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'The View from the Afflicted': Reading Gregor Wolbring on Vulnerability with Nietzsche, Epicurus, and Ivan Illich

Perspectival Prelude: Nietzsche – Epicurus – Illich

After three prefatory reflections on pain (via Nietzsche), pleasure (via Epicurus), and health (via Ivan Illich), this essay reads Gregor Wolbring on the question of ablism and disability studies in addition to Nietzsche on life and the 'great health.'

A. Pain

Nietzsche named pain following the metaphor of a dog: pain can 'dog one,' as an elusive shadow or companion. Similarly, pain can resemble a dog in its tendency to lead and to pull and to disappear. Thus Nietzsche writes in *The Gay Science*,

My Dog. I have given a name to my pain, and call him 'dog'. He is just as faithful, just as importunate and shameless, just as entertaining, quite as smart, as any other dog and I can rule over him, and vent my bad moods on him, as others do with their dogs, servants, and wives.¹

¹ Friedrich Nietzsche, *Die fröhliche Wissenschaft, Kritische Studienausgabe* (Berlin: de Gruyter, 1980), Hereafter, KSA, Vol. 3, § 312, 547–548.

This is hard to interpret: what can Nietzsche mean by this? Is this his own, personal relation to pain? Is it a private confession? Perhaps it is but biologically, psychologically, phenomenologically: pain seems to work as Nietzsche describes it: hard to assess, it is there, it is not there, one can imagine it has gone, but still there it is. Moreover, the mind does not lend itself to *constant* absorption with pain, a point Epicurus underlines thousands of years ago, even when the circumstances suggest that it is objectively the case (what would this objectivity be? Can it be proved?).² This protean quality has enormous implications for what we think about pain but also about life and death, about life-altering illness and disability.

When Nietzsche returns to his first book on tragedy, in his 1886 *Attempt at a Self-Criticism*, he reflects that “one fundamental question is that of the relationship of the Greeks to pain, their degree of sensibility,” only to wonder if this relation for the Greeks had always “remained the same? Or did it invert itself?” just in order to raise

the question if really their always strong longing for beauty, for festivals, delights, new cults, pleasures, grew out of lack, deprivation, out of melancholy, out of pain.³

The point, as I argue in *The Hallelujah Effect*, is already to be found in the original text of *The Birth of Tragedy* when Nietzsche points to the pleasure in pain that is the enjoyment, there is no other word for it, of dissonance in music, “playing” in every sense with the “spur of displeasure” [*Stachel des Unlusts*] (BT §25).⁴ Here the reference is explicitly a matter of *Beethoven’s* musical dissonance, beginning from the start (BT §1) with Nietzsche’s effort to explain the Dionysian roots of the musical tragic art form, just as “healing draughts [*Heilmittel*] resemble poisons” (BT §2).

Thus Nietzsche is fond of David Hume’s reminder of *vanitas* in Hume’s little couplet, as Nietzsche cites this in English, in his ‘untimely’ essay,

² See Abraham Olivier, “Nietzsche and Heidegger on Pain”, in: *Nietzsche and Heidegger*, ed. Babette Babich, Alfred Denker, Holger Zaborowski (Amsterdam: Rodopi, 2012), 145–158. See too: Liam O’Sullivan, “Conscience and Pain, Tragedy and Truth”, *Journal of Nietzsche Studies* 11 (1996): 13–22 as well as Robin Small, likewise with reference to Epicurus, “We Sensualists”, in: *Nietzsche, Epistemology, and Philosophy of Science: Nietzsche and the Sciences II*, ed. Babette Babich and Robert Cohen (Dordrecht: Kluwer, 1999), 73–90.

³ “Versuch einer Selbstkritik”, § IV, KSA 1, 16. Subsequently, references to *Die Geburt der Tragödie/The Birth of Tragedy* are given as BT, followed by the section number.

⁴ See on the question of the becoming music of dissonance, the third part of Babich, *The Hallelujah Effect: Music, Technology, and Performance Practice* (London: Routledge, 2015 [2013]). As Nietzsche writes in his unpublished reflections, pain itself becomes musically ‘productive.’ KSA 7, 164.

"On the Use and Disadvantage of History for Life": "And from the dregs of life hope to receive, What the first sprightly running could not give."⁵

To this extent Nietzsche cites the Italian poet, Giacomo Leopardi, more pessimistic than Schopenhauer, to remind us that "pain and boredom are our being [*Schmerz und Langeweile ist unser Sein*], uttered as a kind of comfort: calm yourself [*Beruhige dich*]" (KSA 1, 255).

For Nietzsche it is one's creative condition, one's strength, one's culture that allows or does not allow pain to give birth in and through pain; this is limited to the tragic age, as he writes, as "human beings are mostly played out on one side, even in the case of the highest talents."⁶ The means developed against pain involves a kind of numbing or stunning of the sensibilities, under which technical means Nietzsche counts religion and art along with the usual narcotics.⁷ Here Nietzsche, contrasts the ambition to conquer pain with a different concern for happiness.⁸

To this must be balanced one's physiological and cultural capacity for pain. The Greeks, Nietzsche will argue, have a greater capacity for suffering, by contrast, a child tends to live in the moment, the 'shorter' rhythm of its physiology less consternated by the past and future concerns that preoccupy adults.⁹ What is crucial is that in the case of pleasure one is almost automatically a child again, in the moment, not asking the question of causation or origin. Pain, by contrast, "always raises the question about its origin."¹⁰ Similarly, pains are signs, indicative both of what is and of what is to be (GS §316).

B. Pleasure

Every life, says Epicurus, theorist of pleasure and enjoyment, even life at its extreme, in pain, in grave illness, contains an "excess of pleasure." Just so that you may see that I am not quoting Epicurus out of context, I quote:

Continuous pain does not last long in the body; on the contrary, pain, if extreme, is present a short time, and even that degree of pain which barely outweighs pleasure in the body does not last for many days

⁵ Nietzsche, KSA 1, 255.

⁶ *Ibidem* 7, 119.

⁷ *Ibidem* 8, 85, cf. 322.

⁸ *Ibidem* 9, 69.

⁹ *Ibidem* 8, 148. "Das ganze Leben des Kindes hat einen kürzeren Rhythmus".

