Habit and the Body: Lessons for Social Theories of Habit from the Experiences of People with Physical Disabilities

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Abstract

Habitual action has been an important concept in sociological theory insofar as it allows for a conceptualization of action that does not rely on paradigmatic loyalty to a rational decision-making subject. One insight from theories of habit that is of particular importance for understanding how habit structures experience is the idea that habits are always habits in a world: we act in a material environment that is itself constitutive of action. Relatively little attention, however, has been paid to the ways in which the material environment is preconfigured for action by particular forms of embodiment. Drawing on disability studies as well as an empirical consideration of the experiences of people with physical disabilities and the attendant service providers who work with them, we develop a model of habit that accounts for the variability in habit formation and maintenance that characterizes lived experience.

Keywords

habit, embodiment, disability, action theory

INTRODUCTION

Habit and routine are concepts that have recently garnered significant attention as explanatory categories in sociological theory (Bourdieu and Wacquant 1992; Coy 2009; Crossley 2001, 2013; Giddens 1984; Gross 2009; Joas 1996; Martin 2011). The idea that action is fundamentally habitual stands in stark contrast to the notion of action as the mere behavioral end point of the internal calculations of a utility maximizing subject and has thus been central to critiques of the Cartesian-inspired *homo economicus* (Crossley 1995; Dalton 2004; Whitford 2002). Habits allow us to act in familiar situations with relative ease by structuring

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our perception of the world, making those situations to which habitual behavior is well-fitted stand out in comparison to a chaotic background of unfamiliar possible events.

However, by emphasizing the extent to which the formation of habits is fundamental to human experience, theories of habit have not generally given adequate consideration to the wide variability in people's capacities to form habits. There are no doubt many factors that impinge on people's ability to amass a repertoire of stable habits. Here, we examine the relationship between habit formation and embodiment and undertake an interrogation of the ways in which non-normative embodiment structures the capacity for habit formation. We draw on insights from disability studies to highlight the fact that the environment itself is preconfigured for the development of habits by people who exhibit normative embodiment and can act as a barrier to habit formation for those whose bodies do not conform to the expectations that the environment has built into it (Diedrich 2001; Meyer, Donelly, and Weerakoon 2007; Yamaki and Yamazaki 2004).

The first section of this article provides a brief sketch of how theories of habit are generally conceived. In the second section, disability studies is invoked to show that while sociological theories of habit generally focus on the capacity of the body to mold itself to an environment, bodies that are not anticipated by the kinds of spaces and objects that make up our shared world expose the environment itself as already pre-molded for habitual action by certain bodily forms.

The latter portion of the article is devoted to an empirical illustration of how non-normative embodiment introduces variability into the capacity for habit formation. Our consideration of the experiences of a sample of people with physical disabilities and the attendant service providers who work for them reveals two aspects of habit formation that remain largely invisible within existing theories of habit. First, where the bodies of individuals do not conform to the assumptions about normative embodiment present in the material world, the use of *mitigation techniques* becomes a necessary component of habit formation. Mitigation techniques are strategies that people necessarily develop and deploy when the material world requires adjustment prior to becoming isomorphic to an individual's body. Second, where mitigation techniques require either continual or periodic maintenance, they introduce a fundamental *precarity* into the habitual behaviors they govern.

By introducing these aspects of habitual action, we expand on existing theories in a way that is useful for understanding how embodiment, in conjunction with the environments in which bodies are situated, inform how habits are developed and maintained. The case of disability provides a clear example of how the material environment, in its preconfiguration toward particular forms of embodiment, structures the ability of persons to acquire and preserve a repertoire of habits. The final section of our article moves beyond disability to explicate the ways in which embodiment and the environment co-constitute action in other instances.

HABIT

The concept of habit is not limited to a single theoretical tradition. As Camic (1986) observed, in sociology, the term *habit* is applied to behaviors as limited as going for a walk (Mead [1934] 1962), behaviors as substantial as religious observance (Weber [1905] 1958), and the entire orientation a subject has toward behavior in general (Allen 2004; Bourdieu 1984, 1990, 2001). Nevertheless, some properties of habitual action can be said to apply to the wide variety of actions that the concept of habit describes. Our aim here is to focus on those aspects of habit that are widely acknowledged: habits are self-valorizing repetitive behaviors that can be performed with minimal conscious effort on the part of the subject.

One cannot discuss habit without referencing the work of the American pragmatists. For thinkers in the pragmatic tradition, habitual action is the epicenter of human existence for two reasons. First, since the American pragmatists situated themselves in opposition to traditional Cartesian definitions of humanity by taking human action (rather than human thought) as the proper locus of philosophical attention, they freed themselves from the constraint of conceiving action as the mere enactment of some abstract mental calculation (Bernstein 2010; Dalton 2004; Dewey 1930, [1925] 1958). Instead, they sought to interrogate the problem-driven nature of action (Gross 1995; Whitford 2002). Habits stabilize our ability to solve problems because they allow for the development of sets of behavior that can be applied to problems that are likely to be encountered frequently (James 1967; Joas 1996). Second, the development of a repertoire of habits allows the habitual aspects of behavior to fade into the background of experience, freeing the subject from attending to those behaviors and thereby allowing their attentional capacities to be directed to problems that are yet unsolved (James [1890] 1981; Joas 1996).

