

Journal of Feminist Scholarship

Volume 10
Issue 10 Spring 2016


Article 4

Spring 2016

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Recommended Citation

Hill-Vasquez, Heather. 2018. "More Wounding Than Wounds: Hysterectomy, Phenomenology, and the Pain(s) of Excorporation." *Journal of Feminist Scholarship* 10 (Spring): 37-47.
<https://digitalcommons.uri.edu/jfs/vol10/iss10/4>

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Cover Page Footnote

I would like to thank Dr. David Koukal for introducing me to the work of Samuel Mallin and for his assistance with, and encouragement for, this project.

More Wounding Than Wounds: Hysterectomy, Phenomenology, and the Pain(s) of Excorporation¹

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Abstract: Focusing on the pain experience of hysterectomy, this article applies and interrogates the foundational descriptive process on which phenomenology is based and suggests that feminism and phenomenology are more compatible than previously asserted. Building upon the work of feminist philosophers who have also explored how feminist and phenomenological approaches share similar methods and intentions—especially in connection with the former’s significant attention to lived experience as a source for the theory feminism employs—the article engages with the philosophies of Maurice Merleau-Ponty and Samuel Mallin who maintain a consistent attention to the body in their phenomenological approaches. Arguing that Mallin’s method of “body hermeneutics” is especially valuable for constructing a feminist phenomenological approach, the article applies Mallin’s theories to the hysterectomy experience, thus revealing how other female-coded experiences of pain, intrusion, shame, and vulnerability are intertwined with hysterectomy. Moreover, the article posits the pain experience of hysterectomy as a particularly emphatic form of phenomenological excorporation in which hidden and habituated assumptions—in this case, the previously unnoticed and unexamined association of a woman’s womb with what it means to be a woman—are painfully brought to light. As the womb becomes more present in the notion and reality of its absence, what does this mean for the many women who experience the shared phenomenon of hysterectomy—including feminist women who enter the experience with a more explicit understanding of themselves as gendered subjects?

Keywords: hysterectomy, phenomenology, feminism, pain, incorporation, excorporation, embodiment

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In this paper I explore the pain experience of hysterectomy, and, as this experience was and is my own, I want to begin by saying that some discomfort accompanies my sharing of it. What contributes to this discomfort are normative ideas regarding defectiveness, shame, and vulnerability that are associated with the female body. While I admit this discomfort, I will also, through a feminist phenomenological analysis of my pain experience, examine these normative ideas and their hold on my own and other women’s sense of selfhood.

For some, the term “feminist phenomenology” may seem a paradox. Given its focus on descriptive analysis as a means for communicating the essential structure of an experience, phenomenology has often been critiqued as reductive and universalizing, and therefore incompatible with feminism’s commitment to voicing difference and the distinct experiences that difference brings to individuals. In the last twenty years, though, feminist philosophers and scholars have reexamined phenomenology and its methods and have produced scholarship that points to a successful and beneficial application of at least some of those methods. While, for example, Gail Weiss has critiqued Maurice Merleau-Ponty and other phenomenological thinkers for “the absence of any discussion of how racial, sexual, age, ethnic, class, moral, and technological

differences are marked on our bodies,” she also offers significant reformulations of some fundamental aspects of those approaches in connection with her feminist analysis of embodiment and intercorporeality (1999, 3).

Exploring concerns among feminists who, like Weiss, have also pointed to phenomenology’s essentialist and masculinist tendencies, Linda Fisher, editor (with Lester Embree) of the groundbreaking collection *Feminist Phenomenology*, asserts that the theory’s lack of attention to feminist thought may not be the fault of phenomenology itself but rather an entrenched resistance on the part of its practitioners. Arguing that such resistance has stalled inquiries that might reveal similar and mutually beneficial goals, she suggests that the essential analysis of phenomenology need not aim exclusively for generality but, instead, “can be construed as the attempt to describe how [one’s] own experiences, while individual and singular ... are also shared and generalized, and thus can be articulated in broader categorical terms—an account which is not equivalent to the essentialism that many feminists reject” (Fisher 2000, 29). Instead, as Linda Martin Alcoff also argues in the same collection, the emphasis on individuals’ experiences and narratives shared by feminism and phenomenology may provide a compatible means for reasserting the influence that experience has in shaping cognitive processes. Moreover, other contributions to *Feminist Phenomenology*—Louise Levesque-Lopman’s exploration of interview processes; Ann Johnson’s discussion of the gender beliefs of children; Embree’s analysis of Deborah Tannen’s accounts of conversation styles—and work of scholars such as Sheena Hyland (2013), who has written on bodily experiences of everyday pain, provide examples of productive analyses that may emerge from acknowledging the potential commonalities between phenomenology’s descriptive foundations and feminism’s dedication to voicing women’s lived experience.²