¹⁰ "Der Schmerz fragt immer nach der Ursache". *Die fröhliche Wissenschaft*, § 13, KSA 3, 384. Cited henceforth in the text as GS followed by the section number.

together. Illnesses of long duration even permit of an excess of pleasure over pain in the body.¹¹

The pain in question is, like the pleasure in question, a kind of limit term. As Nietzsche writes to express this Epicurean point, here speaking of pain as ‘representation’: “There is only one life, one sense, one pain, one pleasure.”¹² For Nietzsche, and he arguably never departs from this insight, “Pain, contradiction is veracious being [*das wahrhafte Sein*]. Pleasure, harmony is the appearance.”¹³ Reverse this insight and one will need a theodicy.

The Epicurean point goes beyond the limits of this essay, but it will do to note that Epicurus draws on models of Stoic physics whereby pleasure reaches a maximum fairly quickly so that, Epicurus argues, the only thing to be added is difference and repetition, and where pain in any degree subtracts from pleasure, many pains are supportable if it is supposed that they will afford, on balance (the account is an economic one) more pleasure than pain.

Pleasure in the body admits no increase when once the pain of want has been removed; after that it only admits of variation. The limit of pleasure in the mind, however, is reached when we reflect on the things themselves and their congeners which cause the mind the greatest alarms.¹⁴

As quoted in Diogenes Laërtius, *Lives*, Book X, Epicurus regards pleasure as “our first and kindred good” and pain an indication of achievement of what one might further seek:

For the end of all our actions is to be free from pain and fear, and, when once we have attained all this, the tempest of the soul is laid; seeing that the living creature has no need to go in search of something that is lacking, nor to look for anything else by which the good of the soul and of the body will be fulfilled. When we are pained because of the absence of pleasure, then, and then only, do we feel the need of pleasure. Wherefore we call pleasure the alpha and omega of a blessed life.¹⁵

¹¹ Epicurus, “Principle Doctrines”, in: *Epicurus: Life-Reflections*, ed. Babette Babich, transl. Robert Drew Hicks (New York: NNS Press, 2018), 9.

¹² Nietzsche, KSA 7, 197; cf. 205, 207, 313.

¹³ *Ibidem* 7, 201.

¹⁴ Epicurus, “Principle Doctrines”, 12. “The magnitude of pleasure reaches its limit in the removal of all pain. When pleasure is present, so long as it is uninterrupted, there is no pain either of body or of mind or of both together”. Cited in Diogenes Laërtius’s *Lives*, Book X, in: Babich, *Epicurus: Life-Reflections*, 82.

¹⁵ *Ibidem*, 77.

But pain remains central to this definition: "By pleasure we mean the absence of pain in the body and of trouble in the soul."¹⁶ For Nietzsche, contrasting the Cynic and the Epicurean, it is the Epicurean who transcends pain by regarding it obliquely rather than from within the perturbation in his own soul: seen through a glass, like the "violent rustling of the treetops," outside in the storm.¹⁷ Qua what must be distinguished as Nietzsche's 'perspectivalism,' such *ataraxia* lends the Epicurean a decided advantage: "Reinstitution of peace and stillness [*Ruhe und Stille*] in the realm of the intellect, displacement of modern noise,"¹⁸ echoing Nietzsche's own *Sanctus Januarius* resolve in the first edition of *The Gay Science*: not to decry, but only to look away.

Here what is important to underline, as Epicurus notes, is the overall preponderance of pleasure even in circumstances that can seem to allow no space whatever for pleasure as in the case of illness. Contradicting this cliché as phenomenologically unfounded, Epicurus's observations have everything to do with what become more conventionally utilitarian assessments of pleasure/pain overall.

C. Health

A third preliminary reference here is the same Ivan Illich (1926–2002) already mentioned in connection with Nietzsche on pain, here with respect to Illich's definition of *health*. For Illich, deeply familiar with the cybernetic self-assertion of technology in modern scientific medicine, but not less with the cultural history of human flourishing, health is

a process of adaptation. It is not the result of instinct, but of autonomous and live reaction to an experienced reality. It designates the ability to adapt to changing environments, to growing up and to ageing, to healing when damaged, to suffering and to the peaceful expectation of death. Health embraces the future as well, and therefore includes anguish and the inner resources to live with it.¹⁹

¹⁶ Ibidem, 78.

¹⁷ Nietzsche, *Human, All too Human* I, §275, KSA 2, 227. Cited henceforth as HH.

¹⁸ Nietzsche, KSA 8, 304. See further on this Nietzschean reading of Epicurean *ataraxia* or equanimity, Babich, "Epicurean Gardens and Nietzsche's White Seas", in: *Epicurus and Nietzsche*, ed. Vinod Acharya and Ryan Johnson (London: Bloomsbury, 2020), 52–67, esp. 59ff.

¹⁹ Ivan Illich, "Medical Nemesis", *J Epidemiol Community Health* 57 (2003 [1974]): 919–922, here: 922. I cite this essay and pagination in what follows.

Ivan Illich first wrote this in 1974 in an article published in the *Lancet* and communicated widely to physicians.²⁰ Although critical, Illich's report is by no means that of an extern: the medical community was then and to this day remains deeply interested in the substance and reality (alas, ongoing) of iatrogenic disease and Illich's critique.²¹

For Illich, "'Health', after all, is simply an everyday word that is used to designate the intensity with which individuals cope with their internal states and their environmental conditions."²² The trouble as Illich argues lies in what he calls expropriation that is: alienation, handing over this, one's own perception and understanding of bodily flourishing to a third party for validation and treatment, the 'handing over' being as literal as it is figurative, and Illich will observe that the same conundrum holds for pain in the face of the modern medicalization that is our everyday given or technological cultural inheritance. And he continues:

To the degree to which [the individual] becomes dependent on the management of his intimacy he renounces his autonomy and his health must decline. The true miracle of modern medicine is diabolical. It consists of making not only individuals but whole populations survive on inhumanly low levels of personal health. That health should decline with increasing health-service delivery is unforeseen only by the health manager, precisely because his strategies are the result of his blindness to the inalienability of health.²³

The adaptive aspects of health and life as Illich details correspond, just as Nietzsche also emphasizes, to those changing aspects of life and becoming that philosophers prefer to deny, as Nietzsche writes of 'The Prejudices of Philosophers' in his *Twilight of the Idols*:²⁴ "Death, change, old age, as well as procreation and growth, are to their minds objections – even refutations" (TI, 'Reason' in *Philosophy* §1).

Together with Heidegger's reflections on authenticity, or 'ownness,' or better said, 'ownedness,' *Eigentlichkeit*, what is 'expropriated,' as Illich

²⁰ Illich, "Medical Nemesis", *Lancet* I (1974): 918–921. A footnote to the original essay informs the reader that the article is condensed from a lecture first presented in Edinburgh in April 1974 and again in May in Nottingham.

