People as Affordances

Building Disability Worlds through Care Intimacy

Arseli Dokumaci

This article builds on the critical disability theory of affordances that I have been developing through ethnographic inquiries and the notion of "microactivist affordances," by which I mean micro and everyday acts of world building with which disabled people literally make up, and at the same time make up for, whatever affordance fails to readily materialize in their environments. Drawing from fieldwork in Turkey and Quebec with people who have chronic pain and mobility-related disabilities, I explore how microactivist affordances emerge, not through the complementarity of a single perceiver and the world but through the complementarity of multiple perceivers and the world, within the particular material conditions of living with disability. Taking into account the sociality of my interlocutors' microactivist affordances and their, after Ginsburg and Rapp, "disability worlds," I propose the notion of "people as affordances" as a way to describe how people can enable the emergence of, or directly become, affordances for one another, especially where no other affordances exist. I then explore the various forms that "people as affordances" may take and that allow people to create access by their own means, and the socialities within which that access creation may—or may fail to—materialize. Finally, I suggest that "people as affordances" can provide new ways of understanding care that I, after Mia Mingus's work, conceptualize as "care intimacy."

I meet Ahmet at his workplace, a public library in a municipality center that offers educational activities, arts and crafts courses, and other services for people with disabilities. The center is located in a poor, densely populated neighborhood of Istanbul where, Ahmet says, over 4,000 people with disabilities live. We walk toward his home, which he shares with his sister and brother (fig. 1). Ahmet is disabled and has been living with rheumatoid arthritis (RA), a chronic inflammatory disease affecting the joints. I ask him how it started.[1]

> *Ahmet:* [*Translated from Turkish.*] When I was six, in my feet and then my wrists. . . . I couldn't stand on my feet. I was holding onto the walls. At first, they thought I was playing around, I mean, when it started in my feet. But I couldn't walk. I mean, I could walk but I was tired right away, and then I asked my dad to carry me—and then my dad thought, this kid is just playing around. You know sometimes kids are like that. They don't want to walk. So my dad thought that's what I was doing. Then gradually my feet started to swell. Then my back and neck [*pausing and trying to remember*] . . . I remember a time—in the '90s—we were going to the city. . . . Whenever the car and the wheels shook [*mimicking shaking*], I was dying from the pain. . . . I mean, I could move my head but it was so painful, you know, when the car was bumping along the road.

> *Arseli:* Like the vibrations in a minibus (*dolmuş*, a common method of intercity travel in Turkey)?

> *Ahmet:* Of course. Imagine, even with those minimal movements, I was in immense pain.

When Ahmet was about 10 years old, he was hospitalized for a time.

> *Ahmet:* The disease, of course, progressed a bit during that period. You know, like when I was going to primary school, I walked by holding onto things, like walls. [*His eyes gaze into the distance as he recalls the past.*] That was it. I was holding onto things.

> *Arseli:* Did you have any support while you were going to primary school?

> *Ahmet:* [*Smiling.*] Well, I could walk, but only by hanging on to things.

> *Arseli:* Were you able to attend classes?

> *Ahmet:* Of course. But my dad helped me. He carried me in his arms. Because it was a village road, and the school was a bit far, about one and a half country bus stops (*durak*) away. They call it a footpath (*patika*), but it was a rough country road. Because it was rough, my dad would carry me to school in his arms and then

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[1] Names of participants have been anonymized. Translations from interviews in Turkish are my own. Unless otherwise noted, all other interviews were conducted in English.

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Figure 1. Accompanied by the researcher, Ahmet walks toward his home, leaning on a support over smooth urban pavements. (Photo courtesy of A. Dokumaci.)

go back. At the end of the day, he would come back to pick me up.

Arseli: Every single day, your dad carried you?

Ahmet: [*Smiling emotionally*.] Sure, he did—almost until middle school.

During his middle school years, Ahmet had to take a five-year break due to illness. He tells me, "My dad, of course, told me to get an education (*oku*). So I went back to school. In the meantime, he started to work somewhere else. My father's an imam, a hodja (*hoca*). I went back to school. And again, my father brought me back and forth to school in his arms."

Such was Ahmet and his father's journey.

I now move on to another journey. Over the past 10 years, I have been on an intellectual journey developing what I call a "critical disability theory of affordances." Like any other critical disability (or what some prefer to call "crip") theory, my theory of affordances is a work in progress that can always be bent, queered, and—as I shall do in the following—taken in unanticipated directions. This article builds on "microactivist affordances"—a term I use to describe micro (and often ephemeral) acts of world building, with which disabled people literally "make up," and at the same time "make up for," whatever affordance fails to readily materialize in their environments (Dokumaci 2017). Ahmet, for instance, leaves his shirts partly buttoned and takes them off as though they were pullovers, minimizing the need for buttoning. But his father also becomes an affordance for him, especially when no affordance exists that would enable him to access education. So might a father, living in a resource-deprived Syrian refugee camp in Turkey, invent a prosthesis from tuna cans, allowing his disabled daughter to move around the dusty campgrounds.[2] These stories provoke the question: What if the making of microactivist affordances is not, and has never been, one person's individual affair? This is the question I explore in what follows.

Anthropologists of disability have already shown us how disability can enable the imagining of new forms of kinship (Rapp and Ginsburg 2011), how it could be occupied with new meanings (Block et al. 2016), and how the category of disability, as well as of independence and individualism, do not necessarily travel to non-Western cultures (Ingstad and Whyte 2007; Livingston 2006). Taking this literature as my starting point, I explore the sociality of affordance creation within the historical, material, and politico-economic specificities of "becoming disabled" (Erevelles 2011).[3] Drawing on ethnographic stories of people with invisible disabilities, I discuss how people may enable, facilitate, or interfere with and disable the emergences of affordances for one another. To capture this sociality, I propose "people as affordances" as a subcategory of microactivist affordances and as a new way of conceptualizing "care."

I begin with an introduction to a critical theory of affordances, followed by ethnographic accounts demonstrating the different forms that "people as affordances" may take (or fail to take). I end with a reflection on what the notion of "people as affordances" could offer to an anthropology of disability.