As I, too, hope to demonstrate here, the descriptive process that is foundational to the practice of phenomenology—especially in connection with feminism’s engagement with lived experience as a source for the theory it employs—requires a vigorous attention to normative ideas (such as, for example, women’s feelings of defectiveness, shame, and vulnerability) so that we might see them as constructed impositions and thus begin to distinguish our experiences and ourselves from them. This process is undertaken, in large part, in order to uncover fuller meanings and understandings that have been obscured by habituated beliefs—to reveal preconceptions and prejudices that taint our ways of being in the world. As Lisa Folkmarson Käll and Kristen Zeiler have recently asserted, “the value of bringing together phenomenology and feminist theory” is that “both unveil and scrutinize taken-for-granted and in this sense ‘hidden’ assumptions, beliefs, and norms” (2012, 1). A phenomenological method, then, can be useful for interrogating issues of gender and difference, while feminist perspectives can supplement—and necessarily deepen—the experiential descriptions upon which so many of phenomenology’s insights rest.³

Pain Phenomena and Embodied Consciousness

For Edmund Husserl and Martin Heidegger, the focus of phenomenology and its descriptive process for analysis rests primarily with detailing the *consciousness* of experience. While this approach is valuable for recognizing and voicing habits of mind, which likely have normalized biased thinking and behaviors, the consciousness that it seeks attends little, if at all, to the role of bodily experience or to gender or other forms of difference that most certainly influence the essential consciousness of a phenomenon. Uncovering the essential structures of the pain experience of my hysterectomy, for example, required a continuous acknowledging of my body and, in particular, my body as a specifically female body subjected to certain situational circumstances.

My hysterectomy required an eight-inch lower-abdominal incision in order to remove two large fibroid tumors. Approximately two weeks after the surgery, in the middle of the night, while I was sleeping (fitfully because of postoperative pain) in the first-floor guest room, which served as my recovery room, two large rocks were thrown through the room's windows by neighbors. The attackers had previously objected to calls that were made to the police regarding their dangerous and unlawful activities; I, especially, had had some unsettlingly angry interactions with two of the male neighbors. Later, in reflecting on my hysterectomy experience and, in particular, on the pain that accompanied it (and, ultimately, defined it), the vandal attack continued to bubble up in my mind, producing a stronger and stronger sense of the embeddedness of my body in the phenomenological revelation of the hysterectomy experience and its shaping forces. As Weiss asserts, writings about the body “derive their significance not merely from an individual's intentions, but from the situation out of which they have emerged and within which they are expressed” (1999, 1). Working and sorting through layers of perceptions, senses, and rationalizations, the attack—as an attack on my body (as well as on my recovery space and home)—thus became crucial for maintaining a focus on the goal of phenomenological description to uncover and identify the essences of the pain that is the experience of hysterectomy. Detailing the consciousness of this experience, then, necessitated acknowledging—and an uncomfortable, even shameful, acceptance of—the importance of the lived body to experience.

While the lived body factors little in the work of Husserl and Heidegger, it is nonetheless integral to the phenomenological approach of Merleau-Ponty. Attending regularly to the body in the process of descriptive analysis, Merleau-Ponty subscribes to the idea of consciousness as embodied. This idea of embodied consciousness provides a powerful complement to explorations of feminine embodiment.⁴ The value of Merleau-Ponty's particular application of phenomenology to feminist philosophy has been demonstrated by essays collected in *Feminist Phenomenology and Medicine* (edited by Zeiler and Folkmarson Käll), *Dimensions of Pain: Humanities and Social Science Perspectives* (edited by Folkmarson Käll), and, again, in *Feminist Phenomenology*.⁵ Influenced by Merleau-Ponty's approach, the work of Samuel Mallin (2011), too, attends regularly to the body in the process of description analysis through his specific method of “body hermeneutics”—a method I would propose is especially illuminating for a feminist phenomenological approach. While he draws considerably upon Merleau-Ponty, Mallin's methods, in their attention to the importance of the lived body for phenomenological theory and practice, may be more rigorously applicable than Merleau-Ponty's to feminist thought. In fact, while Husserlian phenomenology begins with “bracketing” of theoretical mindsets—rationalizations, presuppositions, habituated thinking—in relation to an object or phenomenon, Mallin instead cautions against beginning with this bracketing of what he calls the “cognitive region.” Rather, starting with one or more of what he identifies as “regions of embodiment” may reveal significant disruptions between the body and the mind, thus loosening the grip that cognitive/habituated ways of perceiving may have on us.

