INTIMATE ASSEMBLAGES: DISABILITY, INTERCORPOREALITY, AND THE LABOUR OF ATTENDANT CARE

ASSEMBLAGES INTIMES : L'HANDICAP, L'INTERCORPORÉALITÉ, ET LE TRAVAIL DES SOIGNANTS

Kelly Fritsch

Abstract

Attendant care provides an opening to consider the social and political implications of a relational ethics of intercorporeality and exposes the problematic foundation of independent living models that assert a normative encounter between autonomous and sovereign selves. In relation, both the disabled person and the attendant experience a leaking of their identities, a mingling of their sexualities, and multiple intimate slippages of selves as the attendant participates in the daily work of feeding, bathing, shopping, facilitating sex, and numerous other activities. The assemblages formed in such interactions have ethical implications for how we come to understand bodies, labour, and care. This article explores some aspects of the disabled- abled intimate care assemblage to discern its inventive and productive contributions to how we think through and with care. I argue that such an approach to the care assemblage complicates the usual ways in which the attendant is considered an employee. Drawing from the life experiences of disabled lesbian Connie Panzarino and through the example of attendant facilitated sex, I argue that independent living models, in their push for autonomy and independence, and in their formal approaches to employment and care, cannot lead to substantive emancipation for disabled people or others. Instead, I posit that it is through a relational ethics of intercorporeality that we can conceptualize care in a way that benefits disabled people and their attendants. Finally, I draw out the tensions involved in this assemblage to tend to the contradictions and quandaries that the desiring and labouring body faces when intimate care is put to work.

Keywords: disability, assemblage, attendant care, labour, intercorporeality

Abstrait

Le travail des soignants fournit une façon d'aborder les implications sociales et politiques des éthiques relationnelles de l'intercorporéalité, soit la condition humaine de « vivre via le corps d'un autre », et souligne les bases problématiques des modèles de la vie indépendante qu'assertent un rencontre entre les sois autonomes et souverains. Ceci dit, la personne handicapée et le soignant subissent un coulage de leurs propres identités, une mélange de leurs propres sexualités, et plusieurs glissements de leurs propres sois tandis que le soignant participe au travail quotidien, soit le nourrissement, les bains, le magasinage, la facilitation du sexe, et d'autres diverses activités. Les assemblages formés dans ces interactions ont des implications éthiques pour comment nous parvenons à comprendre des corps, le travail, et le soin. Ce discours aborde quelques aspects de l'assemblage d'un handicapé—soignant par rapport au soin, afin de visionner les contributions inventives et productives à la manière dont nous pensons au soin. Je constate qu'une telle approche à l'assemblage handicapé—soignant rend plus compliquées les façons normales dont le soignant est considéré comme un

« employé ». En utilisant les expériences personnelles de Connie Panzarino, une lesbienne handicapée, et via l'exemple du sexe facilité par un soignant, je constate que les modèles de la vie indépendante, avec leurs orientations positives envers l'autonomie et l'indépendance, et leurs approches formelles au travail et au soin, ne mènent pas à une émancipation substantive pour les handicapés et les autres. Au lieu de ceci, je constate que ce n'est que via les éthiques relationnelles de l'intercorporéalité que nous pouvons conceptualiser une nouvelle forme de soin ayant des bénéfices pour les handicapés et leurs soignants. Enfin, je souligne les tensions interpersonnelles contenues dans l'assemblage afin d'aborder les contradictions et dilemmes auxquels le corps « désirant » et le corps « travaillant » font face avec la mise en œuvre du soin intime.

Mots clés : handicap, assemblage, soin, soignant, travail, intercorporéalité

Attendant care provides an opening to consider the social and political implications of a relational ethics of intercorporeality and exposes the problematic foundation of independent living models that assert a normative encounter between autonomous and sovereign selves. In the interaction between a disabled person and an attendant, both bodies extend into one another, displacing the limits of their assumedly contained sovereign selves. In relation, both the disabled person and the attendant experience a leaking of their identities, a mingling of their sexualities, and multiple intimate slippages of their bodies as the attendant participates in the daily work of feeding, bathing, shopping, facilitating sex, and numerous other activities. The assemblages formed in such interactions have ethical implications for how we come to understand bodies, labour, and care.

