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Embodied Enskillment and Personal Becoming:
Dynamics of Existential and Bodily Self-Transformation in Wheelchair Basketball

A thesis submitted in partial satisfaction of the
requirements for the degree Master of Arts
in Anthropology

by

Jaden Netwig

2016

ABSTRACT OF THE THESIS

Embodied Enskillment and Personal Becoming:
Dynamics of Existential and Bodily Self-Transformation in Wheelchair Basketball

by

Jaden Netwig

Master of Arts in Anthropology

University of California, Los Angeles, 2016

Professor Christopher J. Throop, Chair

In this thesis, I suggest that through learning wheelchair basketball, players undergo bodily “en-skillment” characterized in terms of both the degree of body-chair unification and processes of corporeally mediated intersubjective attunement. Exploring the case of one player recovering from spinal cord injury whom I call Richard, I describe how bodily enskillment can work in accordance with physical therapy to influence individual existential self-transformations. I suggest that Richard’s experience of recovering from spinal cord injury is constituted by the relationship between the regeneration of bodily capacities and existential transformations in self-experience discerned through somatic modes of attention to the body over time. Through this case study, I argue that social practices of bodily enskillment on the court generate the conditions for both bodily transformation and changes in the contours of self-perception and self-understanding.

The thesis of Jaden Netwig is approved.

Douglas Hollan

Marjorie H. Goodwin

Christopher J. Throop, Committee Chair

University of California, Los Angeles

2016

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1. Introduction

The person with whom I have become closest in the course of my study of the relationship between existential and bodily self-transformation is a man named Richard. A little over a year ago, Richard had a skydiving accident which resulted in an incomplete spinal cord injury and a condition of paraplegia. Richard had been experimenting with more aggressive forms of landing, and during one such instance he deployed his parachute too late and slammed into the ground, compressing his spinal cord. During our first interview, we sat next to each other on the opposite end of a three-seated couch in Richard's apartment. The recording equipment sat on a coffee table in front of both us. For most of the interview, Richard sat with his legs positioned in front of him, turning his head toward me when answering a question. I sat, in stereotypical ethnographic comportment, with my legs, torso and head positioned toward him (albeit diagonally since we were sitting on a couch), listening, asking and observing intently.

About a quarter-way through the interview, I asked Richard about his experience of the injury event which caused his disability. He relayed the objective description of the event — the day it happened, the mistakes he had made in the jump and landing, and what part of his body had made contact with the ground. I continued, gesturing toward his inner world: when he realized that, in his words, “something was wrong,” what did he feel? Turning his gaze away and toward the blank wall on the other side of the room, his brow almost imperceptibly furrowed, he responded:

When I think about I get sick almost because it was such a [pause]... such a devastating, crazy experience to feel yourself paralyzed and remembering, [Richard's voice lowers] almost coming to terms, like, “Wow, I'm paralyzed. Fuck, what do I do now?”

I continued the interview, though haunted by what had just happened. These real, embodied, existential and psychic entanglements which accompany injury to the body, and the kinds of bodily

and self-projects initiated by people with physical disabilities in the aftermath, is the central theme of this thesis. I explore the themes around which the vignette unfolds — the co-present and inter-articulated relationship between self and bodily transformation — through the lives of a group of disabled wheelchair basketball players.

Most broadly, this thesis is located within the disciplinary subdomain of phenomenological and existential anthropology, taken as both a methodological approach to ethnography and a tradition engaged with particular themes such as experience. It has emerged in recent years, perhaps since the 1980s, as a central player in discussions of the anthropology of experience, which has been explored and critiqued from various perspectives (Geertz 1973; Turner and Bruner 1986; Desjarlais and Throop 2011; Throop 2003, 2005, 2010, 2012, 2014). For instance, in an influential article concerning anthropological engagement with the concept of experience and its relevance for ethnographers, Arthur Kleinman and Joan Kleinman suggest beginning with “the defining characteristic of *overbearing practical relevance* in the processes and forms of experience” (1986: 173). That is, “*something is at stake* for all of us in the daily round of happenings and transactions” (Kleinman and Kleinman 1986: 174).

Following these engagements, this thesis is a phenomenological and existential study within the anthropology of embodiment and experience. While valuable work has been conducted in the phenomenology of disability (and disability studies more generally), including in literary theory (Diedrich 2001; Salamon 2012), sociology (Paterson and Hughes 1999; Papadimitriou 2001), law (Seguna 2013), philosophy (Merleau-Ponty 1962 [1945]; Toombs 2008 [1992]; Tremain 2010), interdisciplinary medicine (Toombs 2001), occupational therapy (Padilla 2003), and anthropology (Engelke 2013; Frank 2000; Csordas 1997, 2002; Murphy 2001; Mat-

tingly 1998), there have been few ethnographic phenomenological studies of disability, embodiment and experience which center existential issues (Shuttleworth 2001). Within phenomenological and existential anthropology, Cheryl Mattingly has pioneered work which focuses on the lived, phenomenal experience of disability and rehabilitation through careful attention to narratively constructed and emplotted strivings, hopes, desires, and frustrations revealed to and through self-experience. Mattingly (1998) suggests, for example, that therapeutic plots must be embedded within ongoing meaningful social dramas to be existentially significant and personally salient within everyday clinical encounters. Effective therapeutic rehabilitation, must “successfully address the question of why someone should care to engage in activities and exercises which are routinely dull or painful” (Mattingly 1998: 70). Transformations in bodily capacities through rehabilitation, then, are embedded within, and effected through, narrative plots promoted by both therapist and patient in which the latter “desire something therapists can help them achieve through their own efforts” (Mattingly 1998: 71). Although similarly focused upon the relation between self and bodily transformation, this thesis aims to articulate the mutually constitutive relationship between concrete forms of bodily enskillment in wheelchair basketball and forms of self-experience which disclose and enable the existential sense of capacity and possibility. In elaborating an existential phenomenological exploration of the experience of disability, I focus especially on the topic of embodied experience (Leder 1990; Csordas 1990; Butler 2011).

In the first thematic section — under the third (“3.”) and fourth (“4.”) headings — I explore the carnal worlds of wheelchair basketball. My central question is: what kinds of embodiment relations characterize the body-chair nexus, and how do these relations relate to degrees of skilled action and the gameworld of wheelchair basketball (its practices, rules and so on)? I suggest that the body-wheelchair nexus is experienced as more or less unified depending on the

level of skill of the player, and that playing the game involves the body-chair relationship along with processes of relationality between players. In addition, I suggest that the skills and capacities engendered within the gameworld must be understood alongside the construction and maintenance of an atmosphere of collective solidarity. In the second thematic section — under the fifth (“5.”) heading — I consider the relationship between somatic modes of attention, existential self-transformations, and the reformation of bodily capacities. I focus on a particular case study in this section. I suggest that the embodied progress, characterized by Richard as “getting better,” is constituted by the relationship between the regeneration of bodily capacities (through wheelchair basketball and physical therapy) and various existential transformations in self-experience; this relationship, additionally, is measured and experienced in and through somatic modes of attention the body and its capacities over time. Further, I suggest also that the lived experience of temporality — in particular, the existential orientation to the current status of bodily capacities relative to the disabling injury event and how this might bear upon future possibilities — is a central feature of the three-pronged nature of embodied progress. Richard’s case study also demonstrates the integral relationship between embodied progress and the collective social aura of the court, which functions as a space of acceptance, respect and belonging, especially for newer players adapting to new disabilities (not without, however, its own contradictions); the court is a site through which to re-train certain bodily capacities and re-cast self-experience in large part due to its being configured by non-ableist and non-stigmatizing social relations.

I use the case study of Richard to illuminate the mutually constitutive relationships between the first and second section of the thesis. I suggest that the practices and collective atmosphere of embodied training and enskillment generate the conditions for both bodily transformation *and* changes in the contours of self-perception and self-understanding. In other words, the

energetics of the body-in-movement — through the socially and culturally coded gameworld in which it finds itself enmeshed — are channeled and developed into particular capacities to act and perceive self and other on the court. The generation and activation of these capacities, and what they enable one's body to achieve in intra and extra-court activities, provide the existential grounds for recasting one's own body-oriented self-understandings. In other words, the (1) ensemble of self-strengthened and self-trained bodily capacities for autonomous action and achievement developed through the game, and (2) one's sense of regaining personal and existential possibilities for capacity and control are co-produced. In addition, in the setting of wheelchair basketball, (re)forming bodily capacities and self-experience cannot be disarticulated from a collective and relational solidarity born of social relations with other players in which each player is treated according to what they might become rather than what they cannot do in virtue of their disability.

In Richard's case, attending to and understanding one's body and its capacities for (re)formation and (re)constitution after an injury enable novel forms of self-understanding. This attention to the body, and the self-directed process, occurs alongside the immersion in the social space of the gameworld which offers a specific form of psychic and existential homeliness. Wheelchair basketball, that is, offers to Richard a social and relational space of safety and comfort which provides a scaffold for the regeneration of a sense of vitality, efficacy and capability. The social axes along which the gameworld operates are not those of the outside world of hegemonic able-bodiedness where the disabled body and person is seen as either pathetic, malignant, or curiously but fundamentally different. The process of becoming a competent wheelchair basketball player, and of participating in the kinetic physical training and social intimacies of the

gameworlds which accompany the acquisition of competence, allows for a durable self-modulation whereby both the body and self become different. Although always enveloped within certain parameters which set the conditions for the human being, the plastic post-injury process of participation in sport can illuminate the existential path through which self-perceptions and self-understandings are modified in and through particular forms of embodied practice.