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[2] See Al Jazeera News. 2018. Syrian girl who used tuna cans for legs receives prosthetic limbs. https://www.aljazeera.com/news/2018/07/syrian-girl-tuna-cans-legs-receives-prosthetic-limbs-180707083338874.html (accessed August 1, 2018).

[3] I am of course not the only one to spot the need to talk about the sociality of affordances. Gibson himself writes about how "behavior affords behavior" (1979:135) and how children are socialized only when they begin to perceive the affordances of things for others with whom they share a niche (141). And with his notion of "canonical affordances," Alan Costall calls for "socializing affordances" (Costall 1995, 1997). Giving the example of a chair, which, he argues, does not just happen to afford sitting but is "meant to" afford sitting in a sociocultural context that names, maintains, and sustains it as such, he calls attention to the canonical meanings of things. Similarly, Schmidt writes about how social properties of the environment also factor into affordances, not just, say, an object's graspability. For instance, he discusses the "gift properties" of a mug given as a present and "ownership properties" of goods in a market (Schmidt 2007). Other post-Gibsonian commentators also note an "extraindividual" context (Heft 2013:165), a certain "normativity" (Rietveld and Kiverstein 2014:330) that shapes affordances and into which humans are enculturated. In a study informed by science and technology studies, Bloomfield and his colleagues show how the affordances of technological objects are not a pre-given effect of the relation between the user and the object but are "collective accomplishments" of various actors and their assemblages (Bloomfield, Latham, and Vurdubakis 2010:419–420). Most notably, Tim Ingold, with his notions of "enskillment," "taskscape," and dwelling approach, provides an anthropological context for affordances (Ingold 2000). My discussions build on this literature and expand it further by bringing into focus the sociality of microactivist affordances within what Nirma Erevelles (2011) would call historical-material transnational contexts.

Ethnographic Context

From 2009 to 2010 I undertook a visual ethnography in different parts of Istanbul (Turkey) and Quebec (Canada), working with people who have invisible disabilities related to rheumatoid arthritis. I visited participants in their homes, filming them as they undertook a series of daily tasks (such as cooking and dressing), and interviewed them about how they live with chronic illness and disability. I myself live with invisible disabilities related to rheumatoid arthritis, and all participants knew of this prior to our meetings, which eased the sharing of experiences and ingenious affordance improvisations. My own journey of living with chronic illness and disability for the last 20 years, in five countries, has provided the experiential groundwork for my proposal for a critical disability theory of affordances. Each location, each encounter, and each life cycle change has been an opportunity to flesh out the theory and rethink what microactivist affordances are or can be: how they are, and why.

A Critical Disability Theory of Affordances

The original theory of affordances comes from ecological psychology, proposed by James Gibson (1979) to describe how action and perception are shaped through the complementarity of organism-environment relations.[4] Affordances are what an organism can do with its environment—its surfaces and its substances—depending on how their properties come to correlate with those of its own. "To be graspable," for instance, "an object must have opposite surfaces separated by a distance less than the span of the hand" (Gibson 1979:133). Affordances are "invariant combinations of properties of things . . . taken with reference to a species or an individual . . . [and] its needs (biological and social) as well as to its action systems and its anatomy" (Gibson 1982:410). They reside neither in the environment nor in the body but in the inherent coupling of the two (see Stoffregen 2003). This means that a flat, rigid, horizontal surface may be "walk-on-able," "crawl-over-able," or "wheel-on-able," depending on the organism in question (its scale, age, needs, skills, emotions, etc.), and the conditions of their encounter. Affordances are relational, situated, and emergent—but they are also simultaneously objective, invariant, and "always there to be perceived," independently of whether they actually are perceived or not (Gibson 1979:139). In short, affordances are "equally a fact of the environment and a fact of behavior" (129).

I first engaged the theory of affordances during fieldwork for my doctoral research and questioned it in relation to what Ginsburg and Rapp (2013) call the "disability worlds" that I encountered. My research in Istanbul and Quebec at that time (2009–2010) explored how people with disabilities related to rheumatoid arthritis (RA) went about their everyday lives and tasks. Because RA affects joints, and because joints mean movement, one's everyday life turns into a stage for "choreographing the dance of avoiding pain"—a dance that is done solo at times and with another, or others, at other times. This particularity of RA-related disabilities (which I knew firsthand) first led me to question the theory of affordances. What possible affordance could there be when life was lived in constant pain from joint inflammation? But then I also asked, If to be disabled is to "realize that . . . the world is not [your] dance floor," as Vivian Sobchack puts it (2005, 62), what if disabled people imagined new floors to be danced on? What would these disabled reimaginings of the world do to the theory of affordances? I pushed this critical interrogation further during fieldwork in Montreal, where I collaborated with three differently disabled individuals, exploring their practices at home and following their daily mobilities through public places over the course of a year (2013–2014).

This incessant questioning, disrupting, and troubling—or "cripping" (Sandahl 2003)—of the original theory of affordances led me to develop a critical disability theory of affordances. In order to approach this theory, we must first ask what disability is in terms of affordances.

Whether as barrier, chronic illness or pain, or debilitation or lack of access to resources due to structural inequalities, disability, I propose, can be defined ecologically as a shrinking of the environment and its available affordances (Dokumaci 2019). But this shrinkage can also incite invention and improvisation that make the same environment afford otherwise and "slantwise" (Ahmed 2006:65), leading to microactivist affordances.[5] In more empirical terms, a twist-off cap, for instance, does not complement a body with inflamed fingers in pain, or "deformed" fingers, or a body without arms. The cap is a materialized form of "ignorance" (Scarry 1985:288) of corporeal variations and vulnerabilities. But when my interlocutors bite a cap off or put the deformities of their hands to creative use, squeezing and twisting the cap, they bend its rigid materiality toward new possibilities of action. The everyday lives of disabled people may be full of such microactivist affordances. Frida Kahlo, for instance, designed blouses without fastenings and wore exuberantly colorful dresses of a length that allowed her to move easily, making her disability less noticeable.[6]

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[4] I have elsewhere extensively discussed Gibson's theory of affordances. For my more comprehensive interpretations of his theorization, please see Dokumaci (2013 and 2017).