Disabled people are entangled in multiple assemblages: the human-machine assemblages of wheelchairs, ventilators, or walkers; human-animal assemblages such as assistive animals like guide dogs; or disabled-abled assemblages of the disabled person and care attendant. To think through some of the possible assemblages in which disabled people can be implicated is not to single out disabled people as unique. Rather, the point is to consider how Deleuze and Guattari's (1987) concept of assemblage can move us toward an intercorporeal and relational ethics that has repercussions for all beings. To think about the body in relation to desiring forces and contingent formations is to shift away from the normative sovereign able body that poses as a body not "impinged upon by others" (Butler, 2009, p. 178).

This article explores some aspects of the disabled-abled intimate care assemblage in order to discern its inventive and productive contributions to how we think through and with care. I argue that such an approach to the care assemblage complicates the usual ways in which the attendant is considered an employee and as such is expected to be a "detached tool" (Gibson, 2006, p. 192), performing a series of mechanical tasks (Hughes, McKie, Hopkins & Watson, 2005) in facilitating the needs and desires of the disabled person. Drawing from the life experiences of disabled lesbian Connie Panzarino and through the example of attendant facilitated sex, I argue that independent living models, in their push for autonomy and independence, and in their formal approaches to employment and care, cannot lead to substantive emancipation for disabled people or others. Instead, I posit that it is through becoming-in-the-world-with-others (Price & Shildrick, 2002) and a relational ethics of intercorporeality that we can begin to conceptualize care in a way that benefits disabled people and their attendants. In this way, I draw out the tensions involved in this assemblage to tend to the contradictions and quandaries that the desiring and labouring body faces when intimate care is put to work.

At some point in our lives, we all give and receive care based on complex social arrangements. For many disabled people, care has often been a site of oppression, disempowerment, physical and sexual abuse, and negligence. With the rise of industrial capitalism, many disabled people were unable to contribute financially to their households and were deemed objects of charity and medicalization. By the late 19th century, many of those deemed "incapable" of work were incarcerated in hospitals, asylums and "crippleages" (Gleeson, 1999, p. 108). In relegating care to the private realm, whether done by family members or within institutions, disabled people found themselves isolated, excluded, and unable to direct their own lives or participate in community life.

More often than not, the relation between care and disability is framed in terms of a disabled person being entirely dependent on caregivers. Thinking and living through the problem of dependence, Connie Panzarino was a disability activist who used her body to resist ableism, patriarchy, and homophobia. In her 1994 autobiography, *The Me in the Mirror,* Panzarino explores the complexity of autonomy, vulnerability, and dependence in relation to attendant care.

Until Panzarino was 25, her mother was her attendant. Panzarino's total dependence on her mother spawned an abusive relationship as her mother used physical force to both reaffirm her power and express her unhappiness in her caregiver role:

> It always seemed like I belonged to my mother. Since she took total care of me, she had total power over me. She told me what to do, what to wear, what she thought of what I did. I believed I had to please her--not that I didn't want to. I liked to please her, but I thought I *had* to please her because my life depended on her. (p. 49)

Many disability activists and scholars have fought against the assumption that disabled people are helplessly dependent and burdensome, and have been leaders in conceptualizing independent living (e.g., Morris, 1991, 1993; Panzarino, 1994). Such activists have called for a distinction to be made between the physical dependency associated with not being able to do a particular task (e.g., laundry), and social dependency, whereby people are made to be dependent on others as a result of the social organization of everyday life (e.g., inaccessible housing, workplaces, transportation routes). The point is that independence is not about performing every possible task autonomously but rather having decision-making control over one's own life. Independent living is more about individuals controlling their own services than it is about individuals being completely physically self-sufficient.

Through activism, the independent living movement shifted the focus from individual abnormalities and limitations to the social environment and what changes need to be made to empower and facilitate the independence of disabled people. A key part of this equation is the availability of personal attendants to support disabled people in their daily tasks of eating, bathing, shopping, participating in social events, et cetera. Rather than relying on volunteers or remaining in institutions, the independent living movement demanded direct funding so that they could employ their own attendants (Shakespeare, 2006). With the development of the independent living movement, many disabled people dropped the use of the word "care" entirely, favouring terms such as personal assistance, help, or support (Shakespeare, 2000; Vasey, 2001; Hughes et al., 2005). In this move, the emotional aspect of care is bracketed, and assistance instead privileges the financial empowerment of disabled people both to participate in the market as bosses and to control their caring relationships (Hughes et al., 2005).

