a more ambiguous understanding of human existence and human sexuality outside the reification of normal and abnormal.

In this volume, we have endeavored to provide scholarly reflection on Merleau-Ponty’s work on the topics of normality, abnormality, and pathology and to connect his work to contemporary research. Often as theorists we want to destabilize simple, biased understandings of what is normal and of what conclusions should be drawn from scientific research. Merleau-Ponty’s work is exemplary in this regard, closely considering contemporary scientific research into the human condition while retaining a critical gaze toward it.

Even though many of us feel like observers of a disturbing shift toward nationalistic, racist, antiscientific, antiintellectual, and violent political regimes, we are never mere observers. In our state of trying to figure out how to live in this “new normal,” we are always inextricably tied up in it. In *The Visible and the Invisible*, Merleau-Ponty famously writes, “Where are we to put the limit between the body and the world, since the world is flesh? . . . The world seen is not ‘in’ my body, and my body is not ‘in’ the visible world ultimately: as flesh applied to a flesh, the world neither surrounds nor is surrounded by it.”<sup>29</sup> To think about normality, abnormality, and pathology is also to change and transform those terms. Yet the very freedom we have to investigate such ideas, expand our understanding of ourselves and the world, and appreciate more fully the experience of others also permits us to disengage from expertise, to follow conspiracies, and to refuse a common human bond. We hope that by complicating our view of normality, we can move beyond

the alternatives of blindly trusting or utterly rejecting the work of experts and see how we ourselves are part of the process that constantly renews our understanding of the human condition.

## Notes

1. Max Fisher, “Why Coronavirus Conspiracy Theories Flourish. And Why It Matters.” *The New York Times*. April 8, 2020. [www.nytimes.com/2020/04/08/world/europe/coronavirus-conspiracy-theories.html](http://www.nytimes.com/2020/04/08/world/europe/coronavirus-conspiracy-theories.html); David Hasemyer and Neela Banerjee, “Decades of Science Denial Related to Climate Change Has Led to Denial of the Coronavirus Pandemic.” *Inside Climate News*. April 9, 2020. <https://insideclimatenews.org/news/09042020/science-denial-coronavirus-covid-climate-change>; Cary Funk and Meg Heffernan, “U.S. Public Views of Climate and Energy.” *Pew Research Center: Science & Society*. November 25, 2019. [www.pewresearch.org/science/2019/11/25/u-s-public-views-on-climate-and-energy](http://www.pewresearch.org/science/2019/11/25/u-s-public-views-on-climate-and-energy)

2. Irwin Redlener, MD, Jeffrey D. Sachs, PhD, Sean Hansen, MPA, Nathaniel Hupert, MD, MPH. “130,000–210,000 Avoidable COVID-19 Deaths and Counting in the U.S.” October 21, 2020. <https://ncdp.columbia.edu/custom-content/uploads/2020/10/Avoidable-COVID-19-Deaths-US-NCDP.pdf>

As of this writing, the United States has had 16.5 million cases of COVID-19 and 301,006 deaths. Worldwide we stand at 73 million cases and 1.62 million deaths. We reference the Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>

3. Merleau-Ponty’s discussion of Schneider begins in Part One, Chapter Three of the *Phenomenology of Perception*, trans. Donald A. Landes (New York: Routledge, 2012), and continues in Part One, Chapters Five and Six.

4. J.J. Marotta and M. Behrmann, “Patient Schn: Has Goldstein and Gelb’s Case Withstood the Test of Time?” *Neuropsychologia* 42 (2004): 633–638. Even this characterization of Schneider’s injuries is, however, disputed. Marotta and Behrmann write that “Bay, Lauenstein and Cibis (1949) came to a different conclusion . . . They reported that there were many iron splinters in the soft parts of the left half of the skull and face but that all of them proved to be outside of the skull . . . [and] no evidence of a penetrating skull wound was found” (634). Goldenberg reports, “he was unconscious for 4 days. After healing from the wounds he suffered from vegetative and emotional lability, bradycardia, headache, and feelings of insecurity when standing or walking . . . His mental capacities appeared normal apart from a slight reduction of the ability to memorize auditorily presented digits. He complained of rapid fatigue and of blurring of vision after prolonged reading” (G. Goldenberg, “Goldstein and Gelb’s Case Schn: A

Classic Case in Neuropsychology?” In C. Code, C.W. Wallesch, Y. Joannette, and A.R. Lecours [eds.], *Classic Cases in Neuropsychology, Vol. II* [Hove: Psychology Press, 2003]: 281–300).

5. For a brief biography of Kurt Goldstein and a discussion of his collaboration with Adhemar Gelb, see Hans Teuber, “Kurt Goldstein’s role in the development of neuropsychology.” *Neuropsychologia* 4, no. 4 (1966): 299–310.

6. This article, “Psychologische Analysen hirnpathologischer Falle auf Grund von Untersuchungen Hirnverletzter,” has, to our knowledge, never been translated into English.

7. Marotta and Behrmann, “Patient Schn,” 633; Goldenberg, “Goldstein and Gelb’s Case Schn,” 282.

8. Rasmus Jensen. “Motor Intentionality and the Case of Schneider.” *Phenomenology and the Cognitive Sciences* 8 (2009): 371–388.

9. Gelb and Goldstein argued that Schneider had apperceptive visual agnosia; their theory, Marotta and Behrmann write, “was that Schn lacked any visual experience of form (or Gestalt) but that he compensated for this deficit by tracing visually presented forms with movements of either the head or fingers, eventually recognizing the form by kinesthetic feedback” (“Patient Schn,” 635).

10. Marotta and Behrmann, “Patient Schn,” 635.

11. Marotta and Behrmann, “Patient Schn,” 635.

12. Goldenberg, “Goldstein and Gelb’s Case Schn,” 295.

13. Martha Farah, *Visual Agnosia* (Cambridge, MA: MIT Press, 2004), 2. For further defense of Gelb and Goldstein, see also Jensen, “Motor Intentionality and the Case of Schneider,” 374, footnote 6.

14. Goldenberg, “Goldstein and Gelb’s Case Schn,” 296.

15. Goldenberg, “Goldstein and Gelb’s Case Schn,” 296.

16. Marotta and Behrmann, “Patient Schn,” 635.

17. Marotta and Behrmann, “Patient Schn,” 633.

18. Marotta and Behrmann, “Patient Schn,” 633.

19. Marotta and Behrmann, “Patient Schn,” 636.

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