2. Background

This thesis reflects five months of ethnographic fieldwork with a group of current or former wheelchair basketball players. Many of the relationships developed therein continue to the present, and a couple have developed into close friendships. Those who I have become closest to are noticeably foregrounded in the ethnographic data. I have utilized participant observation primarily in two settings. First, I attended weekly wheelchair basketball practices at a public university in Southern California and learned how to play the game. I also engaged in unstructured interviewing and observation on and off of the basketball court during practices, either during breaks or during periods of practice when I chose to observe rather than play the game. The team with which I played, “The Wheels,” competes in local tournaments with other teams, and thus practices according to formal game rules set by the National Wheelchair Basketball Association. The setting of wheelchair basketball is confined to a gym space which becomes a specific kind of cultural world of embodied practices, practical rules, discourses and understandings when inhabited by players during practices (and during transitions and breaks as well). The space of the gym might, at any given point, be used for any kind of sport or activity, but is solely reserved for the practice of wheelchair basketball during certain times.

Practices, in addition, take on a certain temporal orientation by taking place from anywhere from 6:30pm to 9:45, and become marked by a beginning (usually involving set-up of

wheelchairs, transition from everyday to sports wheelchair, and a warm-up in which players freely move about and shoot the basketball outside of the practical bounds of a formal scrimmage), a period of intense play (during which scrimmages are played back to back, broken up usually only by collective and individual water breaks) and an end (during which players wind down near the sidelines, transition into their everyday chairs, and put equipment back into the storage room). All of the players identify as males, except for one who identifies as female. They include: Hank, Jose, Victor, John, Flowers, DeSoto, Richard, Joe, Jimmy, Mike, YC, Nahu, Enrique, Chad, Jeff, Sinsot and Gabbie. Most of the players are middle-aged, with a handful grouped in younger and older categories. All of the regular players except for Chad and I are, to some extent, physically disabled and may be understood to be people in wheelchairs (except for Tommy, who does not use a wheelchair). Those who are not perceived as physically disabled are integrated and accepted into wheelchair basketball, but are generally not committed to long-term improvement and involvement for various reasons, including a restriction on able-bodied players from participating in formal competition.

The ethnic composition of the group is relatively diverse: there are five Asian-Americans (Hank, Jimmy, YC, and Nahu), two African-Americans (John and Flowers), three Latinos (Victor, Jose, and Gabbie), six Caucasian-Americans (DeSoto, Richard, Joe, Mike, Jeff and Chad) and one player whose ethnic makeup is unidentified (Sinsot). I have learned through conversation that Jimmy is originally from Indonesia and that YC is originally from Cambodia. Two players are in their fifties (DeSoto and Mike), six players are in their forties (Hank, Joe, Jimmy, YC, Nahu, Gabbie), four are in their thirties (John, Victor, Sinsot, Jeff), three are in their early twenties (Richard and Chad), and one is in his late twenties (Flowers).

Most of the players have physical disabilities due to severe spinal cord injuries which

have caused mild to severe forms of paraplegia, although there is one amputee and one case of post-polio disability. Each of the players — excluding Jeff, Chad and I — has thus experienced a partial or full loss of sensation and motor capacity in the legs and/or torso, corresponding to biomedical classifications of “incomplete” and “complete” spinal cord injury. All of the players have relatively unimpeded motor capacity and strength in their arms and upper torso. The extent of motor capacity and strength in the lower torso depends on the particular player, and no player seems to have the exact same functionality as any other due to the dynamics of both physiology and skill, but it is the case that some players have higher degrees of impediment in motor capacity in their lower torso. Hank and DeSoto are examples. The majority of more experienced players express that they play wheelchair basketball in order to stay physically fit, although in many accounts the atmosphere of solidarity, affinity and respect is highlighted as well. The newly-disabled players who began playing the game shortly following a spinal cord injury, on the other hand, consistently noted the dual importance of solidarity and belonging, and physical exercise and re-forming embodied capacities.

Second, I attended two physical therapy sessions at a local medical center with one of the participants, Richard, and participated in some of the therapeutic practices when appropriate. This usually took the form of focused walking during which Annabelle, the physical therapist, would direct Richard to perform certain forms and speeds of walking in order to reacquaint him with the style or form associated with normalized walking. In addition, I have conducted six semistructured interviews between four participants. Lastly, I have spent approximately fifteen (formal) hours with research participants on the campus of a local university, in coffee shops, restaurants and homes. When it felt appropriate, I would inscribe some of the events and conversation in field notes, and at other times, I would decide not to use the time together as data.

3. Playing the Game: Skill, Embodied Relations and Carnal Practices

Woo! Weehee! —Jimmy, 9/30/14

Richard gestures for me to sit down, and I place myself into the wheelchair. Something's wrong with the placement of my feet, and he corrects them by pushing them slightly inward toward the chair onto a small support platform. He then grabs a strap which hangs off of the side of the chair, wraps it around my legs, and secures it with velcro. My feet and legs are now relatively immobile and secured in the chair. I unconsciously lean back a bit, and the chair feels like it is going to fall backward. I become startled and attempt to over-correct by shifting my body forward. I look at Richard in embarrassment, and he smiles (it seems like the kind of benign smile offered by an experienced player to someone who is just beginning and thus makes embarrassing mistakes) and says, "It's got a wheel in the back." I twist my torso to look down at the bottom of the back of the wheelchair, and there is a stabilizing wheel to keep the chair from falling backward. —First Day of Practice, Field Notes, 9/16/14

"Do you play any walking basketball?" asks Joe. "A little bit, but mostly when I was younger," I respond, noting to myself that the question assumed that I was able-bodied (he had not seen me walk in or get into the chair from a standing position, so probably can tell from the form and comportment of my legs). Richard laughs, Joe turns to him, and Richard says, "That's funny." "What?" Joe responds. "It's funny the way you put it — 'Do you play any *walking* basketball?'" —First Day of Practice, Field Notes, 9/16/14

For over five months, I have been playing wheelchair basketball with a group of physically disabled people. I have shared sweat and exhaustion, body aches, jokes and banter, the frustration of losing and the joy of winning with my research participants. I no longer have, in Joe's (however unfortunate) words, "virgin hands" characterized by painful blisters during the first few practices. I have, with the players, shared in what Loic Wacquant calls the "carnal dimension of existence" in recognition of the fact that the social agent is first and foremost "a being of flesh, nerves and senses (in the twofold meaning of sensual and signifying), a 'suffering being' who partakes of the universe that makes him, and that he in turn contributes to making, with every fiber of his body and heart" (Wacquant 2005: vii). It is this carnal dimension of existence, opened to me primarily through the sweat of participant observation and engagement during practices, which founds and animates my research question in this section.

When I first arrived at the practice for wheelchair basketball as an ethnographer with newly minted authorization from the players to conduct research, I aimed to observe the game from afar and from the sidelines. Fortunately in the long-run but uncomfortably for me at the time, this strategy did not sit well with the team; during my first research visit, an older and leading player whom I will call DeSoto rolled up to me as I scribbled notes and barked in light-hearted banter, “What are you doing? Going to stand there? C’mon, grab a chair [swings and points toward a room with extra sports wheelchairs].” Thus, I was initiated into play as an able-bodied rookie. For the team, my being an able-bodied ethnographer did not seem to provoke overt distaste or offense (this had been an initial worry of mine concerning participation). Although I was chided only once for being able-bodied, there were noticeable differences in treatment which depended on the fuzzy and contested grades which lie between disability and ability.¹ The most salient was that the training and practice schemes for able-bodied players with full torso and lower body mobility are different in some respects than those for disabled players who possess no or limited lower body mobility. This phenomenon will be described later in the thesis. The distinction between ability and disability was also invoked in more quotidian moments in the midst of action. Richard, who has an incomplete spinal cord injury and is thus able to stand for short periods of time, once stood up with the aid of his wheelchair bars in order to retrieve a basketball from the bleachers. Multiple disabled players shouted in jest: “Ooooh — he can stand!” and “This guy can stand!” The space of the court is one of solidarity and collectivity — there is a definite and enduring sense of fellow-feeling and inclusion — but also one in which bodily ca-

¹ I should note, however, the importance of many identity distinctions in determining one’s treatment — one’s level of skill, interest and commitment, and so on. I do not mean to imply that the distinction between ability and disability is the central or only culturally significant factor within the world of wheelchair basketball.

pacities and dispositions are understood and negotiated at a fine resolution in agonistic competition.

Founded formally and institutionally within a California State University in Los Angeles County in the 2000s by a handful of players, the Flying Wheels quickly became the center of wheelchair basketball in Long Beach, California.² Local and regional players continue to coalesce around the team. Most of the players on the team are wheelchair basketball veterans, and have been playing for at least a few years — Joe and DeSoto, for example, each have more than two decades spent on the court. The few players which have been playing less than six months, like Jose, are usually recently injured and playing an adaptive sport like wheelchair basketball for the first time. The Flying Wheels are closely connected to The Clippers, another local team in Los Angeles County, but is formally distinct in local and regional competitions. The court is formally and informally open to anyone who has an interest in playing, and is thus open to both students and non-enrolled members of the community; because it is institutionally tied to the California State University of which it is a part, students are encouraged to play. The team is multiracial and multiethnic, but is populated heavily by men; Gabbie is the only woman who attends practices, and she does so irregularly.

