Received: 17 July, 2025
Accepted: 24 February, 2026
Published: 1 December, 2026

Affect, Uptake and Existential Feeling

Eleanor A. Byrne - University of Nottingham, UK, ellie.byrne@nottingham.ac.uk

Abstract

Recent literature on affording and denying uptake to people's emotions has so far centred discrete emotions like anger in contexts of social oppression. To give uptake, on the dominant view, involves tracing the emotion back to its object with which it is fitting, or apt. I argue that a fuller account of affective uptake needs to account for how other categories of affective experience, such as moods and transformations in existential feeling, can also be afforded and denied uptake. I propose what I call *existential humility* as a possible feature of uptake of these sorts of affective experiences.

Keywords: affect, uptake, affective injustice, mood, existential feeling

1. Introduction

I assume that all readers know what it feels like for one's emotional expressions to be badly-received. Perhaps you angrily rant to a colleague about another co-worker's prejudice towards you and are met with a suggestion that your anger is *really* about something else (perhaps they were on your promotion committee and you were not successful). Perhaps you share your grief over the death of a parent with a friend who, from a place of naiveté, tells you "I know exactly how you feel."

Philosophers of emotion have recently taken a turn towards understanding what it is for emotions to be well- or badly-received in terms of the *uptake* that the emotions are afforded or denied. So far, this literature has focused primarily on anger, specifically women's anger. Scholars have set out to illuminate. It is the task of this paper to shed light on the different requirements for uptake that may correspond to different *types* of affective experience. My goal is not to provide a taxonomy of *the* way to give uptake to specific affective experiences or their expressions (there are many reasons why one such taxonomy would fail); rather, it is my goal here to show that what constitutes uptake and uptake denial about your anger and your grief may differ, and that this can be at least partially explained by the difference in the type of affective experience at play. Extant accounts of affective uptake have centred one such dynamic—namely the recognition or lack thereof of an emotion's aptness in relation to its object—but I will show that other dynamics of uptake also need to be accommodated.

I proceed as follows. In Section 2, I introduce some current literature on affective uptake and uptake injustice. In Section 3, I show how the concepts can be fruitfully applied to the emotions in illness. This is an illuminating case which shows us what the concept of affective injustice is already equipped to do. Experiences of illness, I suggest, compellingly illustrate the relevance of certain categories of affective experience—namely moods

and existential feelings—which the current affective injustice framework is not yet well-equipped to capture. I then develop my central claim that a fuller account of affective uptake is required. Extant accounts define uptake as involving the recognition of emotion which is an apt response to its object, but I argue that this account eclipses important categories of affective experience which are not analysable in such terms. This is important, I suggest, because affective experiences like moods and existential feelings should still be taken seriously by those interested in affective injustice: they can still be afforded or denied uptake. In Section 4, I suggest how the notion of uptake might be developed to better accommodate mood and existential feeling. This is necessary since a focus on aptness will not apply to affect in illness as well as it may do in the paradigmatic affective injustice cases that focus on racialised and gendered experiences. In Section 5, I sketch out what I call *existential humility* is an important disposition which can protect against affective injustices in healthcare contexts.

2. Uptake

The notion of uptake has been put to different uses in a variety of philosophical contexts. Here, I am focusing on uptake in the context of its new and fruitful application to contemporary discussions in the philosophy of emotion, specifically discussions about *affective injustice*. Notably, Shiloh Whitney has done significant work on the concept of uptake in the last few years in relation to the anger of oppressed groups (2018a; 2018b; 2023). The notion of uptake at play here is not entirely severed from its more traditional philosophical roots: Whitney traces the relevant concept of uptake back to radical feminist Marilyn Frye (1983), whose understanding of uptake was inspired by J. L. Austin's work on the uptake of speech acts (1975).[1] Austin writes "the performance of an illocutionary act involves the securing of uptake," which happens when the hearer grasps the illocutionary force of the utterance (117). In developing her account of what it means for anger to have "gone well," Frye writes:

> Being angry at someone is somewhat like a speech act in that it has a conventional force whereby it sets people up in a certain sort of orientation to each other; and like a speech act, it cannot "come off" if it does not get uptake. . .. [It] is left as just a burst of expression of individual feeling. As a social act, an act of communication, it just doesn't happen. It is, as Austin would have said, "non-played." (1983)

Frye's focus is on the political and social injustices which mean that women's anger rarely "goes well," and instead often fails to position the speaker and the hearer in the right kind of orientation to each other.