Allowing my description process, then, to attend to a body and a being already in physical pain, and to that body also experiencing so closely an act of intentional violence and intrusion (the rocks moved directly over my body and landed on either side of the bed, glass shards from the windows were strewn onto the bedcovers under which I was lying), urged me to reevaluate my pain experience as a woman—and as a particular kind of woman—undergoing and then recovering from hysterectomy. Through my descriptive processes, one trauma, because it emerged as so fundamentally linked to the essence of the phenomenon of hysterectomy, brought me to consider more attentively and more acutely the pain and lived experience of the other trauma—began, in fact, to help shake loose the layers of sedimentation and rationalizations that surround the hysterectomy experience and that keep us from realizing and acknowledging its essential

pain(s). Indeed, attending to both pain experiences and to how they formed a constitutive event produced more meaningful essences for understanding what the pain of hysterectomy entails—including, I propose, a particularly emphatic form of *excorporation*.

Hysterectomy as Excorporation

As described by Merleau-Ponty, through his example of the blind man's walking stick, *incorporation* is a process in which abilities or objects are, or come to be, integrated with the subject's lived body. As such, they are not "things" that we notice in routine life. (To use Husserl's term, we might see these integrated and overlooked integrations as "habituated.") Building upon the concept of incorporation, recent phenomenological approaches have identified excorporation as a means for exploring how something that has existed as an innate—and as yet unrecognized—aspect of being is revealed to a subject, thus becoming a topic of examination for the subject.⁶ A hysterectomy, I propose, brings to a woman's attention her womb, which becomes more present in its absence. A disruptive experience, hysterectomy can be seen as bringing about a process of *excorporation*, which it might be possible to say is shared by women who experience a hysterectomy. (It is possible, too, that the concept of hysterectomy itself also gestures toward an excorporation, but I would argue that, until you are confronted with the reality of your hysterectomy and have undergone one, the assumption of one's womb fades back into a forgotten norm.) Correspondingly, the womb's fundamental association (often left unspoken) with what it means to be a woman in one's contemporary culture likewise brings what it "means" to be a woman to light—notions that the female subject now thinks about and observes, rather than hidden and habituated assumptions with which one lives and through which one interacts with others.⁷

Hysterectomy, then, along with the physical pain experienced with it—pain present in such close and visceral proximity to the womb that has been lost—is an instance, too, of a socio-affective pain that comes about through the seeing of gendered norms now revealed and recognized by the subject, through the process of excorporation. Whether or not the female subject sees and feels these norms as oppressive, the mere recognition of structures that have determined her way of being in the world—her new (and perhaps disorienting) awareness of the idea of a *state* of womanhood—prompts many hysterectomized women to ask, painfully: "Am I *still* a woman?"

My descriptive analysis, then, driven by phenomenology's focus on revealing, in this instance, the essential structures of the hysterectomy pain experience, suggests that this question is a fundamental component of that experience. But my descriptive analysis isn't complete because I wonder: What of (enlightened) feminist women, such as myself, who undergo hysterectomies and who, ostensibly, wouldn't see a need to ask such a question ("Am I still a woman")?