Over the course of my fieldwork, I observed that anyone who had the desire to practice with the team was allowed to. I was welcomed by the team rather neutrally, and quickly thrown into the thick and flesh of the gameworld. The decision to conduct ethnographic research through engagement in the process and activity which was the object of my study was not planned, but it did serve to expand the ethnographic reach of my project in a way that would not have been possible had I remained an external observer. That is, playing the game as an active participant —

² DeSoto, however, noted to me that wheelchair basketball had been around since the 1960s in Long Beach.

with all of the stakes that active participation in a kinetic and competitive sport entails — requires a kind of interested commitment and nuanced understanding of the workings of wheelchair basketball which would not have been afforded or required on the sidelines. For instance, I would not have been able to understand the complexities of embodiment relations nor the processes of bodily entrainment had I not been playing. These relations and processes have particular permutations for each player given the nature of their body. While similar skills and capacities are required for one to learn to play wheelchair basketball regardless of body type, I found that there were always idiosyncrasies which attended enskillment and action on the court for each individual.

I am concerned with the relationship between practice, embodiment and the shared carnal worlds produced and maintained in wheelchair basketball. In the context of wheelchair basketball, embodiment takes on a specific form in a body-chair nexus. Individuals in this embodied form co-create the carnal worlds of wheelchair basketball which have their own conditions of intelligibility — specific ways in which they *make sense* and *come to make sense* to players through time, in large part via embodied understanding through practice. I am interested, then, in how the body interacts with its equipment, with others and with the cultural gameworld in the context of wheelchair basketball through practice, and how, in so doing, the world of wheelchair basketball is created. I suggest that the answer involves what Ihde (1990), drawing on Merleau-Ponty (1962), calls *embodiment relations* — particular relationships of practice and awareness between the lived body and its extension in the wheelchair in which the latter withdraws as an explicit object of perception or awareness — expressed in the body-chair nexus (see also Bateson

1972).

For Ihde, as for Merleau-Ponty, in embodiment relations “I take the technologies *into* my experiencing in a particular way by way of perceiving *through* such technologies and through the reflexive transformation of my perceptual and body sense” (Ihde 1990: 72). The technology, for Ihde, becomes an extension or manner of contact with the world *not* as an external instrument of use, but rather as part and parcel of one’s perceptual apparatus. The wheelchair’s contact with a ground threshold, such as a small curb, for example, affords the user a kind of embodied sensory and perceptual data communicating to the user the existence of an obstruction to movement.³

Following Ihde, I focus particular attention to the relationship between skilled action and embodiment relations as each is expressed in the gameworld. I attempt to show, however, that although embodiment relations are often characterized by the covering-over of instruments of use from direct perceptual attention, there are moments in wheelchair basketball when the relationship between instrument and body-self become brought to awareness in a particularly problematic way.

³ During one afternoon, Nahu and I walked from a parking lot into a restaurant. We had to traverse a small, inch-high curb before getting to the restaurant door. As we approached, Nahu bumped into the threshold, but did not direct his visual gaze toward the curb nor to his wheels which made contact with it. Rather, Nahu automatically compensated the curb’s resistance to being crossed by bending forward a bit and increasing the force of his wheel push. The psychologist James Gibson would describe this relationship between subject and built world as one of *affordance*. That is, the environment offers to the subject particular options or opportunities for movement and behavior, and precludes others. It is important to note, however, with the example above in mind, that sometimes subject engagement with environmental affordances is pre-conscious, or at least not intentionally, representationally, or conceptually articulated. Relatedly, philosopher Maurice Merleau-Ponty calls this kind of perceptual experience of objects “non-thetic” — that is, it does not involve an articulated “express experience” of the object as placed directly and conspicuously before our awareness or attention (Merleau-Ponty 1962: 12).

As living bodies with first-person viewpoints, which constitute our orientational locus in relation to the world, we are often pre-reflectively aware and oriented to objects of use and perception.⁴ This is a feature of our basic engagements with the world of objects outside of the living body. When we move toward an object in order to grasp its texture and details, it cannot be said that we first consciously construct a mental representation of it through which we conclude via inferential processes that we should move toward the object in an act of volition. We just, as it were, *find ourselves there*, properly perceptually comporting and spatially oriented to the painting in order to grasp it in the manner in which it suggests in relation to the viewer. There is a kind of non-linguistic, pre-conscious knowledge articulated in and through the body which is receptive to specific practical modes of dealing with objects rather than conscious rational or theoretical calculation.

This knowledge also characterizes the relationship between the body and the wheelchair among skilled players. The relationship, that is, is coeval — it embodies both contemporaneity (wherever I am placed in time, the object is placed in time) and unification (if I am here, it is here, and vice versa, though the person may not be explicitly aware that this is the case). It lacks the kind of problematic differentiation between body and equipment often experienced by newer players. For most of my research participants, this unification is also experienced in relation to their everyday, non-sport wheelchairs. For players, there is often no direct, conscious and conceptual awareness of a subject-object distinction — that is, our being distinct (set-apart) and autonomous subjects over and above objects in the world fades into background of awareness or attention. The wheelchair is, in Heidegger's terms, "ready-to-hand": "The less we just stare at the

⁴ This is a point that runs through the broad phenomenological tradition in philosophy, beginning with Edmund Husserl.

hammer-thing, and the more we seize hold of it and use it, the more primordial does our relationship to it become, and the more *unveiledly* is it encountered as that which it is—as equipment” (Heidegger 2010 [1927]: 12). The wheelchair ceases to be a separated object to the degree to which our experience with it ceases to reflect conscious awareness and intentional directedness. The mediating, “through-which” or “with-which” relation between body and wheelchair recedes into background (especially as the player becomes more skillful). In an interview, Richard explains his relationship to his chair, and indeed hesitates to call it a relationship mediating two different things:

When I play basketball, it's *me*. It's one entity. I know where all my wheels are at, you know? It's just me playing. It's not me playing through a chair — the chair is part of me... I don't think there's really a *relationship* between you and your chair other than you're sitting in it. I guess you're using it — they are your legs. It is your means for transportation, for moving, but it's just an extension of you. I couldn't say what the relationship was between me and my chair... When you're in your chair, you're just playing basketball. I can't think of a way to *say* that.

This point is also revealed contrastively through the observation of the embodied practice of unexperienced players, especially those who are not accustomed to using wheelchairs. The unexperienced players include Chad, an able-bodied student of kinesiology who practiced for a semester to receive academic credit for a project, and Jose, a disabled student who had recently been involved in, and recovered from, a car accident; all three of us were inaugurated into the game within a few weeks of one another. We all need to consistently focus on dribbling and rolling simultaneously. We are generally proficient at each manner of activity in isolation — shooting, dribbling, rolling, stopping, turning — but in-game coordination, especially under the stressful conditions of what the players call “pressure,” is lackluster with respect to the goals of the game, i.e. making “baskets,” “forcing turnovers,” keeping the ball “in possession,” and “playing good defense” against offensive players on the other team. Although all three of us have gotten

better through practice, none of us has consistently achieved the kind of smooth unification between person and wheelchair exhibited by more experienced players.⁵ There is still a visceral sense of alienation from the wheelchair expressed in general clumsiness but also in more critical moments of failure during scrimmages during which the precise ways in which one's body is not unified or aligned with the chair is revealed through particular mistakes. That is, for example, relations of dissymmetry became apparent to me in instances where the ball was taken by a defender because of my failure to sync dribbling with rolling (which requires that one shift hands between the ball and the wheels).

Jimmy and Joe, on the other hand, who have over thirty-five years of combined experience, have an elegant and efficient style of weaving through defenders without the use of their hands to guide the wheels. They can dribble, push forward on the wheels, and maintain their forward momentum while also turning the chair without the use of their hands. This is done in a similar way by both Joe and Jimmy — they build speed by pushing, release their hands from the wheels, and then lean their torso toward whichever side that they want to turn toward, thus changing the direction of their movement. The weight displacement on either side of the chair is what results in direction changes. While it is clear that they are focused on their engagements with the ball and other players, their goal-directed activities such as shooting and evading defensive players are not encumbered by basic kinetic constraints which beset newer players. Once

⁵ It is interesting to note, however, that my sense of unification with the wheelchair increased with my level of improvement. There is a genuine sense in which one loses oneself — in terms of the relationship with the chair *and* one's role as a researcher — in the game. In field notes, I note in retrospect an uncanny sense in which the game was played, but no recollection that it was done so through a series of consciously willed decisions of mine which resulted in particular actions. Neither, during certain periods of practice when one's activity is relatively successful, did it feel like my relationship with the chair was particularly problematic and attention-intensive. I would not have known this had I not played the game and experienced the disappearance of (1) my role as researcher at certain points, (2) my role as individuated, separate body in a wheelchair-as-object, and (3) my sense of being a self-legislating subject who acts after reflection or will.

they have acquired certain embodied skills, along with knowledge of the rules of the game, they can focus conscious attention and effort elsewhere.