Frye and Whitney are in good company amongst other feminist scholars in understanding anger as an attempt to communicate knowledge about the world to others, as a social act involving claims to knowledge (Lorde 1987; Ahmed 2013; Cherry 2021). On this understanding, it is clear how being denied affective uptake relates to epistemic injustices. In fact, Whitney argues that denying uptake constitutes a "uniquely affective hermeneutical injustice: one that concerns not only the conditions of epistemic intelligibility, but the conditions of affective influence" (2023). It is in this way that affective injustice is understood as the affective correlate of epistemic injustice: one is not (necessarily, or only) wronged in their capacity as a knower (Fricker 2007), but in their capacity as an affective being.

1. Rae Langton (1993) has also famously drawn on Austin's work to develop her account of silencing, in which she also engages with Frye's notion of uptake. For thorough engagements with related discussions of uptake in the philosophy of language and its various conceptualisations, see, for example, De Gaynesford 2017 and De Lara 2024.

It is worth noting that not everybody who works on affective injustice positions it alongside epistemic injustice in this way. I take their positioning alongside one another to be useful and theoretically well-motivated, but little hangs on it here. I take one benefit to be that it supports a more discerning approach to various types of harms and injustices. With the great success of the epistemic injustice research programme, the scope of distinctively *epistemic* injustice has found itself stretched. Some harms and injustices might be marginally epistemic, but primarily affective, or something else; being theoretically-equipped to conceptualise how they interact with one another can only be a good thing.

Whitney adopts a phenomenological approach to make sense of the "economies" of affective influence and to articulate the dynamics of affective uptake between people.[2] In so doing, her account centres the *intentionality* of emotion. She argues that it is constitutive of some dynamics of social oppression that certain people's emotions are not afforded intentionality in others' eyes, which leads to uniquely affective varieties of injustice (2018).[3] If your anger moves me, directs me towards your concerns—the object of your anger—then your anger has been given uptake by me. Conversely, if I deny your anger uptake, I treat it as though it has failed to have intentionality, failed to be truly *about* anything. Rather, I treat the anger as though it is "a reflection of psycho-physical events inside the angry person only, an outburst that reflects her as an emotional person, but bears on nothing in the world we share" (489). In the context of your anger towards your colleague, what makes the difference is whether your anger successfully communicates something to me about your colleague's prejudicial behaviour against you or not. The core notion at play here for Whitney is that anger which is denied uptake is perceived to be somehow inappropriate—dysregulated, excessive, improper—such that those witnessing it are not moved to (the right) action(s) by it.

Though not explicitly focusing on uptake, Srinivasan offers a similar formulation of affective injustice in the context of anger, and contends that the tension of affective injustice lies in a pressure to forego one's apt anger in favour of the response that is best "all things considered," precisely because the prejudices at play do not allow apt anger uptake. Aptness as a concept does a lot of work in her analysis of affective injustice, and she offers three criteria for apt anger (2018, 127–31). First, the anger must be in response to some genuine moral violation. This means that if I become angry because I misinterpreted somebody as laughing at me when they were not, that emotion is not apt. Second, the anger must be properly motivated by personal reason and third, it must be proportionate to that reason.

Before we proceed, it is worth a brief aside to say something constructive about the terms "aptness," "fittingness," and "appropriateness," which have so far been used fairly interchangeably without explanation. This is difficult, as the terms are employed inconsistently in the literature. Occasionally philosophers will have specific distinctions in mind, other times they won't. "Fittingness" and "aptness" are often but not always taken to be synonymous; sometimes "aptness" is broader than "fittingness" (see e.g. Song 20). Both are generally taken to capture accurate or rational evaluative attitudes, and therefore epistemic justification, but not necessarily normative considerations which might be associated more with "appropriateness" (see e.g. Paytas 2024). Some accounts of fittingness also incorporate personal values (see e.g. Tessman 2023), but other accounts incorporating personal values opt for "appropriateness" instead (see e.g. Ratcliffe et al. 2023). Szanto and Titejen (2024) distil this confusion very well, and Stephan (2017) suggests a move beyond the

2. See Ahmed 2004 on affective economies which inspires this "economic" framing.
3. Whitney claims that members of oppressed groups often have their emotional responses systematically denied uptake because of that group membership—in this sense there is a "double-oppression" If one counts epistemic injustices as well as social and affective ones, then arguably there are triple-oppressions at play in many of the cases she is interested in.

distinctions altogether. My own decision about how to manage this in what follows will be to employ "aptness" where possible, unless engaging with direct quotes where alternative terms are used. Where this might have important consequences for my argument, I will try to clarify it.