Thus, instead of conceptualizing habit and creativity as antagonistic to one another, pragmatism views creativity as emerging from a "bedrock," to use Joas's term, of well-defined habits. In a sense, habits restrict behavior by making the performance of some behaviors relatively automatic; novel behavior generally results, therefore, from the breakdown of existing patterns of behavior (James [1890] 1981; Mead [1934] 1962). For example, if I routinely ride my bicycle to work every morning, I will be unlikely to even contemplate alternative modes of transportation unless my experience of riding my bicycle is ruptured in some way (a flat tire, road construction, personal injury, etc.). In such moments, getting to work appears to me again as a fresh problem without a solution enforced by habit. This is a relatively simple example, but the basic structure of the relationship between habit and creativity has been fruitful for understanding more complex social phenomena such as institutional cultures (DiMaggio and Powell 1983; Schneiderhan 2011).

In order for habits to play this structuring role, it is necessary that they are capable of being enacted with relatively little conscious effort in order that attention can be paid to those aspects of a situation that require it. This means the knowledge required for the enactment of habits is largely embodied, in the sense that is it grounded in our sensory and motor capacities (Bourdieu 1990; Ignatow 2007; Shilling 1993; Turner 1984; Wacquant 2014). Embodied knowledge is tacit, it is not necessarily accessible or articulable for the subject who possesses it, and yet it functions to structure behavior even in the absence of an actor's awareness of it (Joas 1996). Indeed, the development of habits is characterized, fundamentally, by the transformation of a purposeful desire to engage in a particular task into a passive orientation toward a task that can be performed absent any particular effort to configure the body in any particular way (Atkinson 2010; Charmaz 1995; Frank 1990). Take, for example, a pianist learning to play a Bach concerto. At the outset, some conscious effort is necessary to translate the musical notation on the page into a particular set of dexterous movements. As the piece becomes habitual, that is, as the knowledge of the piece is inscribed in the body of the player, she no longer needs to pay attention to the individual movements of each of her fingers.[1] It is at this juncture that her subjectivity is free to consider the more global aspects of the piece, its timing, the pathos it is designed to evoke, and so on.

Implicit in this account of habit is the active role that the environment plays in determining the shape that behavior will take. The embodied knowledge developed by the pianist is only intelligible in the presence of a piano. "Habit is the recognition of the handle of a tool we are used to using; it is a shaping of our structures of reaching out so that they grasp the objects that are there" (Martin 2011:262). This stands in stark contrast to the Cartesian view of the human subject, according to which action is simply the pithy end result of what is

fundamentally a mental process of setting goals and evaluating possible courses of action in order to achieve those goals. According to this view, the environment is a passive entity that is acted upon by the human subject. In contrast, the pragmatist conceptualization of action defines the environment as constitutive of action. Habits are always habits in a particular environment since a change to a familiar environment (i.e., a road closure encountered by a cyclist) can be sufficient to make existing habits nonfunctional, thereby opening up a problem space that necessitates active consideration on the part of the subject.[2]

This insight is echoed in social theories of habit influenced by phenomenology. Berger and Luckmann (1966:53) discuss "habitualization" along these lines: "Any action that is repeated frequently becomes cast into a pattern, which, *ipso facto*, is apprehended by its performer *as* that pattern." These patterns of action break down only when they become nonfunctional in relation to a given task. Merleau-Ponty ([1945] 1962) gives a specific example of breakdown with a discussion of phantom limb syndrome. Phantom limb experiences can emerge when the sensory experience of a limb persists after its amputation. In such instances, there is a discordance between the phenomenological experience of the limb and its actual physical existence (Hoffman 2012; Murry 2005; Tomasini 2008). For people experiencing a phantom limb,

> The refusal of the deficiency is only the obverse of our inheritance in a world, the implicit negation of what runs counter to the natural momentum which throws us into our tasks, our cares, our situation, our familiar horizon. To have a phantom arm is to remain open to all the actions which the arm alone is capable; it is to retain the practical field which one enjoyed before mutilation. (Merleau-Ponty [1945] 1962:94)

In this example, it is the body of a subject that presents that subject with a disjuncture between her habitual orientation toward the world and the actual ability to enact that orientation as behavior. Changes to the environment in which habits are situated can produce the same result. It is not only the development of embodied knowledge relating to bicycles and their operation that produces the habit of riding a bicycle to work but also the material consistency of the bicycle itself as well as all those material structures (roads, obstacles, etc.) it interacts with. Without these components, embodied knowledge cannot be articulated as behavior. The development of habits in a consistent environment is therefore characterized by the generation of *body/world isomorphism*, a relationship between the body and the environment that reveals each fitted to the other for the performance of a particular task (Crossley 1995).

Wacquant's (2004, 2014) study of boxing is an excellent example of how this kind of isomorphism develops. In the ring, each boxer is at once an acting subject and the environment to which his or her opponent reacts. Boxing is thus itself a world that is encountered by apprentice boxers as relatively consistent, and skill training consists largely of repeatedly exposing apprentice boxers to the kinds of situations they are likely to find themselves in in the ring. To become a boxer is to "appropriate through progressive impregnation a set of corporeal mechanisms and mental schemata" whose articulation "explodes the opposition between action and representation" (Wacquant 2004:17). The skilled boxer can anticipate, in a kind of preconscious way, the set of behaviors he or she will encounter in an opponent and is able to meet those behaviors with the kinds of evasions and interventions that make sense in the context of the situation. Were a boxer to meet a wrestler or martial artist in the ring, the choreography that results when two skilled boxers fight would disappear. This highlights the fact that embodied knowledge is not in itself sufficient for the articulation of habits since a boxer fighting a wrestler has not lost any amount of embodied knowledge in doing so. Rather, the breakdown results from changes to the world the boxer is habitually oriented toward.

Habits are repeated behaviors that consist of a fitted relationship between an actor and the world he or she regularly encounters. They are constituted by a homology between an actor's embodied knowledge of a particular set of situations and the manifestation of those situations in his or her lived experience.