Personal assistance may take hundreds of forms, ranging from medical interventions, self-care tasks, domestic chores, and driving, to advice, advocacy, and emotional support and protection. Direct funding provides the benefit of flexibility and enables disabled persons to maintain control over who is hired (allowing for the employment of personal attendants who are compatible in terms of gender, culture, and sexuality), what kind of work needs to be done, and how it will be done. This arrangement has been incredibly emancipatory for many disabled people and has offered possibilities for active citizenship, in addition to simply enabling a person to take a bath when they want to (Hughes et al., 2005). Nonetheless, despite these benefits, the independent living model suggests a particular kind of professionalism and formalism of boss and worker that not only re-inscribes Enlightenment epistemologies of individualism and autonomy but that also obfuscates the significance of the particular affective relations that are at play during eating, facilitated sex, et cetera. That is, the independent living model advocates the hiring of attendants as “tools” of independence and autonomy so that the disabled person can rationally master her destiny and participate in everyday life. This obscures the affective relations that take place between the employer and employee.

The formalism of the independent living model establishes disabled employers and personal attendants as two autonomous bodies entering as equals into a contract that promises the independence of the disabled employer. Such a contractual approach fails to deconstruct the problematic concept of independence that has arisen historically alongside the self-sufficient, rational, property owning man (Benwell & Stokoe, 2006), nor does it challenge the exploitative nature of wage labour. The myriad of relationships between persons with disabilities and the assisting machines, tools, persons, or animals are presented as a means to achieve individual independence, which ignores the intimate, intricate, and affective relations inherent in their experiences. Thinking about the relations and extensions of the desiring body that exceed its containment is about displacing the sovereign subject, not simply to point out the ways in which we are all dependent or interdependent. Rather, we do so in order to conceptualize that which not only displaces and problematizes the language of dependence/independence but also demonstrates active assemblages of “becoming-in-the-world-with-others” (Price and Shildrick, 2002, p. 72) as a way out of the self and the telos of autonomy. Further, becoming-in-the-world-with-others situates bodies in relation to one another in such a way that demands an intercorporeal ethics and denounces the exploits of capital while imagining other ways of living together.

While in her mid-twenties, Panzarino was able to move out of her parents’ house and secure her own attendant. Interestingly, Panzarino details the new relationships she had to form not only with her attendants, but also with her body as the attendant became an extension of her body. In her poem, “To My Other Bodies” Panzarino (1996) writes:

> It’s strange
> this relationship,
>   - relationships.
> You are each my hands, my feet,
>   sometimes my eyes, and mouth to interpret clearer
>   speech (p. 85).

As an extension of her body, the “boundaries blur with painful necessity” (p. 85) as Panzarino spends more time with her attendant than she does with her lover. Despite knowing when her attendant is hungry or constipated, and her attendant knowing "what brand of tuna" (p. 85) Panzarino buys, Panzarino comments that she needs her attendant to be invisible so that Panzarino can feel alone with her lover at dinner, even while her attendant is feeding her. Yet, Panzarino cannot be alone with her lover as the body of her attendant is intertwined with her own. Panzarino's own subjectivity is in relation with her attendant at all times.

> I see you years later
> in a crowd
> at the beach,
> and my Body says, "I know you well," (p. 85).

Panzarino goes on to conclude:

> Why do you do it?
> I know your friends think this job is weird
> People at Woolworth's think you're all my daughters.
> as a way to rationalize your attentiveness to my every move,
> or normalize the closeness they see between us
>
> [...] we must cross a boundary to risk climbing over a fence
> to realize our fullest sense of self
> as it is reflected in those around us (p. 86).

Rather than thinking about the rights that the disabled person has to her independence or the rights the attendant has as an employee, thinking through a relational assemblage created in moments of intimate care displaces what we think we know about these shared moments and forces us to examine the ways in which bodies are produced together.