So far we've outlined the aptness criteria that are thought to constitute an affective injustice. What about the *harms* of affective injustice? Building on Srinivasan and Whitney, Archer and Mills (2019) have argued that affective injustice is particularly harmful because it calls for people to engage in emotion regulation in ways that cause them harm. Archer and Mills consider scenarios in which one might be pressured to regulate apt but counterproductive anger and show that these often call for the use of emotion regulation strategies which are both harmful *and* often counterproductive from the perspective of alleviating oppression.

For instance, where one is pressured to emotionally regulate one's anger, one may employ cognitive reappraisal. This involves manipulating how one appraises a situation to regulate one's emotional response to it. For example, if a senior male colleague is sexist towards me, I can consciously reappraise the situation to focus on their socio-cultural context and my relative good luck in encountering fairly few men like that, instead of focusing on how I have been slighted. This may successfully function to regulate my anger, and it may very well seem "all things considered" the best thing to do; perhaps it can stave off a nasty conflict in the moment, prevent me becoming a target of vindictive behaviour from them in future, and avoid feeding prejudices about the sensitivity of women. However, as Archer and Mills argue, this pressure to emotionally regulate is harmful to me and others like me. For one, my ability to down-regulate my anger means that the behaviour of the senior male colleague is likely to go unchallenged and hence is "enabled." Another consequence is that my anger loses its force; as such, I may be out of touch with the very real slight that I have been victim to.

There is additional emotional labour involved in this demand for regulation. This labour and its effects are captured nicely by Whitney's notion of *affective byproducts* (2018a; 2018b). The idea here is that continued denial of affective uptake has consequences: continued denial of uptake gives rise to anger which bulges and swells such that its connection to its original object is drowned out, hence losing its "sense and force" When this happens, once-appropriate anger then turns into rage, "rage at the injustice of being denied intelligibility" (2018b, 500). Since the angry person cannot expect their emotions to receive uptake, they are left with the excess emotions that require emotional labour in order to be processed or "metabolised" (2018a, 646). Whitney draws on the work of Maria Lugones to give weight to this point: the rage, unlike the originally appropriate anger, is now "non-communicative" (Lugones 2003). In ceasing to be communicative, it is even less likely that the anger or rage will move people to appropriate action, and more likely that it will present as affective behaviour which does not warrant uptake.

3. Affective Injustice and Affective Uptake in Illness

Most of the extant literature on affective injustice focuses on anger and its intersection with racialised and gendered experience.[4] Following the now rich and diverse literature on *epistemic* injustice and healthcare, there is now a wealth of research which articulates how being seriously ill, and finding oneself in the patient role, makes one vulnerable to a variety of epistemic injustices (Carel and Kidd 2014; 2017; Kidd and Carel 2017).

4. See Gallegos 2021 and Archer and Matheson 2022, 2023 for exceptions.

Different conditions have different historical, medical, and socio-political dynamics such that patients are vulnerable in different ways. Vulnerabilities may differ according to diagnosis, which can of course vary across time (e.g. how attitudes to certain diagnoses change over time, perhaps after a supposed "scientific breakthrough") and place (e.g. differences in cultural attitudes to certain diagnoses). Today, a variety of conditions remain poorly scientifically understood in ways that can adversely affect the epistemic reputation of their patients. These include conditions which might be classed as "unexplained" or as Functional Neurological Disorders (such as Long Covid, Fibromyalgia, Chronic Pain, Chronic Fatigue Syndrome/Myalgic Encephalomyelitis, Seizures, Irritable Bowel Syndrome), women's health conditions (such as Endometriosis, Pre-Menstrual Dysphoric Disorder, Menopause) and various psychiatric or neurodevelopmental conditions (such as Schizophrenia or Attention Deficit Hyperactive Disorder). Many people with so-called "unexplained" conditions, including the timely condition of Long Covid, report distress over not being validated or taken seriously by others because of contention about the status of the condition amongst both lay-people and clinicians (Ireson et al 2022; Scholz et al. 2023). As a result, people suffering with such conditions can feel apprehensive about how they will be received by others when they need to disclose their experience.[5]

The epistemic predicaments of patients with conditions like these can often connect in complex ways with affective ones. Indeed, I suggest that the emotions of people with such conditions can be denied uptake in ways structurally alike the cases found in the extant literature on affective injustice. Gallegos (2021) has sketched some such categories of injustice that we might consider. Affect-related testimonial injustice, for instance, would be where a person or group is unfairly subject to credibility deficits, silencing, smothering etc., such that how others give uptake to their emotions and "affective assessments of things and where views about which emotional responses may be warranted" are undermined (10). Affect-related hermeneutic injustice, on the other hand, would take place when a person or group's ability to interpret or communicate their affective experiences is unjustly undermined because, for instance, historical exclusion from meaning-making practices has resulted in conceptual lacunae (10–11).