THE BODY AND THE WORLD

If we consider habits only in the context of normative embodiment, it is easy to mistake the homology between body and world that is developed during habit formation as resulting unilaterally from the body's ability to mold itself to the environments it encounters. This is not to say that theories of habit discount the constitutive role the environment plays in the development of habits; clearly, the exorcism of action from its renaissance-inspired location in the human mind that characterizes theories of habit emphasizes the radical situatedness of behavior. Environmental consistency is a necessary component of maintaining habits, as changes to the environment can make the embodied knowledge generated during habit formation nonfunctional (Merleau-Ponty 1968). Once a habit is formed, the space in which it is performed needs to remain reliable in order for it to remain viable (Berger and Luckmann 1966). This insight alone, however, does not take account of the ways in which the environment is preconfigured *prior to the development of any particular habit by any particular individual* for action by particular kinds of bodies.

Take the classical example of rudimentary tool use that can be found in Dewey's ([1925] 1958) *Experience and Nature* (and that reoccurs throughout the work of many pragmatist scholars). Dewey emphasizes that a tool is a thing in which "a sequential bond of nature is embodied," meaning that the purpose of the tool, the eventual series of events that are implied in its use, are built into the existence of the tool itself. He also emphasizes that this perceptual capacity of the tool arises from the skills that are required for its effortless use. A spear, to continue with Dewey's own example, implies a feast, but only for an adept hunter. Here, we have an account of action that acknowledges the particular configuration of the relation of a person to the tools he or she uses (skill) and of the relation that tools share with other aspects of the material environment. What is missing from this analysis, however, is the observation that the nature of tools, and indeed of almost all the objects that humans build into their shared material world, is such that they are always already preconfigured to a particular kind of (normative) human embodiment and that a failure to manifest this embodiment will impact significantly on one's ability to engage in any given task. Take, for example, the experience of two people who have never thrown a spear. They both lack any skill and therefore stand (according to Dewey) in a reflexive position relative to the task of throwing the spear. Let us imagine now that one of these individuals exhibits normative embodiment and the other is a double amputee. Since the spear—an aspect of the external environment—is made specifically to be thrown by a hand, one person is clearly at a disadvantage, notwithstanding the fact that each has approached the situation with the exact same level of familiarity.

Disability studies scholars have long recognized this fact as it is this insight that grounds the social model of disability (one of disability studies' principal theoretical perspectives) (Oliver 1990). The social model of disability provides a discursive framework for thinking about disability as a social phenomenon rather than one that arises from the objective character of the physical bodies of people with disabilities. As such, it is explicitly contrasted with the medical model of disability. The medical model, paradigmatic for understanding disability for much of the twentieth century, conceives of disability as an individual, medical problem to which the appropriate response is the intervention of medical expertise. According

to this model, disability refers to the objective physical limitations of people with bodies that vary in some capacity from what is considered "normal" or "well." By contrast, the social model suggests that physical differences between individuals cannot account for the ways in which people with disabilities experience structural oppression; this model considers disability to be a form of subjugation that arises from the systematic exclusion of people with particular kinds of impairments from public space, employment, and citizenship (Oliver 1990). The social model of disability, in contrast, distinguishes between disability and impairment. Impairment refers to the physical-biological condition of an individual, while disability refers to the disadvantageous position that people with particular kinds of impairments occupy in the social world (Shakespeare 2006). Disability thus arises, according to this model, from (a) physically inaccessible spaces and (b) social discrimination.

Finkelstein (1988) makes this clear with a thought experiment about a town where wheelchair users make up the majority of inhabitants. In his fictional town, everything is designed and built to be used by wheelchair users. Those in the able-bodied minority find the town inaccessible. For example, the doors are too low for them to walk through comfortably, not because of any intrinsic feature of them as individuals but because their bodies are not anticipated by the design features of the environment they are living in.[3] The world is preconfigured for use by people in wheelchairs, and this makes its navigation by people who are not wheelchair users difficult.

As a critique of the medical model, the social model of disability has been very successful (Shakespeare 2006). However, the social model has recently been subject to criticism on the grounds that it cannot adequately account for how disability is experienced, in everyday life, as an embodied event (Angus et al. 2005; Gibson et al. 2007; Kontos and Naglie 2009; Padilla 2003; Scully 2012; Shakespeare 2006; Turner 2001). Furthermore, the distinction between disability and impairment that characterizes the social model of disability has been accused of obscuring the extent to which impairment itself is socially and historically constructed (Hughes and Paterson 1997). Because it seeks to challenge the assumption that disability is fundamentally a matter of damaged or otherwise nonfunctional bodies (i.e., the medical model of disability), the social model of disability has sought to deemphasize the body as an explanatory category. While this approach has arguably been extremely useful as a social movement philosophy, its explicit neglect of the physical body has made it vulnerable to the same kinds of criticisms that early sociology of the body leveled against much of twentieth-century social theory (Frank 1990; Shilling 1993; Turner 1984). Indeed, Hughes and Paterson (1997) have argued that this has situated disability studies preemptively in opposition to the sociology of the body. "Just as social theory began to recognize the indebtedness of social organization and process to the body-lines of human actors and sought to transcend Cartesian dualisms, so, in a move diametrically opposed, the social model of disability cast physicality out into the discursive shadows" (Hughes and Paterson 1997:236–37).

For critics of the social model of disability, the way forward is a reintegration of an understanding of the physical body that is grounded in social (rather than biomedical) understandings of corporeality. This involves a shift of the focus of analysis away from questions concerning the ultimate cause of disability (physical vs. social) and toward approaches that attempt to explain how the embodied and socially constructed aspects of disability configure one another. Turner (2001) has argued that sociological theory is uniquely positioned to aid in resolving this tension.