²¹ Thus the *Lancet* reprinted Illich's essay in his memory: *The Lancet* 361 (11 January 2003).

²² Illich, "Medical Nemesis", 7.

²³ *Ibidem*, 922. Here, too, it should also not be forgotten, as Illich himself underlines, that such critiques were in the air. See for example Michel Bosquet, "Quand la médecine rend malade: La terrible accusation d'un groupe d'experts", *Le Nouvel Observateur* 519 (1974): 84–118, and 520 (1974): 90–130.

²⁴ Nietzsche, *Twilight of the Idols, Or How to Philosophize with the Hammer*, transl. Richard Polt (Indianapolis/Cambridge: Hackett Publishing Company, Inc., 1997). Cited henceforth as TI.

articulates this, is *ent-eignet*, taken over from one, and is not merely one's own health or one's own life, as the patient lives his or her life on the terms of medical care providers, but one's own death as well. Indeed, what is taken over from the individual is the individual's dying of his own death:

The patient's unwillingness to die on his own makes him pathetically dependent. He has now lost his faith in his ability to die, the terminal shape that health can take, and has made the right to be professionally killed into a major issue.²⁵

Identifying the "ability to die" as "the terminal shape that health can take" Illich addresses palliative care and our concern for what we regard as a good death, a death free from pain and discomfort.²⁶ Elsewhere I have argued that so far from relieving one of one's cares, including the pains and challenges of everyday life, a Heideggerian ethics of assistance is being argued for, in its most positively solicitous expression, where just this would not 'free' one *from* or *of* those very same care, but much rather *for* them.²⁷

For Illich, we tend to outsource our definitions of health and illness and pain, requiring a physician's involvement at every stage. To be sure, as Illich notes, the medical profession is not always or not quite the panacea that can be supposed and doctors are often curiously 'withholding':

Opiates are not available on demand. Patients who have severe pains over months or years, which narcotics could make tolerable, are as likely to be refused medication in the hospital as at home, lest they form a habit in their incurable, but not directly fatal condition.²⁸

Illich makes the case that pain is rendered tolerable, not only by painkillers – and as we might observe from the above, Illich would be all for these – but also by one's culture, "by interpreting its necessity," Illich argues that this hermeneutic effect and assessment or recognition of necessity makes all the difference. Indeed, "only pain perceived as curable is intolerable."²⁹ The problem for Illich is that in our medicalized

²⁵ Illich, "Medical Nemesis", Chapter 2.

²⁶ Illich, *Limits to Medicine* (London: Marion Boyars, 1976), 134.

²⁷ See for a discussion, Babich, "Solicitude: Towards a Heideggerian Care-Ethics-of-Assistance", in: *Relational Hermeneutics*, ed. Paul Fairfield and Saulius Geniusas (London: Bloomsbury, 2018), 9–28 as well as Babich, "Vers une éthique de l'assistance", *Symposium* 20, 1 (2016): 194–212, and, in German, Babich, "Zu einer Ethik der Fürsorge", *Divinatio* 41 (2016): 141–165.

²⁸ Ivan Illich, *Medical Nemesis: The Expropriation of Health* (London: Marion Boyars, 1976), Chapter 2.

²⁹ Ivan Illich, *Limits to Medicine*, 134.

culture it is solely *medical* authority and not the patient him- or herself that authoritatively determines, legitimates, “which pains are authentic, ...which are imagined and which are simulated.”³⁰

The concern with professional confirmation is the expropriation of the patient’s own pain as such, taken by the medical industry, including to be sure the dying of the patient’s own death, as if one cannot die without such intervention. Petr Skrabanek echoes some of Illich’s points in his comments on healthism in his book, *The Death of Humane Medicine and the Rise of Coercive Healthism*.³¹ I need the reference to Skrabanek both to link my above comments on Illich, but also as I here reflect on the parallel notion of ablism in the pathbreaking essay by the biologist Gregor Wolbring, “Confined to Your Legs,”³² featured in *Living with the Genie*.³³

I. Gregor Wolbring’s ‘View from the Afflicted’ and ‘Final Solutions’

Wolbring begins his essay conventionally, citing a Nobel laureate, James Watson, on the promise of science, specifically DNA or gene science to bioengineer life such that birth defects are a thing of the past. An economically, techno-scientifically astute author, Wolbring does not need to look forward some dozen years, to the new CRISPR editing techniques, then already anticipated by the genome project and the promise of designer babies,³⁴ just the features you are looking forward to, no part of the unanticipated challenges you are not ‘expecting,’³⁵ Wolbring

³⁰ Ibidem, 139.

³¹ Petr Skrabanek, *The Death of Humane Medicine and the Rise of Coercive Healthism* (Bury St Edmunds, Suffolk: Social Affairs Unit, St Edmundsbury Press, 1994) and see too Skrabanek’s and James McCormick’s *Follies and Fallacies in Medicine* (Glasgow: Tarragon Press, 1998) including various technologies of ‘responsibilization’, See Francisco Ortega, *Corporeality, Medical Technologies and Contemporary Culture* (Oxon: Birkbeck Law Press, 2013), 74 ff.

³² Gregor Wolbring, “Confined to Your Legs”, in: *Living with the Genie: Essays on Technology and the Quest for Human Mastery*, ed. Christina Desser, Alan Lightman, and Daniel Sarewitz (Washington, DC, Island Press, 2004), 207–232. See too in the same volume, Shiv Visvanathan, “Progress and Violence”, 233–264 and below I cite Lori B. Andrews who has herself a contribution to this unusually versatile collection.

³³ See Adam Briggles’ review for a discussion of “Sarewitz’s practical phenomenology”, in: *Environmental Philosophy* 2, 1 (Spring 2005): 68–70, here 69.

³⁴ Also featured in the Desser/Sarewitz collection is Lori B. Andrews, “Changing Conceptions”, 155–192. See also her review of Judith Daar’s 2006 *Reproductive Technologies and the Law*, entitled: “Brave New Babies”, *DePaul Journal of Health Care Law* 9, 3 (2015), 1355–1364.