For the remainder of this section, I show the extent to which these affective injustices against ill people can be accommodated by the current affective injustice framework, before showing how the notion of uptake needs to be enriched to capture a fuller range of ways in which the affective experiences of ill people can be afforded and denied uptake.

3.1 Discrete Episodic Emotion

Suddenly becoming seriously and chronically ill can be life-shattering, involving profound losses across many dimensions of one's life—financial losses, interpersonal losses, career losses, identity losses (Byrne 2022b). Given the additional *epistemic* problem of certain conditions being poorly explained by biomedical investigation, some patients are particularly vulnerable to the loss of their credibility in the eyes of others who may doubt that they are *really* ill. Such patients often experience stigma, disbelief, dismissal and suspicion from others, whether that be in the clinical encounter or with previously-trusted close friends and relatives (Byrne 2022a; Re'em et al 2023; McNabb et al 2023). Unsurprisingly, this can cause significant emotional distress. On top of all of the losses of becoming ill, one also has to navigate a hostile interpersonal environment, unsure what prejudices are carried by your interlocutor.

5. Being a patient can intersect with other features of one's identity (e.g. age, sex) to further negatively affect one's credibility, constituting another obstacle to one's testimony being afforded sufficient weight. For example, some qualitative studies into Long Covid have shown that it is particularly difficult for children and adolescents to signal the severity of their illness given assumptions that were made about the mildness of Long Covid in young people (Wild et al. 2024; Torres et al. 2024). These predicaments are distinctively epistemic since patients are not being recognised as valuable knowers about their illness experience.

From the position of being heavily stigmatised, patients may consider it within their best interests to be sure to carefully regulate their affective life to stave off any character ascriptions that might further adversely affect their legitimacy. For instance, a young female patient may have good reason to think that if she loses her temper at somebody who appears to think that her symptoms are only the result of a neurotic personality and hypochondria, she may end up feeding their suspicions.[6] Hence, vigilant emotion regulation can be critical. This seems like a fairly clear case of an *unjust* demand for emotion regulation.

For instance, a young female Long Covid patient may regulate her emotions by managing what sort of situations she finds herself in. For instance, to avoid triggering negative emotional responses in herself, she may avoid doctors and social gatherings with friends and family. She may work from home more often in order to avoid the possibility of reacting to an ignorant comment by a colleague. She may be very selective about what media she consumes, avoiding articles and headlines about Long Covid, and adjusting her algorithmic preferences so that she does not see certain things. While this may prevent situations where she is acutely distressed, this may be bad for her health in the long run, further isolating her from others who could help her to regulate her emotions by offering a sense of togetherness and being understood.

Shouldering the weight of vigilantly regulating one's emotional expression, at a time of significant life upheaval, has affective consequences. In Whitney's terms, the patient might be expected to experience "affective by-products" from the emotional work of regulating (suppressing, re-appraising, etc.) her emotional responses to being denied recognition of her apt responses to difficult circumstances *and* the additional labour of vigilantly regulating her emotional expression. Whitney (2018) and Lugones (2003) articulate how the accumulation of this labour can turn once-appropriate anger into rage, which then ceases to be apt. In consequence, it becomes even less likely that the anger will move people to appropriate action; its roots in oppression will not be recognised.

For patients, repeated dynamics of suspicion and disbelief over time, and with no space to allow for the expression of apt and appropriate emotional responses to this, can easily lead to anger. Over time, when continually marginalised, this anger may become disjointed from its original intentional object (perhaps, say, no longer being perceived as level-headed and resilient by life-long friends). Patients might then exhibit anger (as well as other emotions, like grief or sadness) which are disproportionate, yet their roots in oppression are not recognised. The emotional expression of this "excess" may leave the person perceived as hysterical, their concerns disjointed from reality.

This sort of trajectory has been identified by researchers in the social sciences, albeit not in these terms. For instance, Blease and Geraghty (2018) have refuted accusations of militancy in certain patient communities (in this instance, Chronic Fatigue Syndrome/Myalgic Encephalomyelitis) by tracing anger and frustration back to chronic and widespread marginalisation and negative stereotyping. In so doing, they compare the treatment of people with such marginalised conditions to the treatment of people with other stigmatised chronic conditions, namely HIV/AIDS, and suggest that the patient groups organised themselves similarly in search of justice. This approach is compatible with Whitney's approach to affective injustice, whereby one of the paths to affective liberation is tracing perceived disproportionate affective outbursts back to their original intentional objects—that is, being able to point out the roots in oppression that the subsequent affect has. To

6. This is reminiscent of Dotson's concept of testimonial smothering, where testimony is truncated to avoid being taken up in ways that may be harmful (2012). However, this need not be at all verbal, nor to do with testimony. It also seems that the harms of this are not necessarily epistemic.

this extent, the affective uptake injustice framework seems like a good fit for capturing many of the affect-related injustices and predicaments that patients with such conditions can face.