For Merleau-Ponty, the relationship between game court and body-self for players like Jimmy and Joe exhibits what he calls “cohesion without concept” — as can be gained from the speed, agility, and felicity of encounters between experienced player and the world of the game (the ball, other players and so on), we see that reflective and calculative forms of reason do not prefigure and guide action, and nor is the mediated relationship with the wheelchair taken to be a thematic or articulated object of awareness. For Merleau-Ponty, the “field itself is not given to [the player], but present as the immanent form of his practical intention; the player becomes one with it and ‘feels’ the direction of the goal” (Merleau-Ponty 1962: 168-169). Consider Richard’s explication of being what players call “chair-aware,” which illustrates the *relationship* between the unified *ready-to-hand* nature of the the body-chair relationship and the non-reflective and non-calculative manners of felicitous engagement in the game:

You have to know where your chair is. You have to know how wide you are, how tall you are, how short you are. You’re gonna’ be a better player if you know the amount of space you take up. For me, I can calculate — not calculate — but see in my head, if two guys are coming together and I want to get through them, I know I need to be faster, to be this fast in order to fit through this space, right? So you really have to know, you have to be aware of your chair.

Richard notes that in order to be “chair-aware,” one must first have embodied knowledge of the spatial extension of the body-chair nexus which is pre-reflective and pre-conscious. One must not, that is, have to explicitly cognitively attend to calculations about, for example, the length of one’s sidebar when making a practical determination about whether will be able to cut between two defenders into a lane. In Richard’s words, it is “see[n] in the head” and “not calculate[d].” In a similar way, in Bourdieu’s (1989; 1990 [1980]) language, the relationship between body-self and the practical field of the court is characterized by both “ontological complicity” and a “feel

for the game” — that is, a kind of “mutual possession” between *habitus* and the world of rules, objects and space which constrain its possible action without mechanistically determining it.

In the case of wheelchair basketball, experienced players have a cultivated grasp of the dispositions, possibilities and states of affairs latent in the field which develops from the creation of a close connection between embodied practice and an automatic understanding of external signs (movements of defensive players, the positioning of entire defensive configurations of players, and so on) given in perception. Indeed, when asked about what makes a skilled player, it is telling that Mike, Nahu, Richard and Joe first responded not with particular tips, rules, or strategies which might be rationally pre-formulated and then implemented in the court, but with “practice” — an eminently corporeal activity through which one primarily learns by *doing*. To offer an example of the discussion above, in wheelchair basketball, the experienced offensive player can intuit or read the relationship between the weakness of a particular defender, his or her own personal speed capacity, the configuration of other defensive players in a “zone” defense, and the goal of making a basket. Joe, for example, in the span of a few seconds, has maneuvered around me (and used my own poor positioning to block another defensive player who might have stopped him if I had had better positioning), exploited the spatial gap created by my insufficient defense, and made what is referred to as a “lay-up.”⁶

It is clear, then, that especially as the player becomes more skillful, the wheelchair as an mediating object (the extra-self thing through which we play the game), which requires effort, struggle and direct perceptual and sensory attention in order to manage, fades from the fore-

⁶ It is important to note that these kinds of successful “plays” are often not orchestrated singly, and nor do they always involve strong skill asymmetry. I have observed plays between relatively even teams in which the offensive team simply does a better job at predicting the possible dispositions and intentions of the defensive team while skillfully coordinating their own intentions and movements *collectively*.

ground of awareness. But embodiment relations are not so simple. That is to say, there are moments of rupture when the backgrounded unification of the body and wheelchair becomes split or torn, thus bringing the problematic aspects of the relationship into explicit perceptual awareness.

Mike, an older player, once fell after making contact with the back of my wheelchair:

He smashes into the back of my wheelchair and begins to keel over in what looks like slow motion (because of the nature of the physical construction of the wheelchair bars, falls can sometimes be slow). I reach out to try to grab his arm to support him, but it isn't enough. His wheelchair begins to give, its backside slowly turning upward and off of the ground, and as he lets out a groan he seems to reconcile his body with the fall. He ends up on the gym floor, chest-down... At this point, a handful of people are congregated around Mike, spatially oriented so that he has about a chair and a half's worth of space between him and everyone else. Someone then rolls over, grabs the bottom of the wheelchair which is sticking into the air, and pulls down as Mike does a kind of push-up. Mike is hoisted, through his pushing and the other's pulling down on his chair, back into upright position.

After settling back into the chair, Mike's gaze was turned directly toward his legs. He had to reposition his legs so that they were both safe and comfortable, and also had to make sure that his waist and leg straps were configured properly. After this, he paused, still visually directed toward his legs and feet, and seemed to survey his general embodied situation before returning to play. I later learned that falling, although not unusual, is serious because it can cause injury especially to the legs (which make contact with the ground along with arms and hands, and sometimes the shoulders, because of the nature of the wheelchair). In Mike's case, the event of falling seemed to break the unification of the body-chair nexus. That is, the wheelchair is no longer experienced as *ready-to-hand* as it transforms itself in awareness into equipment which made possible and indeed facilitated a possibly dangerous fall. After being uprighted, the formerly comfortable positioning of his legs are revealed to him as out of place — he directs visual attention to them, recognizes their inappropriate placement, and uses his arms to purposely reposition them for comfort. In addition, he must adjust the straps — unassumingly crucial auxiliary equipment which fortifies the unified and *ready-to-hand* relationship between chair and body — in order to secure

his legs and make sure that they do not move during play.

When I asked Hank and Mike about this incident after practice one day, both noted the social and personal importance of a relational spirit of the game in which mutual aid is a commonly understood, ratified and encouraged relationship between players. “Each of us knows what it’s like to fall in a [wheel]chair, and it isn’t fun. We’re all here as a team, and all of us treat one another as teammates and take care of each other.” Due to embodied similarities, Mike notes that aid responses and reception are implicated in a wider array of intersubjective relations between one and another; most players have experienced a fall in either a sports or everyday wheelchair, and can imagine what it must be like for another to experience a similar event. This process informs concrete ensembles of mutual action through which each player contributes to the construction of solidarity on the court, thus also enabling a widespread sense of acceptance and recognition. Hank, a more reserved veteran player on and off of the court, reminisces: “I remember when I first started, the team gave me a sense of community after my injury because here was a bunch of people I could identify with and feel comfortable with.” Further, he explains, “it [the team] really helped me get better, both mentally and physically, and I started to feel like my normal self again despite my injury.” Not only, then, does the mutual aid and collective atmosphere of solidarity on the court provide for players a sense of identification and belonging, but also opens a psychic space for them to realize certain rehabilitative forms of existential self-transformation. As Hank illustrates, then, the social and ethical atmosphere of the court cannot be disaggregated from the sorts of bodily and existential transformations in self-experience which attend immersion in the world of wheelchair basketball.

4. Dynamics of Bodily Enskilment and Self-Transformation: Creative Adaptation and Relational Attunement in Practice

Let us now turn to the particular features of becoming skilled, the processes and practices in which they take form, and the relationship between bodily enskillment and self-transformation. In this section, I have two aims. First, I aim to give a close ethnographic portrait of the process of becoming a competent wheelchair basketball player through embodied practice. These practices require that one monitor the body-chair nexus and its relationship with both surrounding interpersonal and physical worlds. Second, I suggest that forms of embodied entrainment and enskillment result in the (re)formation of specific bodily capacities which enable and organize feelings of existential control, autonomy and possibility which are achieved and maintained through play. Especially for players recently disabled like Jose and Richard, bodily transformations are inextricable from the parallel composition of a sense of normalcy and social re-integration achieved through immersion and engagement with the court as a social space safe for people with physical disabilities. The space is one of safety — characterized by a feeling of being absorbed and accepted into the social fabric — but also of reclamation of disability through the absence of the feeling that one must define and render oneself as different based on the perceived nature of one's bodily capacities and abilities. This experience of newer players parallels Hank's retrospective account of his own initiation into the social and physical arena of wheelchair basketball.

In wheelchair basketball, the movements and positionings of the body are governed and produced through the mutual relations between the agentively constructed skill of the body and the rules, limits, habits and cultural understandings of the game (including, especially, its rules). Becoming skilled in wheelchair basketball requires not only (1) adherence to and understanding of rules but also (2) goal-directed and embodied creative adaptation and practical attunement to specific contexts (where this attunement is both interpersonal, i.e. between one's body and the

bodies of others in action, and intra-personal, i.e. a process of monitoring the relation between the constituent parts of one's own body and the constituent parts of one's wheelchair). First, a necessary condition of creative adaptation in wheelchair basketball is learning the formal and informal rules of the game. One is not, however, given a rulebook; rather, as mentioned above, one learns by doing, which includes degrees of success and failure. Often, players learn the explicit rules of the game *in practice* by being corrected by other players; this correction is often accompanied by follow-up questions and clarifications. These rules are: kinetic (how to move, where to move), spatial (where to be, where not to be, how to position oneself with respect to other players) temporal and durational (how long games last, how long players can be in certain places, how long players can or cannot engage in certain activities).

Corrections and recommendations have varying levels of overtness, are expressed in different verbal registers, and usually refer to some explicit rule. Flowers, for example, expressed to a few unexperienced players, including myself, the three-second key rule by stating, as a matter of fact, how long we had been in the key: "Three seconds in the key!" I had not known about the rule at that point, but came to understand what he meant because of contextual cues. During this particular instance, Flowers directed his visual attention toward the location of my wheelchair and issued the statement. In another example, Jimmy expressed the same rule in the form of a repeated question: "How many seconds? How many seconds?" These methods of suggestion composed, exchanged and mediated linguistically are offered to newer (and even some experienced players who might accidentally violate a rule) players and, through time and repetition, players gain embodied forms of knowledge about rules. Chad and I only became aware of the three-second rule, and eventually gained an embodied pre-conscious adherence to it, through being corrected while playing the game. DeSoto expressed another rule — players must always

keep their buttocks firmly placed in the wheelchair seat — in the form of an encouraging command (“Keep that butt in the seat!”). DeSoto always reminded me of these rules in the context of the *activity* of the game. At other times, recognition and inculcation of rules is not quite as pleasant. YC, for example, twice expressed anger at other players at having missed a shot because said players had accidentally illegally bumped into the back wheel of his wheelchair.