[5] Sara Ahmed uses the notion "slantwise" in reference to Maurice Merleau-Ponty's phenomenology, where he describes the effect of seeing a room "not straight" but obliquely and as "queer" (Merleau-Ponty 2002:289 cited in Ahmed 2006:65). Relating to the world slantwise, according to Ahmed, is a generative moment of disorientation to the right angles and right order of things.

[6] In 2018, the Victoria and Albert Museum in London held an exhibition of Kahlo's personal artifacts and clothing, aptly titled *Frida Kahlo: Making Her Self Up*. The exhibition demonstrates how Kahlo was a master affordance maker. The details of her microactivist affordance creations can, e.g., be traced in the following description in a *New York Times* review of the exhibit: "The boxy huipil blouses were made without fastenings, and could

So while the external world can be hostile to bodily particularities and oblivious to the experience of pain (Scarry 1985: 288) and illness, the affordances that an environment fails to provide in the form of built objects, places, and socially recognized gestures, disabled people may invent in and through the everyday improvisations and DIY inventions that I call microactivist affordances. These are mundane, ephemeral, and often unrecognized, parts of a process of "worlding" (Ginsburg and Rapp 2017:5–6) that allows disabled people to "create and dwell in inhabitable worlds" (Friedner and Cohen 2015). They let disabled people occupy niches "that are *yet to be* occupied" (Gibson 1979:128), when existing niches fail them persistently and pervasively (Dokumaci 2017:404). In short, microactivist affordances, in the way I define it, bring "accessible futures" into life in the ephemerality, ordinariness, and ongoingness of day-to-day activity.

Thus whereas Gibson's original theory focuses on affordances as a way to capture "the mutuality of the organism and the environment in a way no existing term does" (1979:127), my theory of affordances focuses instead on what happens when that mutuality cannot be readily found within the given order of things. My theory is not so much concerned with the entirety of action possibilities the environment offers to the organism as it is with those possibilities that its existing niches fail to afford, and what follows from that failure. Microactivist affordances catalyze the radical potentials of performance, improvisation, and creativity, allowing us to politicize and historicize affordances. They are activist because within their making the environment emerges not as static materiality but as "a total movement of becoming" in which "our actions do not transform the world, they are part and parcel of the world's transforming itself" (Ingold 2000:200).

But what if microactivist affordances emerge not just from the reciprocity of organism and environment, as Gibson presumed (1979), but also from the reciprocities of multiple organisms and the environment within the particular historical-material circumstances of their encounter?

"People as Affordances": Making Up Access by One's Own Means

Let us return to Ahmet, who grew up in a small Turkish village in the early 1990s. To access hospital care he had to travel to the city, and there were few pharmacies in the region. His parents could only get medication for Ahmet when they drove into town, and those medications only worked if taken regularly; otherwise the disease could suddenly flare up. And it did flare up. Ahmet's primary school was far from his home, with neither a proper road nor a transportation system between them. Connecting the two was a rough country road (a *patika*—literally, "a path to be walked upon"). Ahmet's feet were inflamed and swollen. He could not walk without support.

All things considered, there was no way for Ahmet to get to school on his own. While many people with disabilities, in many situations, can "make do" by putting their bodies and surrounding materials in hitherto unthought of combinations (see Dokumaci 2013, 2017)—that is, creating microactivist affordances—there was no way for Ahmet to negotiate the footpath, to make it afford him otherwise or slantwise. Its uneven surface (cluttered with pebbles and weeds) and lack of railing was hostile to his disabled body in pain. Unless, of course, another body came in between, as did Ahmet's father's, who lent his arms to be carried within, and his feet to be walked with, becoming the affordance of what would have, in ideal circumstances, been a wheelchair, an adapted public transportation system, or a smooth-surfaced road.

Affordances, according to Gibson, are environmental properties "taken with reference to the observer . . . If a terrestrial surface is nearly horizontal . . . nearly flat . . . and sufficiently extended (relative to the size of the animal) and if its substance is rigid (relative to the weight of the animal), then the surface affords support" (1979:143). But this was obviously not the case with the footpath for Ahmet—the physical properties of the cluttered path in reference to his body were a "barrier" to an affordance. So what made school nevertheless attend-able for him? How did an un-walk-able path become walk-able?

The answer is Ahmet's father. In the absence of a wheelchair, accessible roads, or public transport, Ahmet's father became his affordance. This is what I mean by "people as affordances"—that people can enable the emergence of, or directly become, affordances for one another, especially when the affordances that their coming-together might create do not and could not otherwise exist within the niche they share.

"People as affordances" is therefore an important subset of microactivist affordances, bringing into focus the sociality involved in their making, through improvised relationalities between the world and one's own body as well as between multiple bodies. If the affordance of support comes about in Ahmet's story, it is not because only his physical and subjective properties are fundamental in reference to his environment, but because they also relate with his father's properties, which in turn relate with their environment. The affordance of a walk-on-able surface for a child who cannot walk cannot be understood separately from the arms and hands and legs and feet and devotion, love, and care of a father who strongly believes in the value of education and who walks with and for his child.

The concept of "people as affordances" foregrounds another crucial dimension of microactivist affordances: the material conditions that shape their making. We cannot understand how the footpath becomes walk-on-able for Ahmet apart from the relationship between him and his father, nor apart from their specific living conditions. Rural 1990s Turkey lacked basic infrastructure and services (well-tended roads, hospitals, schools,

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drop loosely over a back brace or plaster cast. Their short length was well suited to working while seated, whether in a chair, bed or wheelchair. The long flowing skirts covered her wasted leg, and their motion helped conceal her limp" (Judah 2018). I am grateful to Faye Ginsburg for bringing this exhibition and Kahlo's affordance creations to my attention.