3.2 Other Affective States

A fuller account of affective uptake ought to focus not only on episodic emotions like anger, but also more temporally and intentionally-dynamic affective states such as moods and existential feelings.[7] The focus on anger in the extant literature is a salient example of where emotions are social acts that attempt to communicate something about the shared world. "You wronged me," "That was funny," and "This is scary" all communicate something about at least one person's position in the shared world we all inhabit. Even if *you* are not wronged, amused, or scared, I still direct your attention to something out there in our world that can affect certain people in certain ways. Like the cases discussed in Section 3, these sorts of affective experiences have relatively clear intentional objects, where patients cannot communicate with their emotions and move people with their frustrations; these emotions are communicative and social in nature, yet blocked from their function by oppression.

Key aspects of affective experience in illness, however, are not like this. Chronic illness shapes one's experiential world profoundly, and can be affectively and existentially transformative. Drawing on the phenomenological tradition, some philosophers of emotion have acknowledged that while most if not all affective experience is intentional in structure, every emotional experience takes place against, and is shaped by, one's wider existential orientation within the world (James 1902; Ratcliffe 2005; 2019; 2020; Helm 2009). In his work on *existential feeling*, Ratcliffe (2005, 2020) emphasises that all intentional emotional experiences (say, for example, of a person threatening me) presuppose and take place against the wider experiential world, the "backdrop" against which I can approach entities, events and situations in certain ways. My existential orientation, my felt sense of relation to the world, restricts and facilitates the types of affective experiences I can have.

I and others have elsewhere argued that chronic illness can involve shifts in existential feeling, shaping which affective experiences are possible (Ratcliffe et al 2013; Byrne 2024).[8] Focusing more specifically on fatigue, I have argued that merely existing in a fatigued body can constrain one's experiential world and limit which affective responses are possible. I obtained qualitative data which illustrates this, with one chronically fatigued patient—let us call them J—writing that when their symptoms worsen, as well as struggling with information processing, their affective repertoire is also restricted: "When things go down I cannot process information and have *no access to the energy of charm and empathy—I become cranky even as I try to avoid acting it out*" (Byrne 2024; emphasis added).

It is more commonplace both within and outside of philosophy, perhaps, to think of the ways in which illness can affect one's mood. Of course, some psychiatric diagnoses are characterised by their effect on a person's mood (such as the "depressed mood" necessary for a diagnosis of depression). Existential feelings are not equivalent with mood, on Ratcliffe's account, though he develops the term with inspiration from Heidegger's account of mood (Ratcliffe 2009). For Ratcliffe, existential feelings can be short-lived, longer term, or even lifelong habitual temperaments, whereas mood seems only to pick out the second category. Moreover, it does not make much sense to talk of the "mood" of (un)familiarity, estrangement, homeliness and so on—we talk about these as feelings. Some existential feelings *may* be understood as moods or even emotions (such as

7. Gallegos (2021; 2023) acknowledges that a study of affective injustice may warrant scope over moods and feelings.
8. While there is much more work to be done here, some empirical work supports the claim that some "primary" features of conditions like Long Covid are affective in nature. See Byrne 2024 for an argument against the primary/secondary distinction.

the world-altering "emotion" of grief), but many may not. Conversely, some moods do not involve a shift in existential feeling: I can be in a bad mood about my cancelled train, for instance, without this involving a shift in my overall existential orientation. These technical considerations aside, we can pick out shifts in both mood and existential feeling in talking in more general terms about the constriction of a person's overall *affective repertoire* in illness.[9] *If* we take it to be true that at least some chronic illnesses can directly restrict one's affective repertoire, then about the role of intentionality and aptness in affective injustice. A central feature of affective injustice, at least based on the extant literature, is that apt emotional responses are not given uptake. While *some* of the affect-related difficulties that patients face can be accommodated by this framework, I suggest that this formulation eclipses other forms of affective uptake denial that patients are vulnerable to.