This rule governing buttocks placement described above is a distinctive sort of rule made possible by the existence of able-bodied players in the game; it is an instantiation of a set of rules which apply to *all* players, but which tend to be directed as reminders predominantly to able-bodied players in virtue of the nature of their bodily capacities and dispositions. For instance, this suggestion was almost always directed at myself and other able-bodied participants, and for a time I often wondered why nobody else was violating this rule unintentionally. I eventually realized that it was much easier for me to lift myself from the seat because I am able-bodied, and thus in certain moments — like reaching for a ball against an opponent — I was more liable to detach from the seat to produce more spatial extension. So the idea that there might be *universal* embodiment relations, i.e. identical relations between body and wheelchair which obtain just in virtue of the two relating items being a *body* and a *wheelchair*, does not apply in the case of wheelchair basketball; that is, the kinds of embodiment relations that one has with the wheelchair are specific not only to level of skill, but also to *the kind of body one inhabits*. In other words, there is no one, generalizable account of embodiment relations, which encompasses and explains all instances of relations between bodies and wheelchairs — rather, the account given, at least in the context of wheelchair basketball, must at least be (1) body-specific and (2) skill-specific. Until I became habituated to restricting my own bodily dispositions in the context of the game, most of the players — including especially my *de facto* mentors DeSoto, Joe and Richard — had to

remind me time and again of the strict rule of keeping one's "butt in the seat." This instance of a strict and more general rule against the utilization of the lower body had to be enforced and monitored stringently among able-bodied players because their bodily capacities enable more opportunities to violate the rule.⁷

Despite the emphasis on formal rules which govern the gameworld, the lived, carnal realities and experience of wheelchair basketball cannot be reduced to the mechanical determination and adherence to them. Learning how to play the game within the bounds of formal rules is a necessary condition of both the bodily and self-transformations enacted through the court, but is not equivalent to them. "I'm new to the game, but getting better isn't about remembering rules when I'm out here," explains Jose as we shoot for practice before the beginning of a game. It is, he says, rather about "getting out there and doing it." Players and material objects (the ball, the wheelchairs of the players) interact in ways which are identical only in that the *limits of activity* are constrained by formal rules. But while rules may limit the scope of possible practices — they provide a set of boundaries outside of which the player *qua* player cannot pass they do not exhaust the creative variations and appropriations available to agents operating within them. Victor, for example, often creatively appropriates the generic "three-point shot," a goal which is made from outside of a far boundary on the court. His specific ritual of preparation is to orient his wheelchair so that it directly faces the basketball hoop, after which he slowly rolls his chair forward with possession of the ball. He puts the ball into his right hand, and then shoots with just his right arm. Conventionally, shooting (and especially three-point shots) involve both a shooting

⁷ Some players have more mobility and control over their lower torso than others due to the nature of their physical disability; some players, like Joe and Jimmy, have a significant amount of control over both their upper and lower torsos, which enable more complex, energetic and ultimately competitive movements which results in what some consider an unfair advantage in competitive play. Others do not have full or even partial lower torso mobility and control due to the nature of their physical disability.

arm and a stabilizing arm. Victor, however, has found an idiosyncratic and heretofore unique manner of shooting three-point shots which are still consistent with both the formal and informal rules of wheelchair basketball.

Second, becoming skillful involves learning various forms of practical attunement to situations. In the process of learning how to play, implicit and embodied perceptual understanding of the actual or projected desires, movements and positioning of others are revealed to the player. Players become tacticians, and in doing so they also become close readers of the actual or potential tactics and intentions of others on the floor. Learning to play defense, for example, involves becoming *relationally* attuned to where the offensive player to which one is assigned is positioned *and* where they might want to go. The relationality between players is part and parcel of the co-created carnal worlds expressed and constructed in wheelchair basketball. Consider an extended excerpt from field notes:

In the middle of the game, during a break, I ask Richard about defensive positioning and technique. We are sitting near the far sideline near one of the basketball hoops. He gives me a short lesson about how to defend: “Give them an open lane, but stay right in front of them. You have to know where to be.” He continues and cautions to never position yourself such that the front of your chair is facing the front of the offender’s chair because it will be easier for the offender to get around you. He then shows me, using his his own chair, how to “follow” the offender — moving with them, weaving back and forth, as they attempt to move toward or around you, always with the goal of blocking whatever “lane” they are trying to pursue. “Try to get around me,” he says. It seems like he wants to teach me by showing me how it is done. I attempt to follow his directions. He is positioned sidelong with respect to me. I am oriented forward-facing, and I attempt to turn, push and maneuver around him. I push down hard on the right wheel with my right hand and pull back on the left wheel with my left hand, thus swiveling the chair. I then push forward on the wheels in order to try to maneuver around him. His defensive movements are less abrupt and clumsy, and he easily blocks my way, and continues to block the path that I am trying to take through smooth and calculated navigations in response to my movement.

Here, Richard *explicitly* explains to me what I have come to learn is “man and zone” defense — a hybridized form of defense according to which defensive players cover offensive players only to the extent that they occupy one’s particular proximal “zone” or area. Note that Richard teaches

that one must position oneself *with respect to the defender*. That is, defensive positioning does not operate in a vacuum; rather, skilled defensive comportment is always calibrated *relative* to the target player. One must be, for example, “right in front of” the target player but, importantly, positioned sideways in relation to them and facing the “lane” that they might plausibly attempt to enter into (so as to block their getting closer to the basketball hoop). This strategy was also, however, articulated through the suggestion of unofficial, pragmatically constructed rule-habits followed because of their functional expedience — during one practice, Nahu advised me to “stay right along the lines” of the key in my defensive position rather than precisely explaining the function, positioning and dynamics of “man and zone” defense.

There is, in addition, an *intersubjective* dimension to defensive relationality. The defensive player must “know where to be” and “follow” the defender. Knowing where to be connotes a kind of embodied knowledge not only of one’s material position, but a practical grasp of the possible and probable intentions of the target player. One can only, for example, properly “follow” a player if one can appropriately and intuitively predict where the offensive player might want to go. One should follow the target player only to the extent that his or her action — moving into a particular lane, performing a “stop-turn” and switching directions, and so on — is predicted as realistically probable as a practical intention. The aim is to preclude the target player of his or her probable options for movement while making possible options as difficult as possible. One must also be practically attuned to the other in the sense of making sure not to purposely make wheelchair contact, which constitutes a foul.

The practical attunement described above, however, does not just involve embodied activity and skills of improvisation in the context of game play. Carnal practices on the space of the

court, then, are not limited to those involved in playing the game. They also involve forms of action, sometimes expressed relationally, which are practiced outside of the context of the game. The most noticeable, for, example, is the practice of aiding fallen players described above. There is an incipient quality of solidarity in expressions of mutual aid along with a kind of normalization — they are each unique expressions of reciprocity, while at the same time being fairly unsurprising to regular players. There are also more implicit and quotidian modes of attunement and action displayed in the context of wheelchair basketball:

Flowers is near me. It seems like he is trying to do something, but I can't tell what it is other than that it has to do with two different wheelchairs [his sports and everyday wheelchair]. Jimmy rolls over. Flowers turns and asks, "Hey, can you help?" Jimmy nods and, without any other verbal interaction with Flowers, rolls over to Flowers and positions himself sideways with respect to the backside of Flowers' wheelchair. He then positions the sidebar of his own wheelchair against the back of Flowers' wheelchair, which creates a kind of wedge which keeps Flowers' wheelchair in a stationary position. Flowers seems to feel — he doesn't look back to check — the wedge and pushes himself up and out of his wheelchair and into another wheelchair which sits against the storage room door.

In this act, an unsaid and embodied element of attunement is expressed between Jimmy and Flowers. Jimmy knew from experience what help involved, and enacted it through providing his own sidebar as a wedge (and this, in turn, assumes to some degree the kind of unified, *ready-to-hand* relationship between his own body and his wheelchair discussed above). In other words, Jimmy had an embodied sense that turning sideways and using his sidebar as a prop would serve to help Flowers lift himself into his everyday chair. Some kinetic practices in non-game contexts, expressed through embodied attunements between self and other, are also ethical practices. Echoing earlier statements by Hank and Mike concerning the fall, Flowers and Jimmy explain to me that ethical relations of mutual aid and care concretized through bodily practice are a "normal" part of the social and bodily world of wheelchair basketball. Jimmy, a skilled veteran player, expands on what these ethical relations between players mean on the court:

This is normal. Whether you're new or have been playing a while like me [laughs], we support each other. Helping each other makes the team better, just like any sports team whether or not they are disabled. It gives everyone a sense of being together, like cohesion. I think it gives the newer guys the feeling that they belong and can feel like we're all here practicing together too, that everyone's improving and everyone is gonna' help everyone improve. Of course we're still gonna' compete though [laughs]!