One way to conceive of such an assemblage is with the aid of Deleuze and Guattari (1987). For Deleuze and Guattari, a body is an intensive relation of parts, differentiated by the maximum and minimum thresholds of its power of being affected. Deleuze and Guattari use the concept of "becoming" to destabilize the idea of "being" and reground all life as in a constant process. Chesters and Walsh (2005) have described becoming as a "process of symbiosis, the connection of heterogeneous elements into new assemblages with emergent properties...a concept that illustrates the antagonistic potential of forces that resist or escape processes of stratification, over-coding and control by the axiomatic of global capitalism" (p. 188). For Deleuze and Guattari, it is not about static, stable beings entering into a relation that changes their bodies. Rather, bodies, as intensive relations of forces or power, continually produce affects in relation with others and form temporary assemblages. A body, then, is

> an assemblage of forces or passions that solidify (in space) and consolidate (in time) within the singular configuration commonly known as an 'individual.' This intensive and dynamic entity is not, however, the emanation of an inner essence, nor is it merely the effect of biology. The Deleuzean body is rather a portion of

> forces that is stable enough-- spatio-temporally speaking -- to sustain them and to undergo constant, though necessarily contained, fluxes of transformation. It is a friend of transformative effects whose availability for changes of intensity depends, first, on its ability to sustain and second, to encounter the impact of other forces or affects. (Braidotti, 2000, p. 159)

Therefore, the body's capacity for becoming cannot be known in advance and is always produced in relational assemblages with others. The concept of becoming is thus not about individual subjects but about creative and multiple assemblages. Becoming is aimed at neither the emancipation of a collectivity nor an aggregate of subjects with a shared identity struggling to gain political and economic rights, as the disability rights movement might desire. Rather, the aim is the transformation and transgression of the stasis of identity altogether. The question of becoming is not which subject to become but how to escape the forces of subjectification that block flows of desire and re-inscribe the subject (Goodley, 2007). This is not to refer to how the human being is constructed, but how subjects transcend the limits of themselves. It is not that Deleuze and Guattari allow no place for the subject effects of an individual, but they point out how subject effects are unsustainable in fixed form, beyond the temporary or provisional (Shildrick, 2009). Therefore, the idea is not to dismiss entirely the politics of identity and subjectivity but rather to trace the ways in which identity and any sense of a contained or static embodiment is constantly confronted and displaced. Taking fluid embodiment or the constant undoing of a contained sense of self as a foundation for thinking about bodies becoming-in-the-world challenges the autonomous and independent self asserted by the independent living movement.

A body can be understood as connections of heterogeneous surfaces, energies, and forces. As Grosz (1994) argues, "the body does not hide or reveal an otherwise unrepresented latency or depth but is a set of operational linkages and connections with other things, other bodies" (p. 120). The ways in which bodies come together produce a non-totalized collection or assemblage, which in its active relations to other social practices, entities, and events, forms connections (Grosz, 1994). Assemblages follow no central order and are the provisional linkages of elements, fragments, and flows of ideas and things – whether they are animate or inanimate. Assemblages are composed of lines, movement, speed, and intensities. Because of this, assemblages are not about static and contained parts coming together. They are instead the fluidity of various intensities that form one particular assemblage while spatio-temporally connected. In this way, assemblages are made, not simply found. The body is not a contained individual but an assemblage of organs, processes, pleasures, passions, activities, and behaviors: "ad hoc groupings of diverse elements, of vibrant materials of all sorts" (Bennett, 2010, p. 23). It is here that we can ask with what the body functions and in connection with which other things it does and does not transmit intensities. Any assemblage owes its capacity and capability to become to the very vitality of the materials that constitute it (Bennett, 2010). This has political implications when considering labour and care.

Drawing from these concepts, we can begin to work through considering forms of personal assistance as an embodied relationality that challenges the normative conception of autonomous beings (Shildrick, 2009). One way I would like to do this is by thinking through an assemblage created during attendant facilitated sex.