Theories of habit have much to contribute in this regard. In the following section, we provide an empirical illustration of how non-normative embodiment affects habit formation.

# NON-NORMATIVE EMBODIMENT AND THE ACHIEVEMENT OF BODY/WORLD ISOMORPHISM

Independent Living Philosophy in Action: Ontario Self-managed Attendant Services

Our case draws on qualitative interviews with people with physical disabilities and the attendant service providers (personal attendants or PAs) that work with them. The people in our sample are part of a small but unique program that provides government funding directly to individuals to manage their own attendant services. The program is called Ontario Self-managed Attendant Services: Direct Funding (hereafter DF) and has been described as "a quintessential manifestation of independent living philosophy" (Kelly 2014:2). Independent living philosophy is the notion that people with disabilities should be able to direct and control the services they require to participate fully in social life. The role of people with disabilities in the Direct Funding program is that of "self-managers" who are responsible for all aspects of the employment of their personal attendants, including recruiting and hiring, training and supervision, managing payroll, and if necessary, discipline and/or termination of employment. As such, this case provides a unique opportunity to interrogate the formation and nature of habitual action in a circumstance where the homology between the body and the material world necessary for the formation of habits is more difficult to achieve than theoretical discussions of habit generally acknowledge.

Entrance into the self-management program was sometimes a difficult process for our participants. Prospective self-managers must complete a lengthy application process and an in-person assessment prior to achieving candidacy for direct funding. This is meant to ensure that those placed on the program have the organizational and management capacities to assume responsibility for the employment of attendants. Here, we consider the experiences of 15 self-managers and 9 personal attendants.

Our sample includes people with varying kinds of impairments, including those acquired at birth, such as cerebral palsy; those acquired suddenly through accident, such as quadriplegia; and those acquired more gradually later in life, such as multiple sclerosis.[4] Many have noted the phenomenological difference between the experiences of people who are born with a disability versus those who acquire a disability later in life (e.g., Seymour 1998). For the people in our sample, this distinction was not readily apparent in terms of how participants described their experience of disability, although this could be explained by the fact that all of our participants had been using attendant services for at least 10 years prior to being interviewed.

Despite some variability in the needs of the self-managers in our sample, there was substantial overlap in the kinds of work they required from their attendants. Typical tasks include transfers into and out of bed, help with dressing and bathing, going to the toilet, meal preparation, and light housekeeping: precisely the kinds of activities that are often offered up as examples of behaviors governed by habitual practice. In theory, tasks are not set before an attendant's shift begins. Instead, an attendant is paid for his or her time and takes direction from the self-manager. This model contrasts sharply with a medical approach to disability that assumes that medical professionals have expertise that guides how they interact with the people under their care. In the DF program's manifestation of independent living philosophy, "care" is redefined as "service" and is directed by people with disabilities themselves. This negates the passive role assigned to people with disabilities according to the medical model, which describes the behaviors they engage in as resulting from the expert intervention of medical professionals rather than from the agency and decision-making capacities of people with disabilities themselves. In contrast, the behaviors we consider here are best understood as arising simultaneously from the conscious effort of *both* the person with a disability and from his or her attendant. The behavior—for example, getting out of bed—is
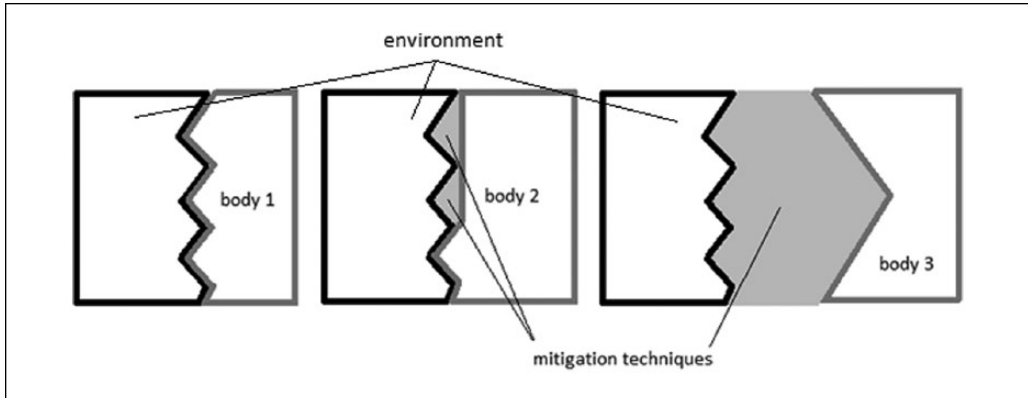
Figure 1. Body/world isomorphism and mitigation techniques.

not something the able bodied worker does *to* the self-manager. Rather, it is something that the self-manager *does* that depends syllogistically on the *doings* of her attendant.

Mitigation Techniques

Desks, cars, beds, lawn mowers, computer keyboards, and all the other objects that are constitutive of our ability to form the habits that govern our engagement with them have material characteristics that determine, in part, the form that those habits will take. If one is physically attuned to those objects—namely, if one is an able-bodied individual of a particular height, weight, and so on—habits will be easier to form. Such individuals constitute one end of a continuum of normative embodiment; arguably, people with disabilities are located at the other end of this continuum (indeed, this is precisely what the word *disability* describes according to the social model) because the world does not assume in its material configuration the kind of embodied experience they exhibit. Thus, while the development of habitual behavior only involves the tuning of the physical body to an activity for people with normative embodiments, people with non-normative embodiments must achieve habitual action via a two-step process. First, they must make adjustments to the environment to compensate for its biases toward normative embodiment by transfiguring it in some way. We refer to these adjustments as *mitigation techniques*, strategies that people use to mitigate the failure of the material world to anticipate their bodies. It is only after the establishment of mitigation techniques that people who exhibit particular forms of non-normative embodiment can engage in amassing a repertoire of habits.