public transportation), let alone more "luxurious" devices or services required for a well-functioning social welfare state, such as automated wheelchairs or social workers. What we witness is not merely a complementarity emerging between people—a school-age child who cannot walk and an ambulatory father who cares for his child and wishes him to get an education; but a complementarity emerging within a social system—a disabled child, his father, and a cluttered footpath between school and home within a locality where basic infrastructure and support for the disabled child and his family fail to materialize. When people become affordances for one another, and create access by their own means, we cannot understand this in isolation either from the structural conditions that necessitate their making (in Ahmet's case, the lack of basic provisions in rural Turkey during the 1990s) or from the love, devotion, and care (between Ahmet and his father).[7] In brief, "people as affordances" is a product of the macro as much as the micro. It is a story of "becoming disabled" (Erevelles 2011).[8]

"People as Affordances": Pain "Leaks"

In 2009 I visited Valerie and her husband at their country cottage in Eastern Canada. They live in a stone-built house—the house of their dreams—amid vast open lands, far from neighbors. They have a farm, and Valerie has a huge vegetable garden where she spent most of her time when she was still mobile. Her husband, Patrick, has installed an irrigation pipe so that Valerie can water the garden by just opening the tap without having to manipulate the hose, which is now difficult for her given her painful joints (fig. 2). When I met her, Valerie had been living with RA and its related disabilities for only a few years. The flare-ups, health complications, and pain, including during our interview, are difficult for her. I ask Patrick how the illness has affected their life as a couple.

> Well, it started showing up very shortly after we were together. So, it's not like we have, you know, 10 years before and 10 years after. Um, but yeah, I can see that she is in pain and I think we have just developed a way of, you know for some things, just doing stuff, day-to-day life . . . I don't think about it very much anymore . . . Um, but there are times when it's not always easy to understand and you know, "Just, just pick it up!" Like it's, you know, there is stuff lying around and [*mimicking the gestures of saying so*], "Just pick it up!" and you don't always think about, "Ah, you know, maybe that day she is not feeling, you know, well enough to pick whatever it is, um, on the ground up." Yeah. . . . Sometimes. It's not always easy, [*turning to Valerie*] but I think we manage.

Figure 2. Using the affordance of a piping extension built by her husband, Patrick, Valerie is able to tend to her garden without needing to manipulate a hose with her painful joints. (Photo by A. Dokumaci.)

I ask Patrick whether he could give some examples of the routine he mentioned and whether they do anything differently now than before the onset of Valerie's illness.

Patrick: Yeah. . . . Just trying to pay attention. Yeah, like when you put the cap back on something like we were saying before, not to put it, not to tighten it, right?

Valerie: Let's say we are at a place outside and people come with a, I don't know, a water bottle. Brand-new water bottle. You always crack the seal and then you give it to me.

Patrick: Hmm [*nodding his head slightly, showing agreement*].

Valerie: Always, always, always. Or open a pop can, you know the little lid. [*Mimicking opening a can.*] You always do it.

Patrick: Yeah, it's true.

Valerie: I don't think you notice it anymore.

Patrick: Yeah, no.

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[7] In this regard, the notion of "people as affordances" is in conversation with AbdouMaliq Simone's notion of "people as infrastructures," with which he traces how "limited resources can be put to work in many possible ways" by urban residents of the inner city of Johannesburg, where institutions and infrastructures fail and immiseration prevails (2004:426).

[8] It might be tempting to consider "people as affordances" as a form of Deleuzian "becoming," as discussed by Margrit Shildrick within her emphasis on "global intercorporeality" and corporeal interdependence within the network of globalization (2009:154–155). I would, however, along with Erevelles, express "cautious optimism" about this temptation (2011:53). When Ahmet's father becomes an affordance, we are asked by Erevelles to, as she does in her own work, give a transnational, material historical account of "becoming disabled" (26), not just a celebratory account of transgressions.

Elaine Scarry suggests that pain is the most aversive form of human sentience, resisting any form of expression (1985). There are no words, tools, or objects in the world outside of us to correspond to this unique bodily state (Dokumaci 2013:109). But this very resistance to expression makes pain, as Scarry brilliantly shows, a generative source for pushing the limits of its representation. When the environment becomes most inhospitable, the very "counterfactual wish" that pain was gone allows us to imagine, make up, and inhabit a world of artifacts that embodies and expresses that wish, "redistributing" and "diminishing" pain (Scarry 1985:291). This is how the story of "the most contracted of spaces," that is, pain, becomes the story of "the most expansive territory" of human sentience and expression: "the making and unmaking of the world" (22–23).

Alyson Patsavas also explores the relation between pain and its communication, in what she terms a "cripistemology of pain" (2014). Drawing on her own life, she writes: "My experience of living with pain leaks onto those around me in a way that cannot be contained by the boundary of my body or experience" (214). Following Margrit Schildrick's idea of "leaky bodies," she proposes "a queercrip understanding of pain," where pain "flows through, across, and between always-already connected bodies" (213).

To be clear, Patsavas herself does not align her work on pain with Scarry's. In fact, she positions her queercrip reading in opposition to Scarry's work on pain, which she considers to be focused on pain's unshareable and disruptive ontology. However, I disagree with Patsavas in the sense that Scarry discusses the unshareable and nonrepresentable ontology of pain, not to invoke an impossibility but precisely to foreground how this resistance allows us to push the limits of its representation further through the act of "making." In this sense, I see more connections than contrasts between the two readings of pain and a shared emphasis on its shareability.

Both Scarry's and Patsavas's ideas, for example, are found in Valerie's and Patrick's accounts of living with Valerie's pain. Pain does indeed leak. It brings "counterfactual revisions" (Scarry 1985:22) of an existing world, as in the piping extension that Patrick built for Valerie, the microactivist affordance replacing a heavy hose. But there is something more in Valerie's and Patrick's accounts. Building on Scarry and Patsavas's arguments, I suggest that not only can pain leak or become expressible against all odds, but its leaking can also allow the ones across whose lives it flows to become affordances for one another, "as if" they were themselves already in pain.[9]