³⁵ See, for example, Eva Feder Kittay, *Love’s Labor: Essays on Women, Equality, and Dependency* (New York: Routledge, 1999) and “The Ethics of Care, Dependence, and

cites technologies already available, already in practice, used for the sake of pregnancy termination. In fact, the negative-option for designer babies is *the* technique of choice, quite because more achievable, *faute de mieux*, than any other technique for having a dream child. Thus Wolbring points out that the prize winning scientist invokes

Existing technology such as ultrasound and amniocentesis, along with emerging prenatal and preimplantation tests, offer abortion and embryo selection as the definitive preemptive solution to disability.³⁶

Thus there need be no disability, and, *bien entendu*, in some cultures, including Western culture, given certain family considerations, mere sex, being female, say, could be a decisive reason to opt for medical termination. This was a problem when Wolbring wrote his essay, and the problem is ongoing.³⁷

It is important to understand here that moral outrage *per se* – whatever his personal sentiments on the matter may or may not be – is less Wolbring's concern than foregrounding some of the complications of the 'genie' that is a tech solution proposed for everything, quite independent of existing tech as such. Thus Wolbring continues,

In the same essay, Dr. Watson, for example, seems to offer up abortion as a solution to everything from cystic fibrosis to dyslexia. If that makes you squeamish, you can turn for relief to the coming hybridization of biotechnology, genetic technology, and nanotechnology, which promises, someday, to fix disabilities, impairments, diseases, and defects, and so free us

Disability", *Ratio Juris* 24, 1 (March 2011): 49–58. Cf. here Richard M. Zaner, "Sisyphus without Knees: Exploring Self-Other Relationships through Illness and Disability", *Literature and Medicine* 22, 2 (2003), 188–207.

³⁶ Wolbring, "Confined to Your Legs", 208.

³⁷ Debora MacKenzie, "Technology Driving Rise in Abortions of Girls in India", *New Scientist* (4 February 2015), on-line access: <https://www.newscientist.com/article/mg22530074-400-technology-driving-rise-in-abortions-of-girls-in-india/> and most recently, MacKenzie, "Sex-selective Abortions May Have Stopped the Birth of 23 Million Girls", *New Scientist* (16 April 2019), on-line access: <https://www.newscientist.com/article/2199874-sex-selective-abortions-may-have-stopped-the-birth-of-23-million-girls/>. Wolbring himself adverts to this same fact as it also affords a parallel case study: "In the same vein, we might consider that all women suffer from a genetic defect, the double X syndrome, and we could visualize an array of technological interventions – for example, testosterone injections, pills to moderate hormonal cycles, or simply abortion of double X fetuses. Outrageous? In China and India, where sons are culturally valued above daughters, ultrasound technology plus abortion allows prenatal sex selection, which is widely used". Wolbring, "Confined to Your Legs", 209. And again, with fatal consequences in China, as "XX-syndrome", *ibidem*, 228.

from both the confinement of our genes and the confinement of our biological bodies.³⁸

Here Wolbring offers a standard definition:

“Disability” refers to an intrinsic defect, an impairment, disease, or chronic illness leading to subnormal functioning and expectation. The result is suffering, an inevitable, unavoidable consequence of inhabiting an undesirable (subnormal) state of existence.³⁹

As Wolbring goes on to recount the shock notion of worst-case scenarios that often attend commercial adverts for athletic gear, there is a certain sensitivity to the broad impact that is occasioned by ‘disability’. Just as it is the rare student who takes him or herself solo through the challenges of acquiring a higher education, the greater the need for more parental subvention the higher the quality of the educational certificate attained, ivy league credentials offering access to other golden parachutes (or ‘backpacks’),⁴⁰ no disability affects the disabled person alone.

Himself one of those affected, Wolbring cites Stephens and Brynner, *The History of Thalidomide*, as they rhetorically wonder,

How did parents endure the shock [of the birth of a thalidomide baby]? The few who made it through without enormous collateral damage to their lives had to summon up the same enormous reserves of courage and devotion that are necessary to all parents of children with special needs and disabilities; then, perhaps, they needed still more courage, because of the special, peculiar horror that the sight of their children produced in even the most compassionate.⁴¹

³⁸ Wolbring, “Confined to Your Legs”, 209. Wolbring continues, just for the interest of those readers who wish to check his predictive accuracy: “The future will bring us nonbiological ‘assistive solutions, from prosthetic limbs that adjust to the changes in the body, to more biocompatible implants, to artificial retinas or ears. Other opportunities lie in the area of neural prosthesis and the ‘spinal patch,’ a device envisioned to repair damage from spinal injuries’. Taken to the extreme, nanotechnology even offers the distant possibility of uploading: ‘the (so far hypothetical) process of transferring the mental structure and consciousness of a person to an external carrier, like a computer. This would make it possible to completely avoid biological deterioration (aging, damage), allow the creation of backup copies of the mind, very profound modifications and post biological existence’. Ibidem.

³⁹ Ibidem, 211.

⁴⁰ See: Peggy McIntosh, “White Privilege: Unpacking the Invisible Knapsack”, *Peace and Freedom Magazine* (July/August, 1989): 10–12 and see too, to stand in for a range of efforts to articulate feminist concerns in a philosophical context and thus to speak to the mainstream, Kate Manne, *Down Girl: The Logic of Misogyny* (Oxford: Oxford University Press, 2017).

⁴¹ Wolbring, “Confined to Your Legs”, 210.

Offering not merely a view of zero-sum thinking one might draw from Epicurus' account of the 'quality of life' in the lives of the terminally ill, an assessment that studies of palliative care hardly contradict, but rather what he calls, not the view from above (as Epicurus or as Marcus Aurelius might observe), or the Christian evangelist's pious sentiment of angels lifting one over life's obstacles, but via a perspectivalist hermeneutic phenomenology — not that he names this as such — Wolbring articulates what he calls "The View of the Afflicted". This account deserves careful attention, especially when read from an ablist, as most perspectives can be ablist, as Wolbring details this, even among disability studies. Thus Wolbring points out what is the point of departure, *sine qua non*:

Most disabled people, whether they have spina bifida, achondroplasia, Down syndrome, or other mobility and sensory impairments, perceive themselves as healthy, not sick. They describe their conditions as givens of their lives, the equipment with which they meet the world. They do not perceive themselves as 'subnormal'. The same is true for people with chronic conditions such as cystic fibrosis, diabetes, haemophilia, and muscular dystrophy. These conditions entail intermittent flareups requiring medical care and adjustments in daily living, but they do not render a person as unhealthy as most of the public and members of the health profession imagine.⁴²

Wolbring continues to offer both a first person as well as a theoretical reflection on this point, one needed for addressing ablist fantasies of life as disabled, especially for those born disabled, this being the reference in question for both the eugenicist James Watson and for Wolbring.