While my attention to the vandal attack, buoyed by phenomenological approaches that acknowledge the reality of lived bodies, suggests that an essential structural component of hysterectomy is an experience of painful excorporation related to womb loss, what does the vandal attack—or what, for me, was the "rocks incident"—reveal of and for me and for others like me? If, as a feminist woman, in response to my hysterectomy, I need not ask whether I am still a woman, if my eyes are not newly opened to seeing gendered patterns of behavior that oppress my being (because I have held that knowledge for many years), then what kind of excorporation do I, and others like me, potentially undergo? Recognizing that the hysterectomy pain experience involves an essential form of repositioning as a lived body and gendered subject, then what does that repositioning entail for us—if I am right in assuming that there are others like me? "How," as Eric Malmqvist and Zeiler ask, "is the relationship between individual agency and cultural patterns of

understanding and behavior to be understood?” (2010, 134). And, for my example, how is that relationship to be understood for a specific kind of feminist-trained woman? What habituated ways of thinking and being are (ought to be?) brought to light for her? What realizations come to the surface and what repercussions come (back?) into view as a result of one’s way of being (a certain kind of woman) in the world?

What Am I, After All, *Except* a Woman?

Darkness, night. Drifting in and out of sleep and sleeping lightly because of pain, which becomes worse when moving or shifting at all. Yet, I have to move occasionally. It is a central and centered pain, located in my abdomen, that radiates out to my legs, to my ribs, shoulders, arms. I am more aware of my legs than usual because I have to use them more to lessen the pain of moving, but I don’t always remember to do that. I drift asleep. Unidentifiable sounds wake me suddenly. Exploding glass. Has one of the lightbulbs in the ceiling fan popped and blown? But the lights aren’t on in the room. A whining, whistling noise. A heavy thud. A second heavy thud. Scream, scream, scream. Scream louder. Too frightened to move. Too pained to move. I need help! Sound and weight of broken glass on the bed covers. Husband arrives and turns on light. I see the rocks.

Even with my husband in the room, I feel hopelessly vulnerable, unable to move, unable to protect myself. I am in physical pain and, now, because of this attack, I am in perceptual pain, which I feel first as a shock that runs through the entire system of my body and makes the wound in my abdomen resound doubly, triply. This is about the unfamiliar, the unknown, the excessive fear of not being in control. And there is pain in not being able to move that intertwines with this. What am I, after all, except a woman? Immobile, powerless against forces that I did not predict, could not anticipate.

There is, too, a significant interiority about my experience. There is the pain from my incision, but there is also the internal pain from what has been cut away and cauterized because of the organ that has been removed. And there is also the trauma to my system from the shock of the attack—the resounding jolt that feels like a large electric shock to my innards or being hit by a lightning bolt. And the scream, my own scream—although I do not feel in control of it—emanates from my body and also painfully runs through it. It is as if an external siren has taken hold of my body, which resonates more and more as a supine, vulnerable, and female body.

Bodily, then, this is an experience of the senses, of motility, and of emotions: It is nighttime and dark, so I can’t *see*; I am in *pain* because of the surgery; I am limited in *movement* and/or cannot *move* as I ordinarily would, and so I am much more aware of how my body *moves*; rather than quiet, which is what is usually associated with night, I *hear* the sound of breaking glass and *sense* large objects flying through the room; I *hear* myself screaming; I *feel* the weight of the glass shards on the bed and on top of me; I am excessively *frightened*. I *feel* like a *weak* female.

In his elucidation of Merleau-Ponty’s focus on consciousness as embodied, Mallin identifies four regions of bodily existence: cognition, perception, sociality-affectivity, and motility. In recalling and reliving the phenomenon of the vandal attack (or “rocks incident,” as I came to prefer to call it), I identify and describe my experiences with the last three regions, although I do not always necessarily experience them as separate. In fact, it seems more accurate to describe them as coalescing and mixing, or—as my body experienced them—as coalesced and mixed. Mallin would likely describe this as a “synaesthetic” experience.

Looking more closely at my description, I can also, moreover, identify the potential presence of the cognitive region. “What am I, after all, except a woman? Immobile, powerless against forces that I did not predict, could not anticipate.” “It is as if an external siren has taken hold of my body, which resonates

more and more as a supine, vulnerable, and female body.” “I feel like a weak female.” The expressions communicate states of being, of feeling, that I would ordinarily reject, but this experience has awakened (?), brought back (?) these conventional associations with the state of womanhood. As Malmqvist and Zeiler argue, “many of our culturally shared habits are not fully grasped just by thinking about them. Rather, our thinking often needs to be incited by unforeseen and involuntary events; it requires an unintended breakdown in ordinary, habitual understanding” (2010, 149). As a form of excorporation, moreover, these painful associations seem to be returning to me through all four of my regions of embodiment. It is not my cognitive sense only, then, that is aroused to these associations, which I have, for years, voiced and critiqued (but also, perhaps, ignored and repressed). And, socio-affectively, as a vulnerable woman under attack, I need help! I am in need of protection, defense, care that I cannot provide for myself.