Figure 1 illustrates how mitigation techniques function to adjust the character of the physical environment such that it can be encountered in a way that is conducive to habit formation. It depicts three cases of an encounter between an environment and a body. In the first instance (far left), the environment anticipates the features of body 1, and no mitigation technique is necessary for action to take place. In the second instance (middle), the environment anticipates body 2 to a lesser degree. In this case, the development of some mitigation technique is necessary to achieve the same action that body 1 performs in the environment absent any mitigation technique. Finally, in the third instance (far right), the features of body 3 are completely disjointed from what is anticipated by the environment, and a more involved mitigation technique is required here to achieve the same action performed by both body 1 and body

2.[5] In each case, body/world isomorphism is achieved, but that achievement involves the use of mitigation techniques by body 2 and body 3 that are unnecessary for body 1.

For the self-managers in our sample, the work of PAs constituted a mitigation technique that allowed them to develop habitual behaviors, which in turn structured their daily lives. For example, one self-manager described her morning routine with reference to both her own behavior and that of her attendant.

> Oh gosh. Everything is so routine to me now. I can't really think of. . . . OK, say sitting up from my bed right? To get up from my bed, just to go from a lying to a sitting position ok so . . . I do it my way, which is . . . well it doesn't really matter how I do it, but I turn on my side and then put my legs down and then the person will help me sit up, right?

The behavior of the attendant is built into the habitual practice of getting up in the morning. The attendant is a permanent necessity for the articulation of this behavior. If she is injured or sick, the habit that the self-manager describes here would experience breakdown. Self-directed attendant services can thus be thought of as a mitigation technique that serves to compensate for the ways in which self-managers' bodies do not confront the material world as preconfigured for the development of habits.

Indeed, just as people who exhibit normative embodiment rely on the consistency of the material world to guarantee that the habits they develop can be enacted repeatedly, attendants become the objective components of the environment on which self-managers can consistently rely. The ideal relationship between self-managers and attendants thus produces for the self-manager the space to experience habitual action as mundane routine since it intervenes in the material world in such a way that the biases toward normative embodiment present in that world are mitigated. For the people in our sample, the development and maintenance of these techniques involved two interrelated components: adjustment to the physical environment and the preservation of interpersonal relationships.

Self-managers consistently emphasized the fact that the routines they developed were not dependent on attendant services in the abstract but on the specific PAs that they had trained. Having PAs over longer periods of time was considered favorable to hiring them for shorter periods because familiarity was thought to impact the quality of service. For instance, one self-manager said: "It's better to have the same people, 'cause they know you. So you don't have to direct them." Independent living philosophy emphasizes the importance of people with disabilities having autonomous decision-making capacity with regard to the work of their PAs. In theory, an attendant always takes direction from a self-manager in this line of work (Meyer et al. 2007). In practice, however, the self-managers in this sample were not interested in telling PAs exactly what to do and how to do it repeatedly over the course of an employment relationship. This speaks to the centrality of habit for organizing experience. Having trained PAs that were familiar with the routines of the self-managers they worked with freed those self-managers from consciously attending to the minutia of everyday life, and this is what they actively desired. Consistently, self-managers related that they wanted to develop routines with PAs that they defined but that could be carried out habitually without their constant intervention.

The establishment and preservation of functioning mitigation techniques of this kind involved two interrelated elements: training PAs so that their bodies could be relied on to comprise reliable adjustments to the material environment and maintaining respectful and friendly working relationships with PAs through emotional labor (Cranford and Miller 2013). The goal for self-managers was to establish routines via explicit direction and then to

perform those routines habitually. This required the retention of particular PAs over time, which necessitated the development and maintenance of a good working relationship. For this reason, a self-manager's assessment of whether a prospective attendant would be interpersonally compatible was of central concern during the hiring process. Indeed, the two qualities that self-managers emphasized most often as integral to a good relationship with PAs were (a) reliability and (b) a compatible personality. In contrast, training in personal support work or a related field was not identified by a single self-manager as a deciding factor in whether to hire a particular attendant. Self-managers generally agreed that they were capable of providing the necessary training where the physical aspects of the job were concerned and were wary of hiring attendants who might take control of the way that routines were developed or executed as this was viewed as a threat to autonomy. Interpersonal compatibility was therefore thought to be much more important than training or experience relevant to the field of attendant service provision.

> What sorts of things do I look for in an attendant? I look for somebody who is easygoing. Who is understanding, I guess, and patient. Um, and somebody who doesn't, who doesn't really want to control. . . . You know how some social workers they, or some service professionals they want to kind of get in there and make everything the way they think it should be? . . . I guess there's what I would call the mothering instinct. You know, your mother comes in and wants to whip everything up? I think a quality of a good attendant is to suppress that instinct, to try and take direction from the person who actually wants to live their life, you know?

As this quote suggests, self-managers wanted to remain in control of the routines they developed rather than be subject to someone else's will (or even good will). This meant being in control of the mitigation techniques that they developed. They wanted not only a physical routine but the experience of that routine *as* routine (as many of the self-managers who had previously received non-ILP "care" attested). This is what differentiates the use of PA services as a mitigation technique from the experience of being acted upon.