Thus, for instance, Patrick participates "as if" anticipating the pain in Valerie's swollen fingers as his own, and he obviates it by becoming her affordance, cracking the seal on a water bottle before handing it to her. Just as with Ahmet's case and the walk-on-ability of his road, we cannot understand the twist-off-ability of the cap separately from the properties of a cap in relation to Valerie's swollen fingers—and the pain she feels as Patrick relates to it. The microactivist affordance with which Valerie and Patrick imagine an otherwise world—one in which Valerie's pain is alleviated (though not eliminated)—comes into being not just through the complementarity of a single perceiver and the world but through the complementarity of multiple perceivers and the world. Again, this complementarity cannot be thought of independently of the environment—transnational context where profit-driven capitalist markets continue to drown us, perhaps not in liquid but certainly in bottles, cans, and lids. Just as Ahmet's father enacts the affordance that could have otherwise been provided by an accessible road, a transport system, and a wheelchair, in letting Valerie's pain leak to him, Patrick performs the affordance that would, in a more accessible world, be arthritis friendly caps, or in an ideal world, a publicly accessible drinking water system that would have rendered both bottles and caps redundant.[10]

In another telling moment, when I ask Valerie to pick up a bag from the floor as she normally would—part of the study that I ask all of my ethnographic interlocutors to do if they can—she points at it and says:

> I would ask Patrick to give it to me. That's what I would do . . . Everything that's on the ground, I don't go and pick it up. I ask Patrick to pick it up for me or to put it on the table or even, I don't know [*pausing*] put the dishes in the dishwasher [*she hits one hand on the other and makes a facial gesture, indicating the impossibility of the task for her*]—I leave it on the counter and he puts it in.

"The temporality of the taskscape," Ingold writes, "is social" (2000:196). If microactivist affordances emerge in all the shared routines of Valerie and Patrick counted above, they emerge, I argue, not because of the momentary encounter between a single organism and its environment but because of the temporality of "choreographies" emerging between more than one body and their shared environment. The choreography of "people as affordances" is thus not only a temporalized but also a "socialized" event.

Care Intimacy

In these accounts of a shared everyday, Valerie's experience of living with pain and Patrick's experience of living with Valerie's pain "bleed and leak onto one another," making it impossible to talk exclusively of "one's" pain (Patsavas 2014:215). The vital

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[9] Here I refer to the "as if" situation of the ontology of pain, and its counterfactual wishes, that is central to Scarry's readings (1985:22).

[10] For human-centered design and how it may be critically approached from an anthropological lens, see Hartblay, Hankins, and Caldwell (2018). "As anthropologist Peter Redfield (2012) has observed," they write, "when Western design firms tackle problems of the global South through what they term 'elegant' or 'simple' design strategies, they tend to focus on solutions rather than the fully elaborated social and cultural worlds." Though the authors are here referring to the global South, design solutions such as arthritis friendly bottles can be thought of in a similar way.

affordances of their common environment begin to carry the traces of their shared pain. Things lie on the ground, groceries and used dishes wait on the counter, until "people as affordances" comes about. A similar pattern emerges within the "disability world" that my life-partner, François, and I share. Sometimes, I imagine my pain flowing through the pores of my skin like my sweat, touching François and those around me in invisible yet visceral ways. I know this because, when I wake up, I find two slices of bread and a full kettle on the counter that François has sliced and filled with his limbs that do not experience pain so as to prevent an experience of pain from my use of my morning-stiff limbs. This is another instance of "people as affordances." If the bread becomes edible to me, this is not because I have come up with an ingenious affordance of slicing the loaf but because François has it sliced on my/our stiff hand's behalf. The rest of our kitchen, our household and its physical organization, too, bear the blueprint of our shared pain and of "people as affordances." Heavy pans and plates lie either on lower shelves or on the countertop, saving me the pain of reaching. Couch cushions are turned upside down and pillows are placed at odd angles to create a sit-on-able surface with least pain. This queer furniture (Ahmed 2006:167) and the overall "disoriented" layout of our living space makes the "counterfactual wish" (Scarry 1985:292) of diminishing—not eliminating—Arseli's pain factual. So does the "inhabitable world" that Patrick and Valerie create through their choreographies of "people as affordances." The seals of bottles are always already cracked before they reach Valerie. A full grocery bag stays on a lowered counter until Patrick gets home to empty it (fig. 3). Dishes lie on the counter for Patrick to put in the dishwasher. Valerie, Patrick, and the objects in between may not share the same time and space of an action, and yet they come together to invent an affordance to reduce Valerie's pain.

Drawing from these accounts, I would argue that "people as affordances" exhibits itself as a most fluid form of what Mia Mingus calls "access intimacy," that is, the "elusive, hard to describe feeling when someone else 'gets' your access needs" without them being made explicit (2011). And it is precisely in the elusiveness and ephemerality of its occurrences that "people as affordances" provides new ways of understanding care. Following Mingus, I propose the notion "care intimacy" as a way to describe how the need for care can be articulated, responded to, and engaged with through intimate and unspoken means as people provide or become affordances in and of themselves.

Nonperformance as Affordance: Loving Nonetheless

Sevim and Guven, a married couple whom I interview at their home in Istanbul, reflect on how illness and disability affect their relations with their children and grandchildren.

> *Sevim:* [*Translated from Turkish*.] [*Proudly pointing at a photo*.] This is my granddaughter, that's our daughter. When she [*Sevim's granddaughter*] started walking—let's say we are going to a park or something. Poor kid, she tugs my hand [*mimicking her hand being pulled*], and I go, "Ow, ouch!" [*mimicking expression of pain*]. I say, "Don't do that!" She got scared and let my hand go. But then she got used to