Jimmy notes that ethical relations are just as constitutive of the world of wheelchair basketball as competition during practice. The suffusion of ethical modes of relating to one another alongside the kinetics of playing the game enable newer players — like Jose and Richard, for example — to gain a sense of individual and collective belonging. Ethical practices constitute the social space as one in which individual players can escape stigmatization, and participate in an independent space of bodily and self-transformation. In Richard's retrospective words, the court was the, "only place where I didn't feel different."

In both creative adaptation to rules and relational attunements (to both one's own body-chair nexus and one's relationship with the movements and intentions of other players), bodily transformations are born. As detailed above, these bodily transformations, effected by reiterative and intensive practice, occur at the level of bodily skills, capacities and dispositions. Changes in what the body can do, and the domain over which it can exercise some amount of control and autonomous action, are constitutive of regaining the existential sense of capacity and possibility after an injury (or other event which leads one to predominantly use a wheelchair for mobility). It is the generation of embodied dispositions through creative adaptation and relational attunement which precipitate this sense of existential possibility, vitality and capacity which extend into both sport and non-sport realms of life. On the court, says Jimmy, "Playing for me is mostly [pause]... it's definitely for exercise, but I started playing shortly after my injury and it was one of the only places I felt comfortable." Jimmy signals here the protective and safe atmosphere in which both self and bodily transformation occurs, and embeds his relationship with the court

within the terms of exercise. But he also notes that the social and physical space of wheelchair basketball allowed him to feel comfortable. This sense of a relationally safe place through which to re-train the body was central in the accounts of many interlocutors, who connected the aura of mutual acceptance and recognition of the reality of disability with the ability to both advance their kinetic skills and regain a sense of existential vitality and capacity.

Nahu made explicit the relationship between embodied self-experience and changes in bodily capacities as a result of enskillment: “Playing ball helped me recover, physically and emotionally. You don’t even think about your disability or anything when you’re out here, you’re focused on how to play. You get better, you feel better.” And focusing on playing the game and “get[ting] better”, Nahu goes on to say, “gives you the sense that you can be good at something again — you can play sports again just like before.” In an interview, Nahu explained to me that before his spinal cord injury, he had been active in sports of all kinds. He experienced a period of depression immediately after his spinal cord injury, but explained that playing wheelchair basketball enabled him to regain a sense of accomplishment, motivation and ability: “It started with basketball. I improved pretty quickly, played in tournaments, got the hang of it. And now I do lots of adaptive sports — skiing, swimming. I did an adaptive marathon a few months ago.” The gameworld potentiated a capacious sense of possibility, enlarging horizons which had once been occluded due to the trauma of severe and life-changing bodily injury. It allows one to recognize, to and for oneself, that one can, in Nahu’s words, be “good at something again.” Most of the other players echoed this regained sense of ability, autonomy and existential capacity which occurred through bodily “improvement.” Importantly, as Nahu notes, these renewed and transformed modes of self-experience are entwined with the re-formation of concrete capacities and individuated bodily control over them. For Richard, for instance, who had by the time of our

last interview almost fully recovered, playing the game “made me feel normal again.” He explains: “every other situation made me feel different and abnormal from other people. It [wheelchair basketball] was a positive mental therapy — the one setting where I felt completely normal and not stigmatized.” It was the “first activity” that Richard became involved with immediately after his spinal cord injury, and it, as he says, “made me realize that I wasn’t a fragile eggshell, that I could be aggressive and competitive. It was more of a confidence booster than doing physical therapy!” The reformation of capacities for control and autonomy within the context of a sport which requires bodily discipline and acute skill allowed Richard to relate to himself differently and recast himself as a being who could (once again) be competitive.

Joe echoes a similar sentiment in a different idiom, focusing more explicitly on the important role of bodily training and enskillment for positive transformations in self-experience. In the middle of a defensive drill requiring pairs of opposing players, Joe explains the role of such reiterative bodily training: “All these things we’re learning now make you better on the court, but you’re also gonna’ get stronger and feel better off the court.” Veteran players like Joe who have taken on *de facto* coaching roles on the team explicitly emphasize the connection between skills gained on the court and existential capacity off of the court:

People come here to practice and learn, yeah, that’s true. But practice and steady improvement are also rehabilitative — you know, getting the body back to somewhere near where it was before whatever happened. Getting there, being able to do things on the court, gives the guys this feeling like they can be in the world again and do normal things. Things are okay, they’re okay, you know? I can be disabled and still be okay.

Indeed, I had often seen Joe staying after-hours with newer players, encouraging them to stay motivated and fine-tuning their skills with one-on-one training. While we both wait in parallel lines to shoot practice lay-ups, Richard also makes a direct link between the bodily transformations undergone as a result of enskillment on the court and positive existential transformations

in self-experience and self-understanding: “Yeah, I mean coming here, practicing and practicing, you get a feeling like ‘I can do this,’ like ‘This isn’t so bad.’” I ask Richard to explain what this renewed sense of capacity and possibility entails, and while scanning the court to assess the drill, he replies, “Well I think it makes me feel that I can play sports and be active, and do some things that I didn’t think I could do when I was first injured.” This is contrasted, for Richard, to the feelings of depression and anger: “I was really depressed and angry while in the hospital [after the injury], and afterward when I was doing [psychotherapeutic talk] therapy. I think playing basketball helped get my mind off of constantly feeling like I had lost my life and wasn’t going to get it back.”

5. “Getting Better”/Embodied Progress: Bodily Transformation, Somatic Modes of Attention and Existential Self-Projects

“History amounts only to the set of preconditions, however recent, that one leaves behind in order to ‘become,’ that is, to create something new.” —Gilles Deleuze, “Immanence: A Life”

Along with our relation to the external world, our bodies and their specific appendages are variously constituted, in different moments, moods and contexts, as thematic objects of awareness. But parts of our bodies (and sometimes the body as a whole), and the *how* of their movements and capacities, also often fade into the background of focal attention. For those socially and culturally marked as “able-bodied,” for example, getting around is something largely taken for granted. The able-bodied do not expend the kinds of cognitive, emotional and physical energy and exertion on getting around which are required by the physically disabled in wheelchairs. Nor do they consider the everyday banality of movement, and the exercise of the motor capacities of the legs and torso, as specified objects of attention, concern and struggle. The world

presents itself in new, and sometimes prohibitive, ways for the physically disabled — for example, in terms of specific kinds of obstructions like stairs, bumps, curbs, doorways and inclines.

In the context of a physical disability characterized by some form of paraplegia or quadriplegia, the self opens onto itself and the world in unique ways. The built and external world, one's body and its appendages, and social relationships take on a different hue, and in so doing become disclosed in ways not available to the normalized "able body." Drawing from Csordas' (1993) phenomenological analysis of "somatic modes of attention," I suggest that in Richard's particular case of incomplete spinal cord injury, the individuated body as the center of experience of the world and possibilities for interaction therein is radically altered. For Csordas (1993) somatic modes of attention are manners of attuning to oneself and one's own bodily self-states alongside a world of others accessed through the perceptual modalities of one's own body; this can occur as a matter of immediate sensory perception, and relatedly through sensorially articulated bodily states which index and enable access to the body-self and its relationship to the world. Richard, for example, notes that it is more difficult to get out of bed in the morning because of the physical nature of his disability; his incomplete spinal cord injury occludes pre-injury potentialities in quotidian life, making waking and moving about mentally difficult and physically exhausting. His legs are mechanisms of attunement to his own frustrated desire for the easy mobility of his pre-injury state, and the world outside of himself. Attention to one's legs *as* the things which occlude movement in the world imbues the world itself with a quality of difficulty and struggle (and, as we will see, the possibility of overcoming).

In this section, I attempt to delineate the relationship between somatic modes of attention,

bodily capacities and existential self-projects through a case study of Richard.⁸ Gleaned through participant observation in physical therapy sessions, wheelchair basketball practices and unstructured interviewing therein, I have come to recognize the integral connection between somatic modes of attention to the body's capacities, and temporally sensitive existential self-transformations in Richard's experience of embodied progress. The novel (re)formation of these capacities — a central aspect of embodied progress or “getting better” — is the result of difficult work in physical therapy, but also sustained and intensive wheelchair basketball practice detailed above. Alongside the work of physical therapy, the bodily transformations experienced through enskillment on the court and the generation of a personal existential sense of autonomy, capability, and possibility are co-constituted. Indeed, it is through regaining bodily capacities, which procures the content and objects to which somatic modes of attention attend (such as legs), that embodied progress is effected; further, the relationship between existential self-transformations and the recomposition of bodily capacities is the site of embodied progress, and the latter is measured by somatic modes of attention to the body. In other words, embodied self-perceptions

⁸ Many of the wheelchair basketball players, including Richard, offered their injury and post-injury narratives during the course of my fieldwork. While there were certainly family resemblances between the accounts – such as an existentially disruptive period of trauma immediately after the injury during which the person experiences protracted depression – there are substantial differences in the temporal unfolding of existential and bodily self-transformations after the injury event. Although I focus in this section on Richard's life, there is no isomorphic or one-to-one correlation between changes in one's own self-experience and modifications in bodily capacities. The content of Richard's case is not a universal archetype for the experience of rehabilitation after an injury. If, how and to what extent one aims, like Richard, at “getting better” or embodied progress, and how one experiences one's own effort at doing so, varies by individual and is significantly influenced by the contingencies of particular lives and bodies. For some players, for example, it was physically impossible to regain significant or even minor forms of lower-torso mobility and control through surgeries and physical therapeutics (these players often had “complete” spinal cord injuries). In some of these cases, the location of existential potential and integrity was not found in a process of “getting better” through engagement in physical therapy resulting in the recuperation bodily capacities.

of embodied progress or “getting better,” registered through somatic modes of attention to degrees of regeneration (or not) of bodily capacities, open up new frames of existential capacity and possibility.