Of course, self-managers also recognized the fact that attendants were people with their own personalities and decision-making capabilities. As such, the ability to repress the desire to control a situation was recognized as a valuable skill that not everyone could be expected to bring to the table. Indeed, it was generally agreed that while the physical parts of attendant work could be taught to basically anyone, the orientation of the PA toward the self-manager as an employer with the necessary expertise for directing their own service provision (rather than someone who needed "help") was difficult to develop with someone who did not initially present themselves as open-minded and respectful. As one self-manager related, "Some things you can't teach. You can't teach attitude."

A willingness to accept the direction of self-managers was important for several reasons. First, a PA who insisted on doing things a particular way stifled the autonomy theoretically granted to self-mangers by their status as the employers of their attendants. This was identified as an important aspect of the direct funding program by all of our participants. A more immediate concern, however, was simply that if attendants could not take direction adequately, their ability to become reliable components of the material world might be put in jeopardy and as a result unnecessarily expose self-managers to physical risks. One self-manager, whose disability affected bone density, discussed the importance of self-direction for his own physical safety.

> Usually the reason I'm asking for something to be done, is in order to not hurt me. It's not like I'm just an idiosyncratic person. You know? Um, if it is idiosyncratic, you

know, it'll . . . and I've had situations where, you know, attendants have said to me: "Well, I can't do it like that, what about like this?" And if in my judgment it would be ok for me to do it, try it like that, I'll change my routine for them. But ultimately it's my decision.

This quote is consistent with the attitudes of most of the self-managers in our sample. They valued personal autonomy for its own sake but also because it allowed them to achieve a physical compatibility with the world via the body of the attendant that they knew would be both functional and safe. They were also, however, acutely aware that impersonal insistence on particularistic directions on their part was not likely to be met with high quality service in the absence of a good personal relationship with an attendant.

While independent living philosophy tends to promote an idea of attendant services that shifts emphasis toward the desires and preferences of people with disabilities and away from the people who work for them (Cranford 2005; Kelly 2014), self-managers recognize the importance of taking the desires and preferences of their PAs into account while developing routines. For instance, when asked if it was important to have a good relationship with PAs, one woman said the following:

Unfortunately, it's crucial. It'd say that's unfortunate because, you know, you always think that when you're going to hire an attendant you're going to be able to direct them and not pay much attention to their personal issues or how they're feeling. Things like that. You're just going to be able to keep it kind of clean. But that doesn't happen.

As this statement demonstrates, self-managers were well aware that a friendly relationship with their PAs was integral to achieving the kind of habitual practice they were ultimately interested in developing. PAs also referenced the importance of a friendly employment relationship. For example, one woman characterized the self-manager she worked for as "my boss, but she's also a very nice friend." She said the following when asked if a good relationship was important:

Oh, definitely important, because, you know that's . . . especially if you are in this kind of work. You know, you're working so close with this person. You know, you need to feel comfortable, you need to feel that, you know, you can talk to her or, you know, you've got to feel happy with your job, or you're not going to want to go there every day.

The acknowledgement by both parties of the importance of maintaining a good interpersonal relationship speaks to the radically dyadic nature of the habitual action achieved by people with disabilities through attendant services. Ideally, PAs recognize the need to be respectful and attentive to the autonomy of self-managers in order to develop the kinds of specific skills necessary for working with individual self-managers, not all of whom require the same kinds of services. Even among self-managers whose service needs may appear similar on paper, there is the potential for substantive differences in preference with regard to how these needs are met. Similarly, self-managers acknowledged the need to be friendly and respectful with their PAs and also consistently recognized that particular characteristics of an attendant (e.g., height and strength as well as temperament and personality) might affect how services were performed and thus had to be taken into account. In short, both parties were aware that the relationship that characterizes self-managers' employment of PAs is one that is structured fundamentally by the contingent features of

everyone involved. This means that this work differs profoundly from many other kinds of work where individual employees are relatively interchangeable. An attendant cannot simply be replaced by another attendant, and knowing how to work with one self-manager does not necessarily grant an attendant expertise that might be transferable to another workplace in the same field.

For self-managers, the development of mitigation techniques therefore involved not only conscious attention to the limitations of the physical environment but also emotional labor (Cranford and Miller 2013). In order to develop the kind of body/world isomorphism that is characteristic of habitual practice, they not only had to develop expertise regarding the environment and their own body's relationship to it in order to provide adequate direction to their PAs. It was also necessary to maintain a level of interpersonal compatibility that assured that their relationships with their PAs would not falter such that their access to the sets of habitual practice they had developed become nonfunctional (either through the loss of an individual PA or the introduction of hostility into their lived experience). Self-managers had to be able to relate to attendants and acknowledge their needs and preferences while still maintaining an autonomous position relative to their own service provision. The development of mitigation techniques by self-managers thus involved not only physical expertise about their own bodies but also relational expertise. Habitual practice was not developed through the mere repetition of behavior in an environment but through the continued maintenance of an adjusted environment.

Habitual Precarity

When the material environment is encountered unproblematically because it is already attuned to one's embodied experience, its consistency is reliable. When one's encounter with the material world necessitates the development of mitigation techniques, its reliability becomes dependent on the form those techniques take. Thus, while habitual action may function in much the same way (in terms of the structuring of experience) for people who exhibit non-normative embodiments working with familiar attendants as it does for people who exhibit normative embodiments, the habits of some people with disabilities are nevertheless perpetually suspended in a space of precarity.

When a new attendant begins working for a self-manager, training in their specific needs and desires must take place in order for habitual action to emerge. Training new PAs is an arduous procedure for many self-managers precisely because it disrupts established routines and requires that self-managers (once again) attend, consciously, to the everyday behaviors that ideally will eventually become habitual.