Think for a moment of a female attendant facilitating sex between her employer and another person. As a transaction mediated by capital, the attendant is expected to be a detached tool in facilitating the coupling of the disabled person with someone else. However, as theorist Barbara Gibson (2006) has argued, despite knowing her role, the attendant experiences a leaking of her identity and a mingling of her own sexuality with theirs. That is, their coupling is also hers. Gibson argues that the attendant slips into that coupling and cannot remain neutral, even if she does not perceive herself as actively engaging in the sex act. Her libidinal energies are present; with her touch, the skin of the body transforms from what was thought to be a container into a porous, multiplicity of outsides and insides (Manning, 2009). As this touch blends outsides and insides, the sovereign subject experiences a loss of containment. The sexual experience of the attendant is an erotic expression of a leakage between their bodies, where they become-with-one-another in an assemblage.

The attendant enters the room with her own particular sexuality and her own sexuality-related issues and concerns. In preparing someone for sex (helping them bathe or clean themselves, positioning their body, adding lubricant, putting toys, straps, or furniture within easy grasp) or in helping to facilitate the act (helping with movement, fetching items as needed, helping to undress at particular moments), the attendant necessarily leaks and slips over with those in the room. The disabled person exposes her intimate body parts and in doing so, is vulnerable. Remaining with this vulnerability, the attendant is neither wholly subsumed nor able to maintain distance. Rather, all involved are in a continual process of becoming-together through the unmapped circulation of desire. While subjectivity is never completely abandoned, it remains a charged point of departure and return, leaking and flowing, closing and opening (Gibson, 2006). The attendant is pulled in and pulls back as the lovers are involved in their own unclear oscillations between me and us. Here, the event takes place neither in subject nor object, but in the relation itself (Manning, 2009). It is in this relation that the sense of self is constituted; selves build onto and through one another, bursting out of their skin containers in intimate relation with the environment (Manning, 2009). All these becomings intermingle in this particular assemblage.

Traditional accounts of disability would posit the inability of a disabled person to have sex “by themselves” as a moment of lacking. Indeed the very “inability” of many disabled people to have sex “on their own” has often led to the over medicalization of disabled people and their desexualization (Kaufman, Silverberg & Odette, 2003). The independent living model suggests that sexual restriction can be overcome through the help of an attendant but at the same time, as characterizing the disabled person as the subject who is aided by the object (attendant), the desire, connection, leakiness, and vulnerability of all parties involved is overlooked. Rather than producing a coherent sexual subject, libidinal intensity plays and connects across disparate surfaces that may or may not be organic (Shildrick, 2009). That is, rather than this moment being about a lacking individual needing help with her sex toys or needing help in interaction with her lover by an outside aid (or tool), we find instead a moment of affectual and relational embodiment and queered sexuality that cannot be entirely explained through the language of independence. The operation of desire as that which extends beyond the self to the other is a potential point of disturbance to the normativities of everyday life.

The coming together of bodies, specifically in the intercorporeality of many sexual experiences, marks precisely a loss of self-definition.

Conceptualizing disability in terms of independence and autonomy limits our ability to think through the different levels of desire circulating in this moment. It puts the attendant in the detached and neutral role of tool and aid, simply present to perform a duty characterized as not unlike that of bathing, feeding, or providing company. Indeed, conceptualizing this moment in terms of independence reinforces disability as limitation (a lacking body in need of help) rather than possibility (what can this assemblage create or produce?) and thus may contribute to legitimizing the repressive systems that exclude disabled people and their employees. The problem of independence is one of returning the abnormal and lacking disabled body to the realm of normality, that is, for the disabled person to be able to contribute and engage in capitalist social relations. It further assumes that inclusion in these repressive systems is a goal worth pursuing. With disability activists taking up independence and autonomy as their rallying point, the exploitative nature of capital and the oppressions it breeds are reinforced. As Hughes et al. (2005) have argued, “transforming care into personal assistance means buying into the logocentric and patriarchal heritage of the enlightenment. It might also mean that the ethical imperative of recognition of the other... is left out of the moral equation” (p. 268).