For instance, Richard's somatic attention to new lower body capacities and possibilities for self-directed movement renders them objects of immediate perception and reflective assessment. Through this reflexive process, Richard registers a sense of the state of control over focal body areas which have themselves been re-formed and re-generated through embodied practice in physical therapy and wheelchair basketball. It is often somatic attention to these newly formed capacities which trigger the opening of incipient horizons of existential possibility, grounded in bodily capacities which enable Richard to regain a sense of mobility, capacity and competent ability to perform tasks which had been psychologically and physically important to him before the injury. In Richard's case, attending to and understanding one's body and its capacities for (re)formation and (re)constitution after an injury enable novel forms of self-understanding. This entire process — composed of the relations between existential self-transformations, concrete bodily capacities, and somatic modes of attention — constitutes embodied progress or “getting better.” There are specific objectives of Richard's in play, such as, in his own words, “fully walking again,” but also a more diffuse feeling of existential potential and possibility through which Richard achieves a sense of confidence and ability. This encompasses full pedestrian mobility as a concrete bodily goal, but also a more diffuse and psychically meaningful existential sense of potential — for Richard, “being able to do everything I used to do.” The salience of progress is a complex process of bodily self-assessment in light of changes in the potentials of bod-

ily capacities over specified temporal trajectories. The temporal trajectory of this process, in addition, is not absolutely linear or teleological. As we will see, development is often uneven, involving interactive relations between feelings of progress and temporary defeat.

Richard is a white, middle-class twenty-six year old student of kinesiology at California State University, Long Beach. I initially met him during the first wheelchair basketball practice that I had attended. He was the first to greet me with a smile and handshake. Eventually, he would become one of the first people to introduce the embodied technics of wheelchair basketball to me. He has since functioned as a critical peer-mentor to me, practicing a form of pedagogy reminiscent of the cultural trope of tough love. He is one of the younger, faster and more aggressive players on the court. This is consistent with his own account of himself, historically and in the present, as an active, competitive and athletically engaged person throughout most of his life. He grew up in Utah for the first decade of his life, and then moved with his family to Las Vegas, Nevada. He attended and completed high school in Las Vegas, and shortly after enlisted in the US Navy, in order to procure for himself some substantive sense of independence and for practical financial reasons. After his military service, he decided to move to California, where he continued skydiving (an activity he had begun in Las Vegas), worked as a restaurant server and skydiving instructor, and attended community college full-time. While living in California, Richard began to skydive more often, and in so doing met his eventual fiancée Alexa (and now wife at the time of writing). Three years ago, and shortly after initiating a relationship with Alexa, Richard had a skydiving accident which significantly impaired motor capacity in his lower body. He has an “incomplete” spinal cord injury, which is a term used to describe a partial lesion in which partial sensory and motor function remain.

Immediately after the injury, Richard struggled to adapt to emotional and bodily life given the social and personal effects of the foreclosure of lower body mobility and the introduction of the necessity of a wheelchair. Richard describes the initial inpatient stay at the hospital for the purpose of immediate post-injury recovery as psychological “hell.” Severe depression set in once he realized the gravity of the bodily consequences of his spinal cord injury. Many other players echoed this sentiment, describing the transition to inhabiting a disabled body as both emotionally and physically taxing. Richard explained, for instance, that everyday activities like getting into an automobile became not only physically difficult, but newly required the aid and labor of another on behalf of oneself. This proved frustrating for Richard, who valued, and continued to value through the process of “getting better,” his bodily athleticism and independence. Central to Richard’s reflection on the months after being released from the hospital into his own home is his appreciation for Alexa’s love and patience for him and his situation. Not only did she take up the extra burden of additional household tasks, but she provided him emotional support and sustenance. In one interview, Richard described his appreciation for Alexa’s patience in response to his ambivalent adaptation to changes in their relational world: “She put up with a lot of my moodiness and frustration,” he recounts, pausing to collect his thoughts. “I was,” he went on, “upset about my situation, being in a wheelchair, not being able to do things and sometimes the way I expressed things wasn’t, you know, good for the relationship.” While not quite detached, Richard describes his biological nuclear family as having had little ability to contribute to educational fees and tuition, and healthcare costs before and after the injury. The healthcare provided through the Department of Veteran’s Affairs, however, afforded him multiple short-term and long-term rehabilitative and therapeutic services in service of regaining motor capacity and mobility.

As we have seen, significant spinal cord injuries involve particularly physically and emotionally painful experiences. Within the crucible of these transformative experiences, Richard displays a profound sense of anticipatory and horizontal hope that he will “get better” through physical and adaptive therapies — that he will again, one day, be able to do the physical activities that he used to do. Richard’s hope is animated by the sense that neither time nor transformation are closed off for him, and that there is some temporal expanse which awaits him through which he will realize or exercise his potential. It is also, following Bourdieu (2000), characterized by the sense that his social and psychic investment in the world and himself will be for something, and more generally that he may “become other or more than [he] presently is or was fated to be” (Jackson 2011: xi). Even if Richard’s hope is oriented toward the future and thus exists at the limit of his own bodily and psychic experience, it also signifies a process of considerable self-work with concrete objectives in mind.

Richard has a deep and motivating sense that he will become active in the same way that he once was:

The bottom line is that I want to make sure that I do everything possible to — I don’t want to leave anything out of the equation. I want to do everything that I can so that I look back in ten years and say, ‘I tried everything, I did the most therapy and I walked as much as I could.’ So I don’t know if it’s gonna be... if I’m gonna be back to one hundred percent, but I’m gonna work hard to get there no matter what. Even if the doctors told me, ‘No, you’re not gonna walk again,’ I wouldn’t listen to them. I’d still do everything that I could in my power to get better.

Richard expresses the desire to mobilize and deploy any strategies or capacities available to him in order to recover pre-injury bodily abilities. He resists his own embedded doubts and the pronouncements of the doctors who would refuse him the possibility of walking again. Richard’s hope for embodied progress is more assertive than it is ambiguous even if it is still anticipatory. Richard explains:

Yeah, for me it was never an issue or a thought in my head of not working really hard to get back to where I was before. And it's still the same idea... in my head, I always think: 'I will run again. I will climb again,' because I feel like the time when I start to accept my condition or where I am right now is when I'll stop getting better.

Richard suggests that the moment of acquiescence to his bodily condition would be an existential surrender, and would also embody the eclipse of the possibility of embodied progress. It is the prospect of regaining and using specific bodily capacities that motivates Richard's resistance to acceptance of his condition. Here, the functional capacities of the body are intimately tied with a future-oriented sense of existential possibility of getting "back to where I was before." Even if he does not think his personhood is defined by his disability, Richard does express the sense that he frames his recent past in terms of a pre-injury/post-injury binary, which is itself organized according to certain bodily potentials for activity. The binary is produced and maintained because it is reflected in Richard's experience of the (dis)satisfactions accompanying bodily allowances and disallowances:

My life is so different now in terms of what I do for fulfillment, with sports and hobbies and stuff, because I can't do those things that I used to do that I really love. I play basketball, and I do love it, but it's not a huge passion for me. I don't know. I categorize it as pre- and post-injury because my life has changed so substantially that it causes me to think about it in those terms.

For Richard, the radical differences between his life before the injury and his life now help to normalize the sense that his life might be understood through the temporal binary of pre-injury/post-injury. He can no longer do many things that he loves, and the life-historical origin of this absence is the event of the injury and the way it has affected the capacities of the lived body. These absences — revealed to Richard as a consequence of what his body can no longer do after the injury — are salient enough that they seem to, in his own words, "cause" him to think and feel in terms of a before and after.

There is a sense in which Richard's orientation to the future is made and modified through the ways in which the binary is taken up and used to frame and interpret experience. In specific, his future-oriented hope to recover motor capacities which enable specific ensembles of action (running, climbing) is itself constitutively tied to the past injury and its temporal placement in the context of his life's history. Reference to the injury and its placement in his life's time, in Richard's words, helps "place [himself] in time, relative to time." He explains:

It's a very significant accident event in my life that you kind of base time off of. When you just graduate high school, that's a huge event in your life: "Yeah, I graduated high school a year ago" or "Only five months ago." It kind of became that — a big event that I could place in time and [use to] explain things to people... because everyone always asks about my accident and how I got injured. It just became an event that I could place in time and talk about with other things.

The injury is sedimented not only in painful memories and embodied capacities, but in modes of narratively placing and making intelligible post-injury events. This becomes especially acute when it comes to the contextualization and framing of the sense of embodied progress, in which Richard's hope is embedded. First, the process of regaining motor capacity and strength becomes intelligible through its relationship to the duration between the injury and the present. The expanse of time between the injury and the present is integral to making sense of the process of progress and what the future might hold. Second, the injury event itself becomes a touchstone through which to interpret the present:

I feel like all of us, with really big events, at least for the first year or two maybe, relate back to that event to [pause] explain your life situation, or your time, or what you're doing now, almost. I think it's exacerbated with an accident that changed your life physically, emotionally, in all areas.