> I find it hard to begin having a new attendant. I find it harder now during the trial because I'm very aware of her space. . . . Yeah I find it a lot of work to train an attendant. It's a lot of work, right? I'm a very active person, and I think the routine that an attendant and I get into [trails off]. And when they are training that routine just isn't there.

In emphasizing the work involved in training a new PA, this self-manager also underscores the value of an established routine with a long-term attendant. When the routine is ruptured via the loss of a trained PA, the self-manager must create anew the mitigation system that he or she had developed.

Disruptions in habitual practice can occur even in situations where a self-manager/attendant relationship has been established. Sometimes this occurs through interpersonal conflict,

although if conflicts are severe the relationship is usually severed, which results in the need to hire and train a new attendant. Oftentimes disruption in habitual practice is the result of changes in the needs of a self-manager either because of physical changes (e.g., if their condition is degenerative) or changes in preference. Changes to routine can also be initiated by PAs if their abilities or preferences change. If self-managers want to change their routine or the way it is carried out, they must do so through renegotiating the terms of the working relationship with the attendant. As one self-manager said, "If they forget something or if I want to do something a little bit different, of course I have to say it. But for the most part it's basically, you know, straightforward."

More commonly, however, a rupture in the habitual enactment of bodily routines is instigated by a rupture in the interpersonal relationship between self-managers and their PAs. The desire for a good working relationship was ubiquitous among self-managers, and many indicated that the physical carrying out of habitual action was not sufficient for its articulation in experience. Rather, both the physical and interpersonal aspects of the self-manager/attendant relationship were important for routine behaviors to fade into the background of everyday life such that they were experienced subjectively as habitual.

> Me personally, I don't like the silent treatment. If somebody's going to work for me and they're not saying anything. You know, they say "Hi" when they come in and that's it—and they're working with me for 4 hours, and don't say anything, like for a month without saying stuff . . . yeah I don't like that.

The description of not talking while doing the intimate routine as "silent treatment" is telling and underscores the close connection between quality services and a quality relationship.

The habitual enactment of the routine can also be temporarily disrupted by the worker when they ask to do something differently. Several self-managers said they accepted this. Some emphasized the importance of control over their services but still appreciated the importance of listening to the personal attendant and making adjustments based on their needs. Others emphasized control less so.

> Yes. Say a transfer that um could put them into a position of potential injury, then they . . . they may say, "I don't feel comfortable with that." I haven't had that because I know better than to ask someone who's not going to feel comfortable, because you have many different ways of transferring with different people. So you find out what's going to work for them and what's comfortable for them.

As this quote suggests, self-managers interact not only with different bodily types but also with different personalities. They make adjustments to their own mitigation system based on these factors. This quotation further emphasizes the realization on the part of self-managers that their PAs are not equivalent or exchangeable. They recognize that their daily routines depend not only on "attendant services" in the abstract but on the actual individual PAs with whom they share the specific knowledge that allows them to perform habitual practice together.

Taken together, these experiences highlight the fact that for people whose embodied experience is not reflected back to them by the material world, habitual practice involves developing a mitigation system that must be continually maintained. Self-managers were fully capable of developing habitual practices, but those practices did not result from mere bodily repetition. Nor was their continuation in experience a taken-for-granted fact of life.

Non-normative embodiment necessitates the development of mitigation techniques to compensate for the biases toward normative embodiment that characterize the material world. Where these techniques exhibit less consistency than the environment itself, they introduce precarity as a feature of habitual action that makes its maintenance laborious in a way that is not anticipated by existing theories of habitual action.

DISCUSSION

While the lives of our participants were indeed governed by habit, they were not able to achieve the kind of body/world isomorphism that theories of habit describe without first accounting for the fact that the environments they occupied did not anticipate their bodies. Our case study thus presents two features of habitual action that remain invisible if habit is only considered in the context of normative embodiment. First, the isomorphism between body and world that is definitional to habit is not equally accessible for all individuals. The material world that our shared productive activity creates is built for use by particular examples of embodiment that are not universal. This means that people with non-normative embodiments must develop mitigation techniques to achieve the kind of effortless being-in-the-world that habitual practice is conceptually meant to capture. Second, the necessity of using mitigation techniques introduces a level of preciousness into the habitual practices that they administrate. This means that habits arrived at via mitigation techniques can exhibit a predisposition toward rupture that does not characterize habits developed without the use of such techniques.

While our case is limited to people with physical disabilities, the invisible components of habitual behavior that it identifies can be extended to describe the routines developed by a wide variety of individuals. Indeed, no individual has a body that is universally isomorphic to all of the environments he or she encounters. For example, if A is too short to reach something on the top shelf of a grocery store, she might ask B to reach it for her. In such instances, asking for help is a mitigation technique that allows B to mediate the relationship between A and the environment. This kind of mitigation technique, of course, involves much less organization and effort than the process of hiring, training, and managing attendant service providers. But this is a difference of degree rather than kind. A's habitual orientation toward the grocery store will always involve looking around for someone to help her when she needs things that are out of reach. She will need to be friendly in order to solicit help in each instance, and if no one is available to help her, she will be unable to acquire the item she wants. As such, her practice is both more difficult to establish and more vulnerable to rupture than it would be if she were tall enough to reach the top shelf.

In every instance of habitual orientation toward the world, the contours of the world itself are co-constitutive of the routine behavior it elicits. Theories of habit acknowledge that habit is always habit in a world, but body/world isomorphism is generally discussed with reference to the malleability of the body to the world rather than the preconfiguration of the world to particular kinds of bodies.