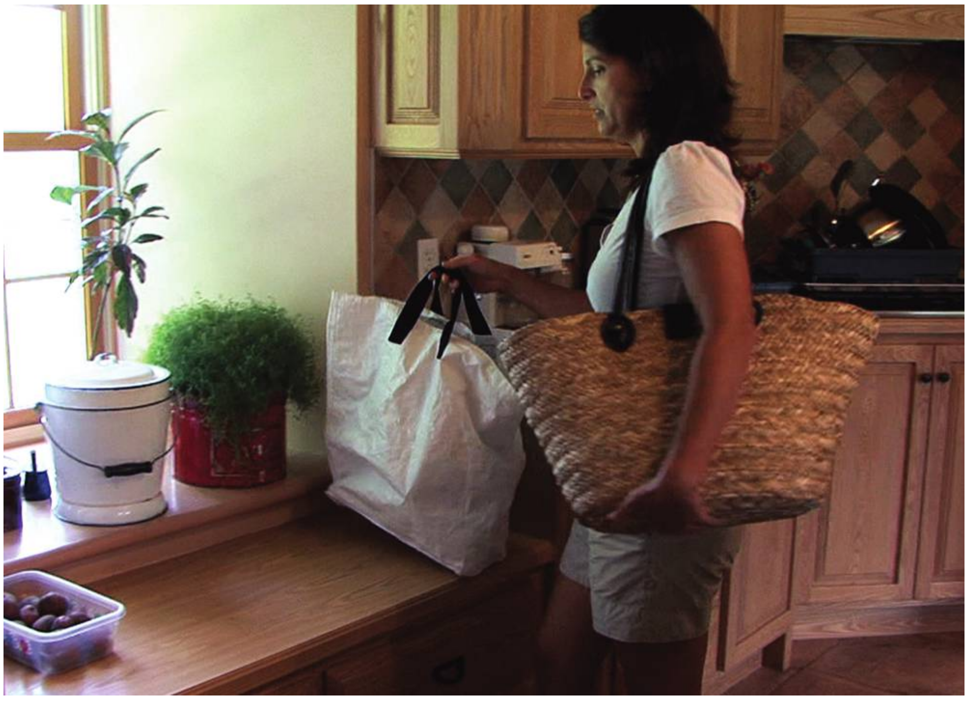

Figure 3. Valerie sets down her groceries on a low kitchen shelf for Patrick to put away. (Photo by A. Dokumaci.)

it. She started asking, "Which one of your hands was it, Grandma? Should I hold this one, or the other one?" I mean the kid is . . .

Guven: I mean, it [*illness*] does not just affect the person who's sick. It affects the people around her.

Sevim [interjecting]: Like I say to her, "Ouch! Don't pull me, my dear."

Arseli: How does it affect the people around her, for example?

Guven: Look, here you go. Even if her granddaughter is young . . .

Sevim [speaking at the same time]: I mean, it does hurt of course . . .

Guven: . . . subconsciously at least . . .

Sevim: . . . then she asks, "Which one hurt, Grandma?"

Guven: . . . she thinks it could hurt her grandma if she holds her hand.

Sevim: But what can the kid do? From the moment she opened her eyes, that's how she saw me. Even then I couldn't hold her in my arms.

Back in Canada, Melanie, her husband, and I sit at their dining table as François helps me film the interview. Melanie is in her mid-40s and has been living with disability and a chronic illness similar to RA for the last 15 years. Perhaps because I am the ethnographer, and I have a similar illness to hers and am there with my partner, or perhaps because she simply wants to talk about it, Melanie reflects on the difficulties of engaging in sexual activity when living with a highly disabling illness:

Melanie [mother tongue French, speaking in English]: And it affects too . . . our sex life! I was so much tired. So much pain. [*Mimicking a hand touching her arm.*] "Don't!" You can't touch me. Do this [*extending her arm and touching me very gently and then screaming*], "Argh! [*mimicking pain*] No [*recoiling in pain*] touch, don't touch me! I have pain, you know." So it affects this part too. Because it's important to know that we want to but we can't. It's not because I don't love you, it's not because I don't feel like. I can't . . . I am tired.

Arseli: It hurts.

Melanie: It hurts! It hurts a lot and I am tired and after that it's "argh" double pain you know [*mimicking aching, with her tongue out*]. It's "Argh! Argh! Argh!" [*Each "argh" is preceded by one of her arms touches the other. She lets go of her hands.*] It's important in this way too. It may not be easy for him because we were so young. At the age of 30, you know, you want it, eh! It's good. But, um [*making a face so as to signal What can I do?*] "I'm sorry!"

Thus far, my discussion of "people as affordances" has focused on how affordances are collectively brought into being as one person dwells in another's experience of disability, including chronic illness and pain. But what of situations where the *non*-performance of an (expected) action becomes an affordance in and of itself? Philosophers of action note that not-doing or negative actions can be as important as positive ones, and in some cases withdrawals or intentional omissions may as well become acts of resistance (Kärki 2018:365). In what follows I want to briefly consider how mutual avoidance can become a microactivist affordance in its own right and how it can bring a "new kinship imaginary" into being (Rapp and Ginsburg 2011). But first I must ask, What affordance is being mutually given up here?

As Gibson notes, "the richest and most elaborate affordances of the environment are provided by . . . other people" (1979:135). Our bodies, materially speaking, are substances with surfaces whose layouts change as we move, do things, and make gestures. These changes emit perceptual information about us, what we are, what we ask, demand, promise, encourage, and so forth. "What the male affords the female is reciprocal to what the female affords the male; what the infant affords the mother is reciprocal to what the mother affords the infant," and so on, giving rise to "mutual affordances" (135). If we follow this logic, we must assume that in Sevim's and Melanie's stories, mutual affordances are simply being given up, as sexual activity is not engaged in and a hand is not held. But Rapp and Ginsburg's notion of new kinship imaginaries leads me to ask, Is it really thus? Must it be?

Perhaps not. In their longtime work on the experiences of families with disabled children in the United States, Ginsburg and Rapp trace how families, in the face of such experiences "find themselves recognizing and reorganizing tacit norms about familial relations" (2017:2). Living lives where "the temporalities and expectations of conventional kinship narratives" such as "college, job, marriage, children" will not necessarily materialize, families begin to rewrite the normative social and cultural scripts of the middle-class American nuclear family (Rapp and Ginsburg 2011:385, 400). "From household budgets to school careers to sibling relations to models of humanity," these families remake everything "in ways that take into account life with a difference," opening up meaningful spaces for what normative expectations preclude (383). This is how they begin to bring into being new kinship imaginaries.