Wolbring's view is rare enough, and it needs to be heard, especially as the focus on the afflicted is inherently telic, intentional, how one ought to move in the world and towards one integrated ambition, as opposed to what Wolbring importantly underlines — it is essential to grasp this point at what for him would be utterly natural in accord with his own way of moving, specifically, "crawling in the absence of legs — which, by the way, I do quite comfortably."⁴³ It takes quite a bit to learn to consider this.⁴⁴

To this extent, scientific and technological solutions, are for Wolbring and quite specifically quite because they 'mainstream' a solution, "part of the problem."⁴⁵ Thus in the era of transhumanism and transgender

⁴² Ibidem, 213.

⁴³ Ibidem, 222.

⁴⁴ See, if from a mainstream analytic perspective, Kittay's "'Not My Way, Sessa. Your Way. Slowly'. A Personal Narrative", in: Kittay, *Love's Labor*.

⁴⁵ Wolbring, "Confined to Your Legs", 222.

politics, this must be contrasted with other visions of imperfection and incompleteness, together with (current, mainstream) representations of the finished and the best.⁴⁶

Wolbring hardly brings his own perspective to bear as the justification for his assessment. Instead he draws on researched social and medical science, whereby what emerges is that the negative valuation, “degradation of disability, in other words, existed primarily in the minds of the nondisabled.”⁴⁷ The claim is modest enough,

In other words, what the nondisabled think about the disabled is not what the disabled, and their families, think about themselves. Yet when research agendas and public policies about disability and emerging technologies are on the table, the real experts – disabled people and their families – are rarely given a voice, and are often blatantly ignored.⁴⁸

This is like research on women’s health, although here Wolbring is more sanguine than he should be as exactly the same parallel, knowing better yet failing to bring this knowledge into policy let alone practice let alone the theoretical mainstream, also applies in this case.⁴⁹ Things have not changed for women (alas) and Wolbring’s parallel claim similarly remains problematic. “Today, mostly the nondisabled talk about disability.”⁵⁰

Wolbring calls for disability-oriented approaches to bio-ethics and other studies of disability.⁵¹ In consequence, and there is a good deal to be thought here regarding end of life debates and the like,

The a priori assumption of the non-afflicted is that life with a disability is not worth living, and so the role of science and technology is to eliminate disability, either by preventing it in the first place or by ‘overcoming’ it so that the disabled are indistinguishable from everyone else.⁵²

⁴⁶ Janice McLaughlin and Edmund Coleman-Fountain, “The Unfinished Body: The Medical and Social Reshaping of Disabled Young Bodies”, *Social Science & Medicine* 120 (November 2014), 76–84.

⁴⁷ Wolbring, “Confined to Your Legs”, 214. As Wolbring cites this point “One study even found that ‘60 percent of people with paraplegia from spinal cord injury felt more positive about themselves since becoming disabled’. Not even the new miracle antidepressants can deliver this level of performance”. *Ibidem*, 215.

⁴⁸ Wolbring, “Confined to Your Legs”, 215.

⁴⁹ “Discussions about the application of new biotechnology, genetic technology, and nanotechnology to disability are at about the place where discussions of women’s health were at the beginning of the twentieth century. Then, mostly men talked about women’s health”, 215. The problem persists.

⁵⁰ Wolbring, “Confined to Your Legs”, 215–216.

⁵¹ *Ibidem*, 216.

⁵² *Ibidem*, 217.

Arguing that 'science and technology are part of the problem,' as I will note again below, Wolbring advances a broad call for a comprehensive and responsive hermeneutic solution (he does not to be sure label it as such, but he does, in a gesture towards gallows humour, contrast this with a 'final' solution, which is, logically and to be sure, already standard practice):

My wheelchair allows me access to all the same places that the non-afflicted can go – as long as there are ramps. Disability, in other words, is contextual. From this perspective emerges a social model of disability, which sees disability as a socially defined problem that can be addressed in ways that allow full integration of individuals into society. The management of the problem requires social action (which, to be sure, can be enhanced by appropriate science and technology), and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life – just as a male-dominated society increasingly makes way for women, and a Caucasian-dominated society increasingly makes way for other ethnicities.⁵³

Wolbring to be sure assumes (in this case not entirely correctly) that more has been done in our society to reduce male dominance and white privilege,⁵⁴ but his overall point concerning disability remains. This can be discomfiting and Wolbring invokes associations of those with Downs Syndrome to make the point even stronger, refusing the terminology of 'patient' as such. Thus,

The Canadian Down Syndrome Society writes that "the primary goal of any genetic research should not be to reduce the number of Down syndrome births, but rather to provide improved health care and assistance to persons with Down syndrome so that they may lead full and productive lives. ...[P]ersons with Down syndrome enrich our communities and they have much to teach us about understanding, acceptance and appreciation for all life has to offer".⁵⁵

This call for understanding and recognition is what Wolbring requests in his own case, reflecting that, and switching to his native German to do so,

Ich bin ein Thalidomider. When I was a child, my parents and I were presented by our doctors with only one option: to outfit me with artificial

⁵³ Ibidem, 218.

⁵⁴ This point must be made again and again as Manne argues, in *Down Girl*. See again, note 39 above.

⁵⁵ Ibidem, 220–221.

limbs. This solution was imposed on almost all thalidomiders, despite the fact that the artificial limbs were rather crude, not very functional, and mostly cosmetic at the time they were being prescribed in great numbers.⁵⁶

Wolbring's point requires attention.

To do this, hermeneutically, phenomenologically, I have recourse to a minor, relatively speaking, parallel with my own very extreme short-sightedness which I have all my life regarded as less than a 'good thing.' To be short-sighted, as I am, means that I have very precise vision – at very close range. Otherwise, I am 'legally blind,' as I have been cheerfully informed by doctors, but my vision is correctable with a combination of both glasses and contact lenses. But correcting my vision means that the size of the world shrinks into focus. The gain in resolution has a cost in both a certain precision of close perception – I lose that – and proportionate size. At the same time, as a lifelong wearer of corrective lenses, I cannot tell that the world has shrunk. This is quite, if trivially, the point of Reichenbach's coordinative presumption of the absence of universal forces that cause everything in the universe (this is a cosmological conundrum) to expand or to shrink.⁵⁷ Still: if I am of a mind to read very small print or see tiny physical objects, all I have to do is remove my 'corrective' lenses: without them, powers of vision are restored in fine measure just by sacrificing the lens-conferred ability to see ordinary-sized and distant objects.