If the world were truly neutral in this way, however, habits would be equally easy to develop for any number of different embodiments. Different people might do things in different ways based on what works for their embodied experience, but habitual behavior would be equally accessible to them nonetheless. What a consideration of non-normative embodiments reveals, however, is that the body's role in producing habitual behavior can only be understood with reference to the specific environment in which it is embedded. *This is as true of normative embodiment as it is of non-normative embodiments.* The fact that (a) some people require the use of mitigation techniques to achieve habituation and (b) some people develop habituation without the use of such techniques results in both instances from

the relationship between the characters of the material world we create via shared productive activity on the one hand and the bodies of the people living in it on the other.

Paying greater attention to the constitutive role that the precise nature of specific material environments plays in the development of habitual behavior as well as the necessity for some individuals to develop mitigation techniques in certain environments would provide a framework for understanding the relationship between embodiment and habitual action that acknowledges the wide variation in both environments and bodies that characterizes actual lived experience. It would also be helpful for explaining one aspect (embodiment) of the variety in the development and maintenance of habits by different groups of social actors.

Questions we should ask when considering the role that habit plays in any given arena should therefore include: What is the character of the environment in which habits are formed? What kinds of embodiments are assumed by these environments? How are mitigation techniques likely to manifest in cases where people's actual embodiments diverge from those assumed? and What level of precariousness will these techniques introduce into the behavior of those who need to implement them?

In some social environments, non-normative embodiment is less likely to make habitual behavior more difficult to achieve than in others. Developing the habitual practice necessary for efficient navigation of the landscape of the internet, for example, is unlikely to be substantially affected by non-normative embodiment. Accessible and universal design strategies also result in physical environments that are open to a wide variety of embodiments (Imrie 2012). By contrast, some environments will be very sensitive to embodiments that deviate only slightly from what is assumed by the material configuration of the space (for evidence of this, one only need ask an even moderately tall person what it is like to fly economy).

Similarly, some mitigation techniques may be relatively easy to introduce into daily life. For example, people with achondroplasia often require pedal extenders in order to drive. Because cars are built for people of essentially average height, many people with achondroplasia simply cannot reach the pedals of an average car without modifying them through the use of pedal extenders. However, because pedal extenders designed for this precise purpose are commercially available, this mitigation technique is both relatively easy to access and relatively stable in the sense that it does not introduce increased precariousness into the activity of driving for the people who use them. Were pedal extenders not commercially available, people with achondroplasia would find themselves in the position of having to invent them individually or come up with some other functional mitigation technique in order to drive, which would substantially increase the amount of work involved in achieving (and perhaps also maintaining) this mitigation technique.

These kinds of considerations are largely absent from existing work on habitual action, which tends to overemphasize the active role of the physical body in the development and maintenance of habits. Of course, the body does play an active role in this process. After all, it is the body that enacts habits. But to assume that the development of habitual action in cases of normative embodiment results unilaterally from "a general process of an organism shaping itself to an environment" is to ignore the fact that environments are already shaped prior to any individual behavioral intervention in them to be encountered by particular manifestations of embodiment (Martin 2011:262).

Disability studies has much to teach sociological theories of habit about why we should consider the environment "active" in this sense. A table does not start the day by asking of itself at what height it should stand. And yet neither is the table nature. It does not arrive in the world by a chaotic process devoid of intention. Its height is the result of the intentions of its human designers, which anticipate particular kinds of human embodiment that are not universal. As discussed previously, theories of habit *do* acknowledge the environment as

constitutive of action. Indeed, this is one of their great strengths, especially considering their historical relation to theories of action that negate the role the environment plays in constituting action entirely. What an exploration of mitigation techniques exposes is thus not that the environment constitutes action but that the possibilities for action that it opens up are reciprocally dependent on their encounter by particular forms of embodiment. When someone who exhibits non-normative embodiment encounters an environment that is designed specifically for use by someone who exhibits normative embodiment, that environment is not encountered as a space of open possibility but precisely the opposite: a barrier to activity. In such instances, habitual practice is, as it were, dead in the water. This is because the kind of body/world (should be body/world isomorphism) isomorphism that is characteristic of habitual behavior is not possible without the use of mitigation techniques. This means that the structuring quality of habitual action is not equally easy to develop for all social actors.

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NOTES

1. While our focus in this article is habit as behavior, it should be noted that these insights are also central to cognitive sociology. Indeed, what cognitive sociologists refer to as "schema"—unconscious practical knowledge about familiar situations—are precisely the cognitive corollary of habitual action (see D'Andrade 1995; Lizardo 2004).
2. This point also shares a great deal of affinity with cognitive sociology, in particular the differentiation between "automatic" cognition, which describes the unconscious application of schematic knowledge to a situation, and "deliberative" cognition, which describes problem solving that requires conscious attention. Like habits, which break down when they become nonfunctional, deliberative cognition is deployed in situations where the use of schemas either cannot function or produces inadequate outcomes for a subject (Leschziner and Green 2013; Vaisey 2009).
3. This particular thought experiment is not without criticism within disability studies (Chappell 1992; Goodley 2004; Shakespeare 2006). We are not interested here in weighing in on the debate about whether or not this town is realizable, nor are we committed to the particular form of the social model of disability that characterizes Finkelstein's work. We reference this example because it gives a clear way of understanding the basic tenants of the social model of disability.
4. Due to ethical considerations, we cannot disclose the specific impairments of each of our participants.
5. The environment in this figure is depicted as the same in each instance because it is meant to represent a single situation. Clearly, not all environments that we encounter anticipate the same kinds of bodies. In some situations, it is advantageous to be tall, in others this becomes a disadvantage. The variability in the kinds of bodies that are anticipated by different environments is discussed in greater detail in the following section.

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