This seems directly applicable to Sevim's and Melanie's stories: A granddaughter's hand is not held; a lover's body is not touched. But this absence of action does not necessarily mean the absence of "mutual affordance," within a new kinship imaginary. Rather, it may only mean that the mutual affordance does not materialize according to traditional normative expectations that presume that a grandchild's hands should automatically be held by his/her grandparent and that couples should make love. But mutual affordances are not like other affordances: when they fail to actualize in expected ways, they elicit a response from the person in need of affordance, such as acceptance, refusal, indifference, or encouragement (none of which one may expect from a water bottle, e.g., that one may open or not be able to open). The mutual forgoing of an action can be a microactivist affordance in itself—one that brings into being a new kinship imaginary, not because an otherwise unimaginable action possibility is cocreated but because an already established and socialized action possibility is not undertaken.

Thus "Please don't" and "Don't touch me" are the terms of the (non)engagement of a grandmother and her grandchild, or of a couple. A mutual affordance emerges not because the action in question is performed but because it is mutually let go of.[11] Here, people become affordances for each other, not by way of enabling the emergence of, or directly undertaking, an affordance, but by way of agreeing to let go of an affordance that could have been of benefit to themselves. It is the nonperformance of a traditionally mutual affordance that becomes an affordance in and of itself, as Sevim's grandchild enacts by asking "Which one [of your hands] hurts, grandma?" Not touching, not holding, not caressing, and loving nonetheless.

When "People as Affordances" Fails to Materialize

Let me be clear that my point is not that people at all times and under all circumstances become affordances for one another. In proposing the notion of "people as affordances," I describe how people may enable the emergence of, or may become, affordances for one another, especially in circumstances where there are no readily available affordances or convenient tools, objects, and infrastructures to respond to their pain, ill health, and bodily particularities. But this surely is not a general rule. In fact, as I show below, "people as affordances" may fail to materialize for a variety of reasons.

A grandchild may, over time, learn to ask which one of her grandmother's hand was in pain and not hold it. In another story, one's own child may fail to perceive or may misperceive" (Gibson 1979:135) the call for an affordance. Jacques, who is in his 60s, reflects on his first years of living with a debilitating and disabling illness:

> I was the only one working; my wife was taking care of the kids. The kids! . . . our children were born in '68, '70, and '74. So . . . if you go back to 1982, when it all started, the oldest one was 14, right? And the youngest one was 8. So, at 14, when you cannot do something, and you ask your son, "Could you cut the grass for me please, I cannot do it?" or "Can you clean the snow with a snow blower? I cannot do it." What he thinks is, "Ah, here is another way that dad has found to get me to work!" Right? He doesn't realize that you have arthritis and you cannot do things like this.

Second, pain may leak. But not always. This is what Patrick's careful, self-critical reflection, "There are times when it's not always easy to understand," reminds us of. Third, pain may fail to reach and "contaminate" the other because the person in pain may deliberately contain it.

> *Valerie:* I am still in that emotional phase where I don't know how I'm supposed to be. I don't know if I'm supposed to, like you said, am I supposed to push myself beyond what I feel I am capable to do to show that I do an effort? Or I should use something to help me. And I get very angry also. So, I do a lot of things out of rage. Angry, you know. If I get really angry, I can pick up the bag.
>
> *Arseli:* I can understand that.
>
> *Valerie:* I don't have to tell anybody that I have a hard time. I get really angry and I pick up the bag, you know. So, nobody has to listen to me saying [*in a tone that mimics seeking pity*], "Can you help me do this?"

Whether pain becomes permeable between bodies depends on a host of social and cultural contingencies. Valerie might prefer the physical pain of picking up the bag to the emotional pain of "having to" ask for help—an example of how valued and "fetishized" (Livingston 2006:121) independence and autonomy are in North America. This ideal becomes a barrier to seeking help from others; removing it requires long and arduous work. "She is getting better," Patrick says, but he adds, "It's a very slow process. For years, she didn't have anybody helping her."

Learning to let others become affordances for oneself can indeed be a slow and laborious process—one that may reveal itself only in retrospect. Julie, now an elderly grandmother, has spent almost 30 years of her adult life with disability related to RA, and it brought turmoil (*drame* in French) when she fell ill because she had three children. She was not able to do daily chores, cooked as little as possible, and got help from her mom and sister. At a certain point, her children stayed at her mother-in-law's because she was hospitalized for a month. "My life changed completely," she says. When I ask her how her children responded to seeing their mother ill, she replied in a moving, regretful tone:

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[11] Disability activists, advocates, and scholars have already called attention to the creative possibilities and pleasures to emerge from sexualities of disabled embodiments (see Erevelles 2011:89; Shildrick 2009:128; Wendell 1989:120). What I want to add is that, at times, not engaging in sexual activity, no matter how involuntarily it is done, can open up new ways of imagining sexual relations as well.

> [*In English*.] Well, you know, something happened and today, I'm so sorry for that. But, I wasn't able to accept the sickness. I wasn't able. . . . So, I was trying all the time to do . . . more than that I can do. And the kids tell me today, we knew that you were suffering but I didn't want them to see me suffering. So, I was hiding myself and uhm . . . I was not coping a lot with the sickness. No. . . . But now today, I, I tell to myself, it would have been the best solution to say, "Mom is sick and um, we have to care, er, about her" and explain them and say but the. . . . For many years, there was a lie in the family situation.

In addition to all other situations exemplified above, "people as affordances" may also fail, or be slow, to materialize because at times, "we all need care simultaneously" (Piepzna-Samarasinha 2018:65). But just because "I am chronically ill and don't have the energy/strength to lift you onto the toilet," Piepzna-Samarasinha adds, "doesn't mean that I am a bad ally" (65). It means that the care intimacy that "people as affordances" entails can still be in place even in the absence of its actualization.

Habitus of Ableism: People as Barriers to Affordances

In the previous section, I have discussed situations in which "people as affordances" does not come to pass. Sometimes pain does not leak. People may not have the active tentacles to sense and respond to another's impairment. Sometimes, in living up to the ideals of independence, in hiding their pain and impairments, and in what I call "overpassing" as able-bodied, disabled people may themselves be the biggest barriers to others becoming affordances for them. "Compulsory able-bodiedness" (McRuer 2006) can make disabled people their own worst enemy, precluding the possibility of imagining new forms of kinship, relating, and dwelling with others.