What Kind of (Hysterectomized) Woman?

“Call the police!” my husband commands as he runs out of the room. Why is he making me call? I’m the victim. As if calling the police can put this back into the world of rationality. This command to call the police and try to explain to them what has happened to me feels like another kind of wounding—a way to pull me back to the normative. It is as if I must take responsibility for this thing that has happened to me, this horrible thing which reflects upon me, marks me, shames me.

And that is how I feel when I call the police and speak to the excessively objective dispatcher. This is a retreating (?), a reverting (?) to the cognitive region as a more conventionally gendered female subject— ascribing cause and effect and blame. I am judging and the judging extends to my hysterectomized state. Less of a woman, not a woman anymore (?), I am responsible. Imposing on the phenomenon, I am drawn to labels and notions—I am responsible for these rocks which are the same size as the tumors that were removed along with (and in fact, caused) the removal of my uterus—and away from my experience as an embodied subject. I am responsible for these intrusions—rocks, tumors, which I now come to visualize as the same color as the rocks. This is the hold (and the rational impulse) of Mallin’s cognitive zone to explain and judge and ascribe blame. What hit me, what wounded me, and why?

But there is more to this. What kind of (hysterectomized) woman reports an attack upon herself, and has a husband who thinks she ought to be the one to report an attack upon herself? A freakish woman—and, perhaps, a particularly freakish one who thought she had a right or the power or the position to (safely) stand up to men (dangerous men). I broke a code and endangered family and self. I deserved it. And since I was the special target, that violent action—the “vandal attack,” “the rocks incident”—was especially meant to punish me, and my kind of being a woman, and to put me back in my place.

Visceral Freakishness

Having called the police, alone, again, in the guest room (I am not even in my own bedroom—another restriction based on my lack of regular motility, and a lack that I am more acutely aware of because of this attack), I contemplate the rocks—their extreme and sudden presence, their unwanted and uncontrollable intrusion. They are the size of softballs—the same size of the tumors that were removed. They are mottled light gray and white. The rocks came through the window because I am an assertive (mouthy, pushy) woman, and as I lie in bed, immobilized by fear and pain, staring at them, it is my lack of conventional femininity that grew those large tumors. They are gone now, but here are these rocks, these tumors come back, a

forcible reminder and a calling to consciousness of my freakishness and the dangers of that freakishness. Their emphatic facticity is the tangible symbol of this second, disruptive experience, piled on top of the first disruptive experience of hysterectomy. It is not my womb—that symbol of conventional womanhood—that comes back to me, but the growths that my unlawful assertiveness as a woman created, and here they are, being hurled back at me, and I feel my words to those men being thrust back down my throat.⁸

Describing and acknowledging this cognitively driven justification of finding cause and effect, blame and punishment, monstrous growths and necessary wounding, I voice (and feel and mourn) the difficulties and dangers of existing in a culture as a subject who doesn't readily subscribe to that culture's characterization and categorization of her. This is my experience of excorporation. And this is another form of deep pain—a pain that I experience through my senses, my emotions, my viscera.

The sedimented hold of the cognitive region is still present for me, but the rocks are also *perceptually* present—I heard them break the glass and land on the floor; I can now see them and their size, and I sense their weight. The rocks are present in their *motility*—they were thrown and now are still, and hard, on the hardwood floor—and are present in the lack of mine. I cannot move because of my previous and present pain, and now, also, because of the shock and fear that makes the rocks *socio-affectively* present. And, in associating them with the tumors that grew inside of me, the rocks are now also *viscerally* present. This is an example of an experience of a fifth region of embodiment also explored by Mallin: the visceral, which attends to the hidden internality of bodily experiences.

More Tumors Than Womb

Staring at the rocks as I lie still in the bed, any motion I make shakes the glass pieces that are on top of the bed covers. I feel immobile while it is they that move. And, as with the rocks, the glass pieces, too, I experience from a place of bodily senses and motility. They are not pieces. They are shards and they are sharp. Emotionally, they frighten and alarm me. I think, too, that I experience the shards viscerally. I hear and sense their jaggedness as they move and make small ragged cuts in the quilt and possibly, and potently, my skin and flesh. For the pain experience of my surgery, it is the incision that I keep going back to. The cutting, the wounding. Sharp, hard. And the bloody line that the knife, the scalpel, must have drawn across my lower abdomen. But I return again and again to the cutting, and the action of cutting, more than to the result of that cutting.