Pointing to the dignity inherent in having the freedom to choose 'how I wanted to move around,'⁵⁸ a bodily freedom or liberty perforce denied in our ablist culture, Wolbring nevertheless recalls that

Most thalidomiders threw away their artificial legs and arms as soon as they were old enough to assert themselves against their parents and their doctors. Once I was old enough to say no, I myself used my legs only when the system forced me to – for example, when my wheelchair was prohibited in the university laboratories where I performed parts of my graduate research in biochemistry.⁵⁹

Wolbring closes his essay with a quote from the urbane analytic philosopher Philip Kitcher who points out that "contemporary affluent

⁵⁶ Ibidem, 221.

⁵⁷ Hans Reichenbach, *The Philosophy of Space and Time*, transl. Maria Reichenbach and John Freund (New York: Dover Books, 1958), 16ff.

⁵⁸ Wolbring, "Confined to Your Legs", 222.

⁵⁹ Ibidem.

societies are marked by conditions that are likely to channel prenatal genetic testing towards a very narrow ideal of ourselves."⁶⁰

Paul Feyerabend, a philosopher who was also disabled (as he was injured during the war and as this injury was exacerbated owing to medical incompetence), recounts some of the challenges he faced in his memoir, *Killing Time* and which he spoke of in conversation. When Feyerabend, fighting on the Austrian side, was shot as a soldier during World War II, an injury to his spine would be made worse by repeated medical interventions. Importantly, such interventions do not always help and in his case the result was lifelong impotence as well as a limp. One believes him however when he tells us that his first thought when he was shot, was not his injury as such, aware as he was of it as he fell but the comforting thought that from the level of a wheelchair he could anticipate finally discovering at leisure the lower shelves, by contrast with his previous browsing habits quite in the middle of the library shelves. In this case, Feyerabend's injury concentrated his mind, but reading his book, *Killing Time* makes it clear that he was never without a sense of regret. If it helped that Feyerabend had a good (and very Austrian) sense of humour, it is also important to note with respect to Wolbring, that much depended upon the kind of human being he was born to be.

II. Nietzsche on Life and the 'Great Health'

After reading about Wolbring's attention to the perspective of the disabled or differently abled, after noting Feyerabend's complications in the complicated wake of surgery and war, we can return to Nietzsche's reflections on pain once again. Now Nietzsche is arguably the posterchild for thoughtlessness, just to quote the best known Nietzsche quote, serving a generation ago to label the worldview of *Conan, the Barbarian* – not Robert E. Howard's creation of gigantic "melancholies and gigantic mirth," but depicted by Arnold Schwarzenegger in the 1982 film directed by John Milius: "What does not kill me makes me stronger."

With little effort one can update the notion to match the cult enthusiasm for HBO's serial hit phenomenon, all towards a bathetically weak and not less misogynist and imperialist conclusion, G.R.R. Martin's *Game of Thrones*, with its watch word, 'All men must die,' fake language, what with a want of Latin, and all: *valar morghulis*.

Whatever. I note that the phrase is part of an aphorism, incomplete then without its title: *From The Military School of Life*.⁶¹ And already there,

⁶⁰ Philip Kitcher, *Science, Truth, and Democracy* (New York: Oxford University Press, 2001), 186. Cited in: Wollbring, "Confined to Your Legs", 231.

⁶¹ Nietzsche, *Twilight of the Idols*, § 8.

there is a problem: focusing on the school of war, *Kriegsschule*, even more so, as the work of life as such (*death*, θάνατος, as Heraclitus noted when he wrote, speaking of the word for life: βίος, “the name of the bow is life; its work is death [ᾧ οὖν τόξω ὄνομα βίος, ἔργον δὲ θάνατος]”).⁶² The work of life includes reciprocity with death,⁶³ and this echoes in Nietzsche’s title aphorism, out of the war-school – *Kriegsschule* – of life. *Aus dem Kriegsschule des Lebens*.

This in turn presupposes a phantasm Nietzsche does not seem to presuppose. “Life?” he asks early in *The Gay Science*, “Isn’t that something that wants to die?” Here it may help to quote Nietzsche’s questioning reflections, noting again the title of the aphorism and the interrogation sustained throughout the aphorism

§ 26 *What is life?* Life – that is: continually shedding something that wants to die. Life – that is: being cruel and inexorable against everything about us that is growing old and weak – and not only about us. Life – that is, then: being without reverence for those who are dying, who are wretched, who are ancient? Constantly being a murderer? – And yet old Moses said: “Thou shalt not kill.”⁶⁴

Indeed, as Nietzsche goes on to write in one of his most important reflections at the outset of the penultimate book of the first four books of *The Gay Science*, as published in its first edition: “Let us beware of saying that death is the opposite of life. The living is only a species of the dead, and a very rare species. [*Das Lebende ist nur eine Art des Toten, und eine sehr seltene Art*]” (GS §109).

If life is, qua rare exception, only a “type of what is dead”, health too is a kind of recuperation from sickness, a modification of the same. Nietzsche’s language of the ‘great health’ is as challenging as his reflection on the military school of life or indeed what he calls ‘great politics’ (HH I, §471). As Nietzsche reflects in *Human, All too Human*, in the section *A Glance at the State*, a concern with the political, writ large, overcomes every individual life, sacrificing the range of those personal passions and energies on the ‘altar’ as he uses the term there of that same Moloch or Leviathan.⁶⁵

⁶² DK B48. Kahn, *The Art and Thought of Heraclitus*, 201. See here, Hans-Georg Gadamer, *Der Anfang des Wissens* (Stuttgart: Reclam 1999).

⁶³ ἀθάνατοι θνητοί, θνητοί ἀθάνατοι. ζῶντες τὸν ἐκείνων θάνατον, τὸν δὲ ἐκείνων βίον τεθνεῶτες. DK 22.

⁶⁴ Nietzsche, *The Gay Science*, transl. Walter Kaufmann (New York: Vintage Books, 1974), § 26: 100.