To begin, it is unclear whether moods and existential feelings permit aptness assessments or not. Let us recap what goes into an assessment of aptness. For Srinivasan, apt anger must arise in response to some genuine moral violation, be properly motivated by personal reason, and be proportionate to that reason. Not only on Srinivasan's definition, talk of the aptness of an emotion implies (at least) a two-place relation; an emotion is apt or not in relation to its *object*.[10] So, the first step is to identify the intentional object(s) which the emotions are directed towards. Being angry about being slighted or happy about the election are cases where the emotions at play have fairly clear intentional objects (i.e. the slight or the election). Generally, the aptness of emotions of this sort depends upon whether there is a match between the emotion and the object (such as the slight and the anger).

Other types of affective experience have more complicated intentional structures. For instance, focusing on grief as a process, Ratcliffe et al. (2023) have argued that the central object of grief is not just the person who has died, but a loss of life possibilities which can have more or less specific elements. Consider the famous passage from C.S. Lewis' *A Grief Observed*: "Her absence is like the sky, spread over everything" (1966). Moods and existential feelings have a similarly complex intentional structure. Gallegos (2023) sets out two key positions on the intentionality of moods, the latter of which is the dominant view in the philosophy of emotion: the view that moods do not have intentional objects (are not "about" anything), and the view that moods have maximal intentional objects (are "about" everything). This latter view, which Gallegos calls the "whole-world view," takes it that moods are directed towards the world as a whole, our total environment, the "existential background of our lives" (Lazarus 1994). This view captures something important about the pervasive phenomenology of shifts in mood and existential feelings, such that we can come to experience the whole world differently when we are in a particular mood, as though seeing the world through tinted glasses (Fish 2005). Gallegos considers Ratcliffe's account of existential feeling to belong in this category, despite Ratcliffe's emphasis on the *pre-intentional* nature of existential feeling (Ratcliffe 20). Existential feelings are pre-intentional in the sense that they shape and dictate which sorts of subsequent intentional states are possible; they alter the whole landscape of possibilities for our intentionally-directed emotional experiences.[11]

9. My concerns about aptness assessments have scope over both mood and existential feeling on various interpretations of their precise relation.

10. Where I talk about the object or intentional object of an emotion I am getting at what is often called the concrete object, understood as the thing towards which the emotion is directed. This has also been called the *particular* object (Teroni 2007). This may be distinguished from the formal object of an emotion, the evaluative properties attributed to the concrete object, and its focus which makes intelligible the relation between the concrete and formal object (Helm 2009). It is worth noting that these distinctions are also contentious.

11. Ratcliffe's view might well be compatible with Gallegos' proposal, in part depending on how the intentional structure of existential feelings is understood (see footnotes 10–11 in Gallegos 2023, and Ratcliffe 2019).

Gallegos advocates for a third position which he calls thepresent-situation view which he takes to better accommodate the variability in the scope of our moods. He defines the present-situation as the set of meaningful circumstances in which a person finds themselves, and moods as construals of the temporal, environmental and normative parameters of our situational context, occurring primarily at the pre-reflective level (2023 14). It is not necessary for the purposes of this paper to advocate for a given view of the intentionality of moods and existential feelings, nor to delineate precise boundaries between the two. It suffices to point out that the intentional structure of these sorts of affective states is sufficiently complex to make us rethink how we assess them for aptness.

Consider a patient whose severe symptoms narrow their capacity to feel motivated or hopeful. Whether we would come to understand the patient as in an illness-induced mood or experiencing illness-induced shifts in existential feeling, we are dealing with more than a straightforward episode of "I feel hopeless about X." The very conditions of possibility for him feeling motivated or hopeful about certain specific things are transformed; his world-experience is different overall. If we were only concerned with the intentional state "I feel hopeless about my recovery," the standard view of the aptness of emotion can be fairly straightforwardly applied. However, recognising the world-shaping pervasiveness of the patient's affective experience invites us to consider whether different tools are needed to assess such cases.

One *could* argue that certain moods and existential feelings are apt, or not: for instance, if I move through the world with a feeling of absolute safety, insensitive to dangers in my environment, one could reasonably maintain that my existential orientation is not properly sensitive to reality—I am under a deception. Similarly, if I am in an anxious mood and am convinced that all of my colleagues hate me, there seem to be fairly easy evaluative criteria by which we can judge whether that anxiety is apt or not. However, conversely, I may move through the world very accurately "alive" to real dangers in my environment: I may feel threatened by the viruses on surfaces that may infect me, the stranger in the street that may hurt me, and the cars driving recklessly that may hit me. Is this level of sensitivity apt? As insightfully captured by William James in his discussion of "sub-universes," matters are complicated: James takes the distinction between what is real and unreal to be grounded in two facts, "first, that we are liable to think differently of the same; and second that, when we have done so, we can choose which way of thinking to adhere to and which to disregard" (James 1890; Schütz 1962). Ratcliffe too appears sympathetic to this: "If we think of existential feelings as a changeable possibility space, it is often difficult to determine whether or why an existential feeling is situation-appropriate or otherwise, especially when it comes to the question of whether it is 'world-appropriate'" (2020, 8).[12][13]