These others that must be considered tend to be vulnerable in terms of their race, gender, immigration status, and class. Care work is primarily done by women and it is generally assumed that women are better equipped to deal with bodily substances, are sympathetic, can provide for others emotionally, enjoy this kind of work, engage in it by choice, and that it is an extension of their domestic role (Lee-Treweek, 1997). It is also assumed that this work is unskilled and therefore does not require high pay. Furthermore, care work has always reflected the hierarchies of race, ethnicity, class, and nationality (Dodson & Zincavage, 2007) as a result of this work being low-paid and often taken up by people who are non-status, visa holders, or are newly immigrated and unable to find other work. Attendants are vulnerable as a result of the labour market and their potential inability to leave the work situation as a result of depending on the income. Further, feelings of guilt or duty can push attendants to work more than they are paid to do. Employees are to manage their relationship to their employer as both a work relationship and an intimate kin-like relationship. This can result in both intentional and unintentional exploitation. For example, the Canadian Health Association reported in 2003 that personal attendants in Canada average 2-3 hours per week of unpaid labour (p. 28). It is also of no coincidence that the disability movement’s stress on independent living and autonomy has emerged alongside the neoliberal privatization of many health services (Shakespeare, 2006). While independent living may provide many advantages for disabled people, it must be contextualized as part of a larger trend to privatize social services and download social responsibilities onto individuals to solve.

It is possible that care-giving may be purchased without the loss of authentic feeling, and that intimacy and economic transaction overlap all along the spectrum of care activities (Dodson & Zincavage, 2007). However, purchased intimacy is a carefully circumscribed exchange, marked by a clear boundary and distinct sets of understandings and practices. While a market exchange does not preclude the possibility of having a meaningful relationship, neither does it ensure that the exchange will be negotiated among equals (Dodson & Zincavage, 2007). There is a contradiction between command, obedience, and sensitivity to feeling that exists within this commodified relationship (Ungerson, 1999).

Hughes et al. (2005) argue that part of the problem stems from the emphasis the disability rights movement has placed on gaining equal access to the marketplace and on fighting for the right to be “wage slaves” (p. 263- 264).

> An ethical world is a world in which disabled people get the same access opportunities to the labour market as non-disabled people and where such access, as well as the opportunity to participate fully in social and cultural life, is a matter of ‘right’. Emancipation is defined in terms of the ‘other’ – socially, culturally and economically –becoming ‘the same’ and by having these opportunities ‘constitutionally’ enshrined and legally enforceable. (p. 263)

Being employed and a productive member of society is seen as a form of empowerment rather than fighting to dismantle the oppressive system of capital all together, which systematically produces disability (Taylor, 2004). The point is that by desiring independence and autonomy– which are intimately wrapped up in Enlightenment principles and the development of capital– disabled people are reinforcing the practices and processes which have historically oppressed themselves and continue to oppress others. Therefore, in calling into question the modes by which disabled people seek freedom, we discover that the struggle of disabled people is also the struggle of those people who have been racialized or gendered, those who are queer, those who have tenuous immigration status, and so on, as they also experience disproportionate assault by the state and capitalism. All too often the struggles of disabled people are individualized and seen as a problem to be solved within the realm of social services, or understood as a medical problem that resides outside of the collective social body.

Perhaps it is possible to experiment and map desire within the various produced assemblages in ways that can challenge the being of bodies that independence and autonomy implicitly assert. However, it is not enough to show a relation between one body and another. Rather, the point is to understand intercorporeality as the fundamental structure of becoming-in-the-world-with-others. When the body is understood to be in a state of becoming rather than being, it is not reclaimed but shown in its inherent fluidity, lack of completion, and unsettled subjectivity. Further, intercorporeality signals that the “experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies” (Weiss, 1999, p. 5). It is possible that some disabled people like Panzarino and her attendants may invest less in the “trope of sovereign subjectivity” (Shildrick, 2009, p. 140) as a result of their changed embodiment through relations of care. That is, our sensing bodies are not only affected by others, but actually “effect the very constitution of embodied becoming” (Shildrick, 2009, p. 25).