⁶⁵ See Babich, “Auf dem Weg zur Großen Politik. ‘Der europäische Mensch und die Vernichtung der Nationen’”, *Phainomena. One hundred per cent XXVI*, 102–103 (November 2017): 31–50 as well as: “Between Nietzsche and Marx. ‘Great Politics and What They Cost’”, in: *Nietzsche and Critical Social Theory: Affirmation, Animosity, and*

As I detail this issue (elusive not because of a deliberate obfuscation, but because to the point of complexity as such) in *Nietzsche's Philosophy of Science*, Nietzsche was absorbed in the quintessentially physiological, indeed, given the complexity of the environment, *eco-physiological* dimension in a thinking that did not separate body and world, or 'situation,' surround,⁶⁶ what we are slowly learning the meaning of *milieu*, once again, with Simondon's help, Deleuze's help, already named from the perspective of Nietzsche's 19th century, via the vivisectionist, Claude Bernard, the *milieu*.⁶⁷

Thus in *The Gay Science*, Nietzsche writes of what he calls (note the title of the aphorism once again):

§ 382 *The great health*. – Being new, nameless, hard to understand, we premature births of an as yet unproven future need for a new goal also a new means – namely, a new health, stronger, more seasoned, tougher, more audacious, and gayer than any previous health.

There is a crescendo in Nietzsche's style and many are fond of the vertical Nietzsche, the ascendant Nietzsche, but one ought not overlook the declination:

Whoever has a soul that craves to have experienced the whole range of values and desiderata to date, and to have sailed around all the coasts of this ideal "Mediterranean"; whoever wants to know from the adventures of his own most authentic experience how a discoverer and conqueror of the ideal feels, and also an artist, a saint, a legislator, a sage, a scholar, a pious man, a soothsayer, and one who stands divinely apart in the old style – needs one thing above everything else: the great health – that one does not merely have but also acquires continually, and must acquire because one gives it up again and again, and must give it up. (GS § 382)

Ambiguity, ed. Christine Payne and Michael Roberts (Amsterdam: Brill, forthcoming, 2020).

⁶⁶ See here: Wayne Klein's discussion of Nietzsche and physiology in: *Nietzsche and the Promise of Physiology* (Albany: State University of New York Press, 1997), 162. Cf. in addition to Babich, *Nietzsche's Philosophy of Science. Reflecting Science on the Ground of Art and Life* (Albany: State University of New York Press, 1994), "Nietzsche's Critique of Scientific Reason and Scientific Culture", in: *Nietzsche and Science*, ed. Gregory Moore and Thomas H. Brobjer (Aldershot: Ashgate, 2004), and see too in the same collection, Richard S. G. Brown, "Nietzsche, that profound physiologist", 51–70.

⁶⁷ See here in addition to Wolfgang Müller-Lauter's pathbreaking work, *Nietzsche His Philosophy of Contradictions and the Contradictions of his Philosophy* (Bloomington: University of Illinois Press, 1999), Lukas Soderstrom, "Nietzsche as a Reader of Wilhelm Roux, or the Physiology of History", *Symposium* 13, 2 (2009): 55–67.

Falling: Nietzschean Decadence

Walking is a controlled fall, so to speak in the fashion of the physiologists of bodily movement. Similarly physiologically, Nietzsche argues that health is constantly regained just because it is constantly lost. Regarding health, ability too perhaps, disability likewise, a sense of periodicity or rhythm helps us to read Nietzsche.

One of the great dangers is our tendency to privilege, not the 'ablist' perspective, on the model Wolbring details for us, orthogonal to a very conventional ideal of the norm, but an ideal of power to perpetuity, constant, unchanging. That is a capacity for power and for aggression that coincides with what I have called the nihilist versions of Nietzsche, a Nietzsche strangely Nazi like, all about the will to power, utter absence of weakness, the vision of triumphing over all and everyone, as it were.

Why this should be so? Why do we continue to encounter such Marvel comic-book visions of Nietzsche? Once upon a time, a certain pop conception of the 'Superman' more Shavian than DC comic style Superman might have made some sense a good century ago,⁶⁸ but even then it would have had little to do with Nietzsche himself. There is the 'politics' Nietzsche wrote of, a grievous 'grand' politics that costs us constantly and still: a politics we continue to install in place of the affairs of our own heart. Nietzsche himself, as is well known, was hardly the picture of Aryan glory that some have imagined. He was not merely plagued by migraines and vision challenges made worse by ministrations that directly damaged his eyes (the talk of Nietzsche's health is a small industry⁶⁹ fuelled by a lack of precise knowledge which some positivistically minded scholars propose to remedy by re-exhuming his corpse for 'tests' – which medical-archaeological project would go some way to proving Nietzsche's point regarding a type of the dead, if unlikely, just to be sober about the outcome, to assure anything else. By more positive contrast, one may find, if these have not been stolen in the interim, locks of Nietzsche's hair in the Weimar archives and one supposes that these might be subject to DNA tests or other assays, for all that that can tell, and to be sure this is rather less than the hype that, as Lori

⁶⁸ I write on this in several places, see for example, "Friedrich Nietzsche and the Posthuman/Transhuman in Film and Television", in: Michael Hauskeller, eds. Thomas D. Philbeck, and Curtis D. Carbonell, *Palgrave Handbook of Posthumanism in Film and Television* (London: Palgrave/Macmillan, Sept 2015), 45–54.

⁶⁹ In addition to studies (this is hardly an exhaustive list) by various medical and biologically trained scholars, such as Lynn Margulis, Leonard Sax, S. Podolsky and others, such as, in German, Pia Daniela Volz, see Dimitri Hemelsoet, Koenraad Hemelsoet and Daniel Devreese, "The Neurological Illness of Friedrich Nietzsche", *Acta Neurologica Belgica* 108, 1 (March 2008): 9–16.

Andrews argues, follows directly from the capitalist or as she writes, "Market Model").⁷⁰

When Nietzsche writes of the 'perfect' and the 'perpendicular' body as he does, reminding us of what it recalls as "the meaning of the earth," what can be forgotten is the emphasis David Allison never fails to foreground: *Thus Spoke Zarathustra* is a tale of downgoing, including the meaning of the earth,⁷¹ and hardly to be separated from the earth, as we can experience it, *horizontally*, as *ground* and towards which, quite as Hölderlin writes, we bow.

By contrast, Nietzsche writes that we tend to abstract from the rhythms of life as such, seeking above all what is fixed and does not change. To quote once again, this time at length:

Everything that philosophers handled over the past thousands of years turned into concept mummies; nothing real escaped their grasp alive. Whenever these venerable concept idolators revere something, they kill it and stuff it; they suck the life out of everything they worship. Death, change, old age, as well as procreation and growth, are to their minds objections – refutations even (TI, *Reason in Philosophy*, § 1).