Consider ill person J, quoted above, whose capacity for empathy is restricted when their symptoms are severe. If one is committed to making an aptness assessment in this case, one may argue that particular intentional emotional experiences (say, getting cranky at a particular person), fail to be apt. But what can be said of the aptness of existential orientation that underlies those subsequent intentional states? We do not need to settle

12. I take Gallegos to be broadly in agreement with James and Ratcliffe on this. He writes: "Because any given set of circumstances can be interpreted in various ways, our sense of our current situational context will always be more or less incongruent with at least some of our circumstances" (2023).

13. The intended distinction between aptness and appropriateness might matter here. If you are sympathetic to Tessman's (2023) view that aptness can be assessed on both subjective and intersubjective levels, assessments of world-appropriateness may differ accordingly. Tessman writes: "Evaluative attitudes and emotions are fitting when they reflect the way in which their object really matters, but because it is in subjective experience that something matters, fittingness is fundamentally subjective . . . Justice does require that we determine what is and is not 'intersubjectively fitting,' and so we must rely on the figurative notion of 'intersubjective fittingness.' Nevertheless, because the subjective experience of those we love and care for must matter to us in a way that exceeds the requirements of justice, we might fail those whom we love by applying only 'intersubjective fittingness conditions'" (18990).

matters for current purposes. Rather, the important point to impress here is that it would seem a mistake to conclude that if certain moods, existential feelings and their subsequent intentional emotional states are not apt then they cannot be unjustly denied uptake. If we take that to be an unattractive consequence of the affective injustice framework, we need to supplement our account of affective uptake.

4. Uptake Beyond Recognising Aptness

What about cases where uptake need not involve the recognition of an emotion which is apt to its object?[14] While ideas about the recognition of intentionality and aptness of emotion are foregrounded in the extant literature on affective injustice, one can find some qualifications in corners of Whitney's work suggesting that she is prepared to endorse broader necessary and sufficient conditions for uptake. In a footnote she writes: "Intentionality recognition is not sufficient for uptake . . . It also may not be necessary: I want to allow for the possibility that some non-intentional emotions may require uptake in order to be successful" (2023, 1260). She is also brief but clear about her position that uptake is not reducible to agreement, recognition, listening, understanding, approval or validation of an emotion's aptness (1275).[15] I hope to have motivated in Section 3 that it is persuasive that other types of affective experience warrant uptake, despite not having a straightforward intentional structure or being uncontroversially amenable to being judged as apt. The task is then to articulate *how* the uptake of these other categories of affect can be denied and afforded.

Whitney contends that "to give uptake is to cooperate with your bid for a share of meaning-making jurisdiction in our situation" (1272–73). While this phrasing is somewhat gestural, Whitney is clear that this does not amount to straightforward empathy or emotional contagion: giving uptake to a black woman's anger at racial injustice is not solely a matter of becoming angry at the things that she is angry at. Instead, in giving uptake, one's own position in the shared world is made richer, and is put into context situated alongside theirs: their anger illuminates one's own situation (1277). A key feature of the gender and race cases is that giving uptake seems to require hermeneutical enlightenment about the oppressed person's situation, becoming "sensitised to the world according to the other" (2023). Giving uptake to some of the emotions of chronically ill people might work similarly. Perhaps a fuller appreciation of the social and epistemic injustices people with chronic illnesses and disabilities have historically faced may be imperative to give proper uptake to, for example, the anger and distress of certain chronically ill people.[16] This allows me to trace back how the ill person, situated where they are in terms of epistemic and social power, can come to find themselves in that affective situation. This tracing back may, for instance, involve a developed understanding of the phenomenology of loss in chronic illness, or the effects of chronic self-censoring on the capacity to feel understood and listened to. Hence, a sort of education or hermeneutical enlightenment about the implicit biases, negative stereotypes, and dynamics of stigma against chronically ill people might be involved in—and may perhaps even be necessary for—uptake.