It is not that disabled embodiment is uniquely anomalous. Rather, disabled embodiment provides an opening to push how we understand embodiment in general as relational, and it exposes the queerness of all sexuality:

> That disability should be perceived as dangerous, and that its erotic capacities should be disavowed, speaks to the threat that it is able to unsettle the normative

> constraints that attempt to limit adult sexuality to a highly regulated set of impulses that cover over the rhizomatic operation of desiring machines. For the most part, the libidinal possibilities of surprising, unpredictable, non-respectable, even dangerous conjunctions, which are in principle open to all of us, are kept in check by the rigid and repetitive structures of a normative sexuality that cannot easily countenance unauthorised variation or experimentation. (Shildrick, 2009, p. 143)

Disability not only helps identify the relational nature of embodiment, but also aids in challenging the normative constraints of sexuality that seek to confine expression to facile categorizations. The danger of the erotic capacities of disabled people is that it lays bare that which upholds race, nation, class, gender, sexuality, and ability–that is, the practices and institutions which reproduce normative embodiment. It challenges nursing homes, attendant agencies that ban any kind of sexual interaction, and practices of sterilization. It also seeks to avoid placing the human at the ontological centre and calls forward a vital materialism of vibrant matter that possesses a certain power of action (Bennett, 2010).

Despite and in addition to the intimate leaking and flowing of bodies through facilitated sex or in the touch exchanged in bathing, dressing, feeding, or other any other activity of the attendant, this assemblage is produced by way of the existence of an economic transaction between employer and employee. Approaching the world in terms of becoming and assemblages provides the possibility of undoing the grounds upon which capitalist labour relations depend as it radically shifts our sense of one another and changes our ethical responsibilities toward each other. However, the question remains: how might the disruption of being foster an anti-capitalist ethics of difference that benefits both disabled people and their care-givers? The point is not to ignore inequitable social relations but to highlight that in assemblages of becoming we can create new ways of being that do not reinforce inequitable relations. In affirming that change and difference are fundamental and that the closing down of fluidity is only ever secondary, the sovereign self is displaced by a relational ethics. The emphasis, then, is placed not on what you can do for me but rather what we can create together.

What can be created together in assemblages of becoming is limited by the materialities of that which enters the assemblage. That is, if the assemblage of a disabled person and her attendant is constantly closed off by re-asserting their individual statuses as a boss and a worker, what can be created in that moment is limited by this contractual relationship. However, in thinking through other possible ways of embodying this interaction through an intercorporeal ethics, caring is no longer simply about “a set of mechanical tasks” (Hughes et al., 2005, p. 261). Deleuze and Guattari argue that the quasi-stable subject could be otherwise, and does not fundamentally have to be this specific cluster of relations; the current arrangement of forces that creates a subject can be overcome or changed. While the self may have a genealogy, or a story of how it came to the present, there is no necessity that the structures of the present subject must persist. Through an ongoing critical engagement with new practices, it is possible to form new kinds of subjects and create kinds of social relations that do not re-inscribe the same social inequities that have historically marginalized disabled people and others. The point, then, is neither to glorify nor to dismiss the status of the marginal but to transform the very foundation of any political interaction.

At the limits of the self, we find all others: other people, other species, and other forms of vibrant matter. The “I” cracks into an-other and risks the autonomy it could never fully claim. In rethinking disability and the body in terms of becoming, assemblages, and relational connections of non-ordered organisms, we begin the work of imagining livable worlds. In engaging in this work, Critical Disability Studies is opened up to new ways of understanding bodies that have emancipatory potential for both disabled people and others. While in this article I argued that attendant care provides a particular opening to consider the implications of assemblages and a relational ethics of intercorporeality, this is by no means the only avenue of investigation for this work. The disabled subject is a force among forces, capable of variations of intensities and inter-connections that are immersed in networks of simultaneous and potentially conflicting power-relations–embodied singularities that are structurally connected. Here, the result is not an overarching, totalizing theory but rather an opening for further engagement with the complexity of the disabled body and its attendant parts.

References

Bennett, J. (2010). *Vibrant Matter: A Political Ecology of Things.* Durham: Duke University Press.

Benwell, B. & Stokoe, E. (2006). *Discourse and Identity*. Edinburgh: Edinburgh University Press.

Braidotti, R. (2000). Teratologies. In I. Buchanan & C. Colebrook (Eds.), *Deleuze and Feminist Theory* (pp. 156-172). Edinburgh: Edinburgh University Press.

Butler, J. (2009). *Frames of War: When is Life Greivable?* New York: Verso.