The nature and extent of embodied progress, and thus the affective orientation to one's own hope for the future — feelings of promise, defeat or ambivalence toward the prospect of the realization of one's existential goals — depends on the relationship between the temporal location of the physical status of the body and its capacities in the present and the injury event. In other words,

the context for understanding embodied progress or “getting better” consists in the *relationship between* recuperation of bodily capacities and the injury event in time.

For Richard, the regeneration of bodily capacities through physical therapy and wheelchair basketball, and the transformations in self-experience which attend this process, cannot be disentangled from the idiosyncratic sense of progress relative to the disabling injury event. This relationship between the experience of contemporary bodily capacities and the sense of how far the body has come in time relative to the injury event is explicated by Richard as follows:

People who haven't seen me walk, or who are seeing me walk [for the first time], will start talking about my accident and I'll say, “Yeah it was a year ago.” They'll respond, “Wow, you're already walking after a spinal cord injury a year later!” So I use it [the injury event in time] to exemplify how far I've come and it helps me feel better saying it, you know. Because after just a year of physical therapy, I'm walking, I'm already playing wheelchair basketball, riding a bike.

Richard notes here that the nature of progress is interpreted through a temporal frame which spans from the injury event's disruption of bodily capacities to somatic attention to the current state of those same capacities in the present moment. Here, assessing how far the body has come in time is contingent upon the regeneration of specific capacities — in just one year, for instance, Richard has regained enough capacity and control in his lower body to be able to walk and ride a bicycle. The ability to note to self and other, through somatic attention, the extent of bodily progress in the context of the intervening time between disabling injury and the present exemplifies “how far [he has] come” and may still go, and “helps [him] feel better saying it.” When I inquired about what it meant to be able to reflect on the extent of bodily progress, Richard began to fill out the relationship between temporally sensitive reformations in specific bodily capacities and existential self-transformations. “Being able to see and feel for myself how far I've come,” he explains, “motivates me to keep making progress despite whatever setbacks come my way.”

Recognizing for oneself and others how far one has come in time, then, is a central enabling condition for modifications in self-experience which afford Richard a future-oriented sense of existential capacity and potential to “keep making progress.” This recognition is predicated on Richard’s self-directed somatic attention to the nature of his bodily capacities, encapsulated in Richard’s ability to “see and feel for [himself]” how far he has come. In addition, Richard implies here that the injury event cannot be understood simply as an abstract moment in the temporal continuum of one’s life, but as an embodied index of material harm to one’s body and its functions; the injury event, in other words, is a psychically important framing device precisely because it materially occluded Richard’s capacity to perform certain tasks and activities. The inability to do these things disturbs Richard’s existential sense of capacity, integrity and ability.

With these temporal and embodied features of progress in mind, we might ask how embodied progress — measured experientially in terms of the recuperation of the capacities of the body, inflected by its temporal distance relative to the injury event — is concretely realized in Richard’s life. The existential self-project of “getting better,” or experiencing progress, is realized through the work of formal physical therapy and wheelchair basketball practice, and is registered through somatic modes of attention, which are themselves dynamic through time. That is, the progress of the body, in terms of the recuperation of certain capacities, is presented to Richard in and through particular experienced somatic modes of attention. He feels or “lives” the progress through increased mobility — a new kind of felicity between the built and social world, on the one hand, and Richard’s bodily capacities (specifically those of his legs), on the other:

I’m less frustrated because I’m living the progress. I’m walking around with everybody else. I’m slowly improving and I can feel it every time I’m up. I’m getting more and more and more better. So it’s less frustrating... Weekly physical therapy and playing [wheelchair] basketball has definitely helped me with rehabilitation. I don’t think you can separate them.

Note that the way in which he lives the progress is through “walking around with everybody else” — somatically attending to one’s bodily movements through the world with others in more gratifying ways. Richard notes that “living the progress” is specifically linked with somatic modes of attending to oneself immersed in a world of others — he can “feel” the progress during each instantiation of successful walking without his wheelchair. Getting better, or embodied progress, is not then an absolute matter; rather, it is a relation between bodily capacities and somatic modes of attention, often experienced in the midst of embodied and social action. Richard’s attention, for instance, is directed both toward being-with others and walking alongside them, and toward the self-perception of progress as a result of regaining certain specific and socially significant bodily capacities. “Yeah,” Richard notes, “each time I can feel it [walking] becoming more normal like it used to be. Each time I put the wheelchair to the side and walk — even if just to take the trash out — it gives me a feeling that I have some control over my body.” Self-monitoring one’s ability to conduct routinized bodily activities like taking the trash out is again inextricable from existential self-transformations, such as the sense of increased “control over” one’s body. For Richard, the site of transformations in self-experience is often found in the recuperation of mundane and quotidian activities which potentiate the accumulative and temporally sensitive reclamation of existential capacity, control and competent ability. Regaining these capacities is entangled with both wheelchair basketball and physical therapy. When asked about how engagement with each activity has contributed to bodily progress, Richard responds: “Well, I think for me, I learn self-discipline in both areas [wheelchair basketball and physical therapy]. And even though you don’t use your legs in wheelchair basketball, the skills I learn there play into my physical therapy, and help me stay fit so that I can do better in PT [physical therapy].”

The story of Richard's body, however, is not one of unencumbered progression. Richard explains that the general upward trajectory trend is not permanently steady despite intensive physical therapy and wheelchair basketball training: "It's not always good news... I got into a motorcycle accident after Kathryn [his fiancé at the time and wife at the time of writing] let me ride. Then all the progress I made went down the drain, and I couldn't walk at all without my wheelchair." Even absent this sort of radical break in bodily capacity as a result of re-injury, Richard explains that his experience of extended upward trajectories of progress varies; he experiences satisfaction as he regains motor movement and control in his legs, but this satisfaction is vulnerable to disappointment when he "hits plateaus." Embodied progress, and specifically ambulatory motor abilities, is always reciprocally entwined with a kind of vexation:

Progress goes hand in hand with frustration. As you make more progress, you get less frustrated. And then maybe you don't have progress for another few months, and you started to get frustrated and annoyed and depressed. But then you get more progress, so it's like a game — it goes back and forth.

So, just as one can become attuned to the success of one's legs, one can become somatically attuned to what is experienced as their malfunction and disability, and thus hold one's appendages as objects of frustration and dissatisfaction — indeed, as the very things which preclude hopeful possibilities of progress. These bodily occlusions resulting from either "plateaus" embedded in longer-term patterns of rehabilitation, or disjunctive ruptures as a result of an accident, modulate self-assessments of existential capacity and potential. Existential and personal affects of frustration, annoyance and depression result from not being able to achieve certain bodily objectives, which then entail the feeling that a world of possibility for one's future is being sewn shut rather than opened by one's self-directed regenerative bodily practice. Somatic attention to this dialectic of bodily frustration and progress enable certain forms of self-experience, which disclose to the self the existential hue of one's own bodily future.

6. Conclusion

Drawing primarily from phenomenological and existential anthropology, I have argued that that existential transformations in self-experience, on the one hand, and bodily transformations in specific relevant capacities are mutually constitutive. I have supported this claim via analysis of two central and related topics. First, I explored the carnal world of wheelchair basketball, and the mutually constitutive relations between bodily transformations and existential modulations in self-experience in this context. I suggested that the self-directed and other-directed embodiment relations and enskilled action which result from sustained practice allow players to reform and regain specific bodily capacities. I highlighted the specific function of intraand interpersonal attunement and creative appropriation and adaptation — each of which involves varied embodiment relations (including, for example, degrees of unification) — as central embodied modalities of the practice of enskillment on the court. The aforementioned capacities, and the anticipation that they might be regained in part through the kinetics of the gameworld, enable individuals to recast their embodied and existential situation. That is, bodily training and enskillment provided for players the conditions of emergence for a renewed sense of possibility, capacity and vitality. Further, I argued that the relationship between existential self-transformation and bodily transformation detailed above is inextricable from the development of a sense of being in a social space of safety and acceptance, especially for newer players like Richard and Jose.

Second, through an in-depth case study of Richard, I discussed the relationship between somatic modes of attention, existential transformations in self-experience, and the reformation of specific bodily capacities in the context of wheelchair basketball and physical therapy. I suggested that wheelchair basketball — as both a social space of solidarity and collective belonging

with which one could identify as a newly disabled player, and a terrain of practical bodily en-skilment and capacity-building — is central to embodied progress or “getting better.” Regaining specific bodily capacities through reiterative practical en-skilment in a safe court space of mutually cultivated collective solidarity and recognition lays the existential groundwork for transformations in self-experience, through which players achieve novel and future-oriented senses of possibility, capability and capacity. Through Richard’s case, I further suggested that the status of concrete existential self-projects like “getting better” or achieving embodied progress are temporally inflected or sensitive, and that the temporal nature of existential and bodily transformation are modulated by the temporal distance between the state of current bodily capacities and the past injury event. In other words, somatic attention to the extent and nature of bodily progress or “getting better” is calibrated depending on one’s embodied capacities *relative* to the time of the injury event — whether and to what extent one can, for example, walk, take the trash out, or ride a bicycle. In this way, I have suggested that temporality is an important feature of the self-understanding of the status of the body and its level of progress, and that temporally sensitive somatic modes of attention to target appendages and the body as a whole are central to measuring and experiencing embodied progress.

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