If, as Nietzsche also details, this is the force of his critical-genealogical thinking in *Beyond Good and Evil* and its successor polemic, *On the Genealogy of Morals*, sickness and age and decadence *express* life and power differently from health and youth and abundance, and what is perhaps to be avoided is the notion that one might achieve health and abundance once and for all, any more than youth, that is to say that does not constantly expend itself or give itself out: "Above all, a living thing wants to discharge its strength – life itself is will to power" (BGE §13). The genuine philosopher lives imprudently, this is a philosopher who dares or risks himself, rather than one who conserves or saves himself slavishly (BGE §205), the noble spirit that is, however impetuously, in love with life. As Nietzsche writes in *Twilight of the Idols*, "The genius – in his works, in his deeds – is necessarily a prodigal, his greatness lies in the fact that he expends himself..." (TI § 44).

⁷⁰ Andrews, "Changing Conceptions", 180. Hype is a common concomitant of pop notions of science and claims tend to be excessive. Indeed, even the fancy of designer babies falls short of positive outcomes, as Andrews argues in her essay (albeit from a perspective opposite to Wolbring's) that nonetheless yields similar conclusion, the function of such testing is negative rather a matter of 'engineering' or 'design' as the language would suggest. See for a related, recent overview of a therapy much hyped in the past, Jules Montague's cautionary, "The 'Unwarranted Hype' of Stem Cell Therapies", *BBC Future*, 21 August 2019, on-line access: <https://www.bbc.com/future/article/20190819-the-unwarranted-hype-of-stem-cell-therapies-for-autism-ms>.

⁷¹ See further, for example, Adrian Del Caro, *Grounding the Nietzsche Rhetoric of Earth* (Berlin: Walter de Gruyter, 2004).

Nietzsche's Zarathustra tells us the secret he says that he is told, and the secret is the rhythmic secret of physiology. Here again we may note the section title: *On Self-Overcoming*: "And life confided the secret to me: behold, it said, I am that which must always overcome itself. [...] There is much that life esteems more highly than life itself" (*Zarathustra* Book II). Accordingly, a crucial limitation of transhumanistic readings of Nietzsche is that they are slavish readings, *reactive* readings, seeking not to express or to *give out* power and strength in the manner of the healthy, but to conserve power, in the miserly manner Nietzsche describes as belonging to the slave, to the sick.⁷²

Thus where Nietzsche names himself a physician and speaks of health, it can be essential to note the rhythms and periodicities of pain as we began with this and as it may help us to grasp what Nietzsche also names an 'astonishing' finesse (GM III: 12), to wit, and he is not here invoking any kind of quarantine, that the strong/the healthy, quite as they are always losing or giving out strength and health must be protected from the weak/the sick as those who are slavishly moral, those who seek instead of strength and health stasis, preservation, or conservation. In Nietzsche's account of the slave revolt in morals, the nobles are sacrificed to the only fiction that is the legacy of the West. Thus today's 'noble' believes it possible to choose not to be noble, as Nietzsche says, believing as the slaves believe, that a bird of prey is free to be otherwise.

This is Nietzsche's archaeo-genealogical insight. Nietzsche does not write for the overhuman not merely because there aren't any overhumans (it takes what seems to be the whole of history to achieve such overhumans and when they are finally achieved, sovereign to and of themselves, they always, almost instantly, go under, being overcome, or set aside in favour of "the only kind of human being," as Nietzsche writes, that "survives beyond the day after tomorrow," namely, the "incurably mediocre" (BGE § 262).

Nietzsche had supposed, and this would have been his 'faith' in science, that biologists and medical scientists might consider individual differences between individuals that is to say, in terms of a multifarious variety of types rather than as contemporary sciences focus on genetic specification, numerical assays, statistically calculated in terms of general typology. If Nietzsche's expectation of further differentiation in medicine and physiology has yet to be realized, this hardly makes this non-desirable but it does testify, once again, to complexity as such.

⁷² There is no shortage of those who would argue for transhumanist readings of Nietzsche. See per contra, Babich, "Nietzsche's Posthuman Imperative: On the Human, All too Human Dream of Transhumanism", in: *Nietzsche and Transhumanism: Precursor or Enemy?*, ed. Yunus Tuncel (Cambridge: Cambridge Scholars, 2017), 101–113.

I have sought to call attention to the need to include other possibilities beyond solutions, to leave us perhaps to what is our own, including troubles and cares however much this may disturb a mainstream sensibility as Wolbring argues this. For Wolbring, our solution is the problem if it violates the fundamental point he seeks to argue.

The medical model of disability creates the illusion of choice because it internalizes the belief that disabled people are subnormal, and offers science and technology as the solution to subnormality. But if disabled people are people indeed – if they can experience life as fully as the non-afflicted, and if the main obstacles to this richness can be overcome by social action – then what appears to be choice is unmasked as coercion, as a constriction of choice. And science and technology, mediated through the medical model of disability, become the levers of the coercion.⁷³

Wolbring argues that the danger here is already codified in law and not just in the market desirabilities as we above cited Lori Andrews as noting. Thus, “disability is still viewed as a deviation from the desired norm whose cure lies in science and technology, not in the enforcement of principles of human rights.”⁷⁴ If the line between ability and disability is a shifting one (think of my contact lens example above), Wolbring underlines that when it comes to disability the context remains tipped against the disabled.⁷⁵

What can we gain for life, quite as Nietzsche spoke of it, if we learn to read this as we have above sought to read Wolbring, if we look beyond what we see as affliction and what we suppose to be non-affliction, learning “to see the rhythm,” as Archilochus drums out to teach his own soul, “that holds our lives.”

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⁷³ Wolbring, “Confined to Your Legs”, 225.

⁷⁴ Ibidem, 227.

⁷⁵ “One measure of the advance of social justice and human rights might be the expanding diversity of human attributes and abilities that resides on the ‘normal’ or ‘acceptable’ side of the line. But the medical view of disability still ensures that disabled people reside on the other side. Meanwhile, the rise of the new genetics and other areas of advanced medical technology provides an increasing array of tools for enforcing the arbitrary distinction between what counts, today, as normal, and what does not”. Wolbring, “Confined to Your Legs”, 231.

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Summary

A number of approaches to disability are modelled on the word itself, negated, of ability. Hence disability is a lack of ability, a deficit modality. In this essay, I draw on Gregor Wollbring, "Confined to my Legs" along with a reading of Epicurus and Ivan Illich's discussion of what he called the 'expropriation' of health as well as Nietzsche's reflections on life and pain, sickness and the 'great health'.

Keywords: ablism, healthism, technological solutionism, the 'great health', transhumanism