Canadian Health Association. (2003). *Canadian Home Care Human Resources Study*. Retrieved from http://www.cdnhomecare.ca/media.php?mid=1030

Chesters, G. & Walsh, I. (2005). Complexity and Social Movement(s): Process and Emergence in Planetary Action Systems. *Theory, Culture and Society, 22(5),* 187-211.

Deleuze, G. & Guattari, F. (1987). *A Thousand Plateaus: Capitalism and Schizophrenia.* Minneapolis: University of Minnesota Press.

Dodson, L. & Zincavage, R. (2007). “It’s Like a Family” Caring Labor, Exploitation, and Race in Nursing Homes. *Gender and Society, 21(6),* 905-928.

Gibson, B. E. (2006). Disability, Connectivity and Transgressing the Autonomous Body. *Journal of Medical Humanities, 27(3),* 187-196.

Gleeson, B. (1999). *Geographies of Disability* New York: Routledge.

Goodley, D. (2007) Becoming Rhizomatic Parents: Deleuze, Guattari and Disabled Babies. *Disability and Society, 22(2),* 145-160.

Grosz, L. (1994). *Volatile Bodies: Toward a Corporeal Feminism.* Indianapolis: Indiana University Press.

Hughes, B., McKie, L., Hopkins, D. & Watson, N. (2005). Love Labours Lost? Feminism, the Disabled People’s Movement and an Ethic of Care. *Sociology, 39(2),* 259-275.

Kaufman, M., Silverberg, C. & Odette, F. (2003). *The Ultimate Guide to Sex and Disability*. San Francisco: Cleis Press.

Lee- Treeweek, G. (1997). Women, Resistance and Care: An Ethnographic Study of Nursing Auxiliary Work. *Work, Employment & Society, 11(1),* 47-63.

Manning, E. (2009). What if it Didn’t All Begin and End with Containment? Toward a Leaky Sense of Self. *Body and Society, 15(3),* 33-45.

Morris, J. (1991). *Pride Against Prejudice.* London: Women’s Press.

Morris, J. (1993). *Independent Lives? Community care and disabled people.* London: Macmillan.

Panzarino, C. (1994). *The Me in the Mirror.* Seattle: Seal Press.

Panzarino, C. (1996). To my Other Bodies. In S. Tremain (Ed.), *Pushing the Limits: Disabled Dykes Produce Culture* (pp.85-86)*.* Toronto: Women’s Press.

Patton, P. (2006). Order, Exteriority and Flat Multiplicities in the Social. In M. Fuglsang & B. Meier Sorensen (Eds.), *Deleuze and the Social*. (pp. 21-38). Edinburgh: Edinburgh University Press.

Price, J. & Shildrick, M. (2002). Bodies Together: Touch, Ethics and Disability. In M. Corker & T. Shakespeare (Eds.), *Disability/Postmodernity: Embodying Disability Theory* (pp. 62-75). London: Continuum.

Shakespeare, T. (2000). *Help*. Birmingham: British Association of Social Workers.

Shakespeare, T. (2006). *Disability Rights and Wrongs*. London: Routledge.

Shildrick, M. (2004). Queering Performativity: Disability after Deleuze. *SCAN: Journal of Media Arts, 1(3).* Retrieved from http://scan.net.au/scan/journal/display.php?journal%20id=36.

Shildrick, M. (2007). Dangerous Discourses: Anxiety, Desire, and Disability. *Studies in Gender and Sexuality*, *8(3),* 221-244.

Shildrick, M. (2009). *Dangerous Discourses of Disability, Subjectivity and Sexuality.* New York: Palgrave MacMillan.

Taylor, S. (2004) The Right not to work: power and disability. *The Monthly Review.* Retrieved from http://www.monthlyreview.org/0304taylor.htm

Ungerson, C. (1999). Personal Assistants and Disabled People: An Examination of a Hybrid Form of Work and Care. *Work, Employment & Society, 13(4),* 583-600.

Vasey, S. (2001). *The Rough Guide to Managing Personal Assistants*. London: National Centre for Independent Living.

Weiss, G. (1999). *Body Images: Embodiment as Intercorporeality.* New York: Routledge.