My pain is about being incised rather than the incision, rather than the residual pain, rather than *the* pain. Perhaps this is because what was incised is a part of myself—external and internal—to which I do not like to draw attention. This is a space on my body to which I *hate* to draw attention, and here it is getting all the attention—revealed, cut open, and cut out. Skin, fat (too much of that), muscle, fiber. These are my gross and messy female parts exposed, and mine are particularly gross and messy—all exposed and opened up, pulled back and away to reveal these gross and awful things I have grown. It is too much revealing, too much pulling and yanking and prodding.

One of the surgical nurses jokingly tells me, right before I am “put under,” that I will be the center of attention, and I drift asleep thinking of the masked staff—six, eight, ten?—as a freak-show audience and wondering what they will say about my immobilized freak-show body and the freakish growths that mark me, identify me, *are me* more than is my womb.

As I describe and uncover these shifting layers, these bodily regions of experience, the previously unvoiced belief that it is my assertiveness and aggression (and my lack of typical femininity) that have grown those large tumors reverberates through me—I am more tumors than womb—as does the awareness

that their painful excision is my punishment. My focus continues to be on what was done to me—the act of wounding—and, when I try to go deeper into my pain experience, I keep going back again and again to sharpness and cutting, to the action—but not the act—of the incision as the source and focus of my pain. That painful process of repeated attempts at incision and excision echoes through me, and brings to my embodied consciousness my experience of living in a culture that does not accept me and, in fact, wishes to silence, immobilize, and beat me down. I have been (repeatedly) nicked, cut, wounded, made to bleed.

Incorporating Feminism

Born in the late 1960s into a working-class, politically conservative family in rural Vermont, I was lucky to have been influenced by feminist teachers and mentors in high school who encouraged and enabled me to attend (as a first-generation college student) a women's college, which entrenched me further in feminism and gender studies. In turn, that women's college prepared me for graduate school, where one's beliefs and those of one's colleagues and professors regarding issues of gender, sexism, racism, and other inequities and injustices were often just simply assumed—especially if you were a woman. This exposure, which opened my eyes to the unjust and unfortunate situation of being a woman, thrust me, I now believe, into an early form of excorporation—a recognition of the state of (my) womanhood perhaps not unlike what the hysterectomy experience itself performs for many other women. But, again, I was fortunate to come to this realization prior to and without its embeddedness in the physical, as well as the socio-affective, pain of hysterectomy.

Having experienced this earlier form of excorporation, it might be possible to say, then, that my *body schema*—the term Merleau-Ponty uses to identify the structure of an individual's assumed way of relating themselves to the world in connection with the process of incorporation—was opened by these new and revelatory ideas. Learning to accept and embrace these new ideas and to carry them around with me as integrated parts of myself, they became prereflective assumptions—or nearly so. This, then, can be seen as a kind of process of incorporation. I became a feminist, and while as a teacher and scholar I certainly engage and analyze issues of feminism and gender, my own feminism became a part of my lived being that I did not necessarily notice. Something similar might be said of Frantz Fanon's experiences when, in his writings on black identity, he describes the process of coming to what Zeiler calls an “intellectual comprehension” (2013, 79) of racism, inequality, and injustice—only to later have that revelation disrupted by a much more emphatic experience of excorporation through his lived experience as a black man (Fanon 2008). As Zeiler states, “excorporation is often suddenly initiated even though it also can be aggravated over time” (78). So, until recently, as with Fanon's “proclaim[ing] loud and clear the equality of man in the world” (2008, 90), I have (in the face of and because of sexist treatment) walked through the world claiming rights and responsibilities, speaking and arguing, asserting and challenging, with the innate and mostly unexamined sense that this is the way to be.