I end with a story that occurs in many guises in disabled people's day-to-day lives. It is the polar opposite of Ahmet's story that opens this article. A page from my own notes:

> 16 March 2018, sometime before noon. Hammersmith bus station. Surprisingly, a warm sunny spring day in London. I am coming back from Tucson where the Wenner-Gren's "Disability Worlds" workshop (which led to the writing of this paper) has taken place. Having flown over ten hours, I am sleep-deprived and exhausted, and stiff with pain. By experience, I know very well that people with buggies tend to take up the space in the bus where I could potentially put my luggage. Not wishing to engage in a needless fight for space (which I am doomed to lose since what I am carrying is not a cute baby and my body does not at all look deserving of priority space), I decide to wait for the bus standing up, forming the first point of a queue. As painful as that standing/waiting is, it helps me get a place to sit, just beside the doors in the middle, where I also manage to squeeze in my luggage. Exhausted, I sink in the seat. The usual suspects on a weekday bus during working hours are students, tourists, elderly people, parents with their babies and kids—and on occasion, people with disabilities. Not wanting to miss this rare, glorious weather, people fill up the double-decker. At one point, a woman with a buggy comes in and takes up the first half of the priority area for travelers with wheelchairs. From her casual chat with a friend seated with her kid a few rows away, and their glittery bags, I gather they are on their way to a birthday. A few stops later, a man with a buggy comes in and takes up the other half of the priority area, which a sign indicates should be emptied if needed by a person in a wheelchair (fig. 4). A few stops later, among the crowd of bipeds trying to push their way onto the bus, I see an old man, with weakened arms, trying to make his way through the crowd with his manual wheelchair. He approaches the middle door. Catching a glimpse of the impending "nightmare," the woman with the buggy tells her friend, "Oh shit, now we have to move." Which they never do. The middle door opens, and a grave silence sinks in. The two people with buggies look helplessly at each other, wondering who would be kind enough to go out so one of them could stay in. They exchange a few gestures, make a few moves, and mumble some words—just enough to make them look courteous, but not so much as to actually move and give the space to the man in the wheelchair to whom it rightfully belongs. Perfect balance. Just enough civility

Figure 4. On a London bus, prominent signs denote designated spaces for wheelchair users, with buggies permitted if wheelchair users do not require the space. (Photo by A. Dokumaci.)

> but not too much generosity. The bystander effect—the fact that they are not alone in their shared ignorance—makes it easier for them to literally hold their ground, and to occupy someone else's affordance. In the meantime, bipeds continue to get onto the bus with the privilege others do not have. After a while, the woman and man with buggies give up even their fake civility posing. Now they completely ignore the old man as if he did not exist. No PA announcement is made.[12] The bus driver does nothing. Neither do other commuters. Standing up on a crowded bus, on a hot day, they just want the bus to move on. They ignore the ignorance going on. The person in a wheelchair is a problem everyone wants out of their way. Boiling up inside, I stand up and say, "He needs to come in, he should come in!" as I look with fearful eyes at the woman and man taking up all the space. To show that they are civilized enough to be disturbed by my cry, they do just a few more "just enough . . . but not too much" moves. Everyone on the bus preserves their complicit silence. The old man has waited long and patiently for a gesture of recognition that never came. He waves his hand, and shouts in his weak voice, "It is okay, driver. It is okay." He pushes his wheelchair back and wheels back to the bus stop where he was previously waiting, and will continue to wait, for who knows how long.
>
> After the door closes, the woman with a buggy shouts to her friend with a big grin, "Oh thank you nice man in the wheelchair!" Happy that the hindrance is now out of their way, they continue to talk about their birthday party and other mundane stuff. After literally two stops, the man with a buggy gets off the bus—a distance that he may as well have walked on that rare, beautiful London day.

"The fear of pain," Siebers writes, "is often the beginning of oppression. But pain can also be the beginning of compassion" (2010:190). This polarity of two extremes also lies at the heart of Scarry's important work *The Body in Pain* (1985). While pain, at one extreme, can be inflicted to unmake the made world (as in war and torture), it can in other circumstances (as in the making of artifacts), be redistributed and alleviated in ways that transform the external world into a more compassionate place. Siebers and Scarry write specifically about pain, but we can replace the word "pain" with "disability" to better capture the tensions that shape "people as affordances." In one disability world, where no proper roads, transportation systems, adapted devices, or even basic services exist, a father carries his disabled son to school, day after day, year after year, becoming his affordance and creating "access by his own means" where no other exists. In another disability world, where there is a highly accessible public transportation system, with a wheelchair priority area designated by signs, and with rules and regulations to keep it as such, people ignorantly, aggressively, and collectively take up the only affordance that a disabled person might have. People as affordances, and people as barriers to affordances, constitute the poles of the sociality of affordance making and unmaking, in and between which all other stories fall.

In this article, I introduced the notion of "people as affordances" as a way to describe how the coming together of the environment and more than one perceiver can bring into being affordances where none exist. It also opens new ways of thinking about care, which I have articulated as "care intimacy." "People as affordances" thus helps us to see how disability worlds are made (or denied) in intimate microactivist practices of daily life, an area that anthropology of disability is well equipped to explore.

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[12] Transport for London's guide for drivers (2017) states that "if customers are still unwilling to move from the priority area," then bus drivers "should make a PA announcement to emphasise customers are required to make space for the wheelchair user or play the second iBus message: *Customers are required to make space for a wheelchair user. The bus will wait while this happens*" (https://www.whatdotheyknow.com/request/436894/response/1063795/attach/6/3275%20TFL%20Wheel%20chair%20buggy%20ruling%20for%20staff%20leaflet%20v4%20with%20creep%20PRINT%20A6%20ROLL%20FOLD.pdf?cookie_passthrough = 1). In fact, the release of this new guide came after a passenger in a wheelchair, Doug Paulley, won a Supreme Court case after he was denied access to a FirstGroup bus in 2012, when the bus failed to make space for him and a mother with a buggy refused to move (see http://www.transportforall.org.uk/about/news/new-leaflet-and-bus-drivers-forums-further-steps-from-tfl-on-wheelchair-priority).

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