To use another of Merleau-Ponty's terms, this has been my *style of being*, my habitual way of inhabiting my body, self, and my way of moving in, feeling about, and responding to others in the world. And my pain experience of hysterectomy—involving ideas, feelings, exterior and interior bodily spaces, and bodily senses so profoundly and painfully linked to my gender—initiated a type of excorporation experience particular to my style of being, a harsh reification of what I had come to recognize and feel through my initial exposure to feminist thought. My body, perhaps like Fanon's body, “was returned to me spread-eagled, disjointed, redone, draped in mourning” (Fanon 2008, 93). And, as with Fanon's reexperiencing of himself as an embodied black man—who nonetheless simultaneously knows that the oppression he is experiencing is

unjust—whose body (and being) is wrenchingly remade as inferior and wrong, an illegitimate object, so too that body (mine) on the table is similarly and grossly revealed, nicked, cut, wounded, made to bleed (and even more so for the very insolence of having incorporated into my being the justness of a right to equal treatment).

And so, I ask the question: Has this excorporation shaken my body schema? Surely. I have come to a painful recognition, which is like a reexperiencing and a reopening of something that I knew before, and much more directly, as a sense of defectiveness and vulnerability, shame and fear, because I was a female. Voicing, critiquing, and resisting oppressive ideologies of femininity does not mean that we are not embodied subjects who must live with and within these ideologies. Neither does my style of being protect me from them. I come to the realization that it is the wounding that is still preeminent in female embodiment, and it is those who carry out the wounding who hold and retain the power. We struggle to challenge, and therefore must continue to focus on, the wounding and those who wound. Our nicks, our cuts, our wounds, though, have yet to speak for themselves.

Notes

1. I would like to thank Dr. David Koukal for introducing me to the work of Samuel Mallin and for his assistance with, and encouragement for, this project.

2. An important inspiration for recent articulations of the potential intersections between feminism and phenomenology are the pioneering works of Simone de Beauvoir, Edith Stein, and Luce Irigaray. See, for example, the discussions of these authors in Bergoffen 2000, Arp 2000, Banchetti-Robino 2000, and Haney 2000.

3. In response to feminist critiques of Merleau-Ponty's inattention to the significance of gender and gender differences (and thus his apparent assumption that the body itself is generic and therefore normatively male), Fisher suggests that his concept of embodiment, rather than incompatible with feminist theory is, instead, "merely incomplete and not sufficiently specified—not taken far enough" (2000, 30).

4. For an earlier and influential example of this approach, see Young 1990. Another important work, also from 1990, is Sandra Lee Bartky's *Femininity and Domination: Studies in the Phenomenology of Oppression*, which explores phenomenological approaches in relation to feminine consciousness, women's subordination, and patriarchal power.

5. Eric Malmqvist (2014), for example, shows how Merleau-Ponty's understanding of the body, as the only relationally positioned place through which meaning comes to us, contests the mind-body dualism of Cartesian thought and thus brings into question the influential philosophical approaches that depend upon that dualism.

6. Malmqvist (2014), for example, explores the potential role of excorporation in addressing the dangers of complying with unjustified standards of feminine appearance. Malmqvist and Zeiler (2010) have applied incorporation and excorporation theory to response and coping processes of parents who bear a child born with an ambiguous sex. Zeiler (2013) discusses how the concept can be applied to female, male, and racial embodiment. Zeiler and Lisa Guntram (2014) likewise draw significantly upon incorporation and excorporation of nonnormative embodiment experiences of women born without a vagina, a uterus, or with a part of the vagina.

7. A related, but situationally different, experience is described in Zeiler and Guntram's work (2014) on the responses of women with atypical pubertal development. Upon being given this information about their bodies, such women, Zeiler and Guntram say, have their "previously taken-for-granted gendered body-world relation become at least tem-

porarily shattered” when, for example, the assumption that all *women* have wombs and vaginas becomes something to examine (149).

8. Similarly, compare Zeiler’s description of the character Calliope in Jeffrey Eugenides’s novel *Middlesex*: “Whereas she has previously lived beliefs and norms regarding female and male bodies, these beliefs and norms no longer enable action on a prereflective and practical level. Instead, they stand forth as hindrances to her way of being-in-the-world as a gendered lived body. She cannot but attend to them. In other words: excorporation constitutes as an object a range of beliefs and norms that previously were lived as parts of who the subject’s being-in-the-world has been, up until now. It also implies a focus on the ongoing *confrontation* that takes place when one’s style of being-in-the-world is formed by beliefs and norms that are becoming objects for the subject” (Zeiler 2013, 76).

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