But what about the other types of affective experience I discussed in Section like shifts in mood and existential feeling? Recall J whose severe fatigue constrains him affectively, rendering empathy out of reach. It is not obvious that hermeneutical enlightenment about his social oppression *qua* ill person maps onto the right

14. In the extant literature, uptake involves the recognition of either (i) the intentional object of the apt emotion or (ii) the affective by-products as by-products, which can be made sense of only in the context of recognising (i) that came prior.
15. I hesitate to endorse this fully here on the grounds that action which might be captured by vague concepts like "feeling understood" may be sufficient in some cases.
16. We might turn to work on concepts such as pathophobia (Kidd and Carel 2024) and ableism (Toombs 1995) to do so.

features of their affective position for this to afford their affect uptake. In fact, it may even be a form of affective injustice to assume that this is *the* appropriate way to give J uptake.

Recall Whitney's claim that anger denied uptake is treated as a reflection of "psycho-physical events inside the angry person only, an outburst that reflects her as an emotional person, but bears on nothing in the world we share" (2018, 489). This claim, applied to shifts in existential feeling, reveals a challenge for her account of uptake. After all, shifts in existential feeling, shifts in one's own experiential world, might be conceptualised in such a way. Can Whitney's position that uptake requires becoming sensitised to the world according to another be maintained? One important point of clarification is the notion of "world" that is at stake here. One can distinguish between the socio-political world and the experiential world in the phenomenological sense: it seems that perhaps Whitney is more interested in the former. If she is referring to the latter notion of "world," her position becomes trickier to salvage. In fact, taking for granted features of one's experiential world can, in some circumstances, constitute an empathy failure.

Inspired by Edith Stein, Ratcliffe (2012) developed the notion of *radical empathy* which he characterises as a way of engaging with the experiences of others through suspending or "bracketing" assumptions that you and others around you inhabit the same "modal space" (414–16). This amounts to an appreciation of the fact that there are structurally different ways of finding oneself in the world, which is often overlooked in "mundane" forms of empathy where much is taken for granted as shared (245–47). Ratcliffe offers this account primarily as a therapeutic and philosophical methodological tool for understanding (and then perhaps also describing) experiences of psychiatric illness, since they are widely acknowledged to involve significant shifts in world-experience which are notoriously difficult to articulate (van den Berg 1972; Sass 2003; Ratcliffe 2014). As I highlighted in Section 3, I think that this can also be true of many chronic "somatic" and functional conditions, despite this being overlooked in the literature in the wider phenomenology of medicine.

Assuming that the only way to give uptake to affective experiences is to validate the aptness of an emotion to its object can, I suggest, approximate exactly this sort of counterproductive mundane empathy. This is because too much is taken for granted as shared about the experiential worlds that the patient shares with others. Arguably, this is the inverse of what goes wrong in the gender and race cases of affective injustice, where *not enough* of a shared world is assumed. Suppose a woman is frustrated with her male partner for not doing his share of domestic duties, and when she expresses this he replies that he simply isn't "tuned in" to mess in the meticulous way that she is. This puts distance between the worlds of the man and the woman in a way that robs her of the resources to influence him to do something in the shared world that matters to her. He has "opted out" of being sensitised to the world according to her.

However, suppose that you are in an anxious and irritable mood (perhaps you are in a fatigue "crash," pre-menstrual, or suffering from severe "brain fog") to the extent that your general perception of the world and the people in it is "tinted" to make threats appear where they otherwise wouldn't. You might propositionally recognise this on some level, but are gripped by the affective malaise nonetheless. Suppose you lash out at somebody who you feel insulted by, and your friend validates that your anger is apt. This validation eclipses the pervasive, world-shaping influence of the anxiety that you are experiencing. At times, this might be precisely what we want and need. At other times, such solidarity might not be instrumentally good for us; perhaps your friend's loyalty to you might be sustaining your sense that a well-meaning person is threatening, thus encouraging your social alienation. At other times, the lack of uptake given to the pervasiveness of your mood might be alienating and hurtful. It may then be, I suggest, a failure of uptake to assume that *the* right

way to give uptake is to recognise the intentional object of an affective state and validate its aptness. Uptake may require acknowledging that the intentionality of the person's affective state is much more complex.

So what is required to give uptake to shifts in mood and existential feeling? I am doubtful that something as strong as radical empathy is necessary. I instead suggest that something more subtle, which I will call *existential humility*, may be a fundamental feature in giving such dimensions of affective life uptake. In the final section of this paper, I offer my characterisation of existential humility as a felt appreciation of the contingency of one's own existential position, and outline some possible ways of displaying existential humility.

5. Existential Humility

To possess existential humility, I suggest, is to acknowledge that there are nearby counterfactual situations whereby one's own existential orientation is more or less significantly transformed. This involves recognising the contingency of one's own position, and one's vulnerability to the fates to which we are all subject, in our appraisal of the affective and existential position of others. Developing L.A. Paul's now-famous account of transformative experience (2014), Carel and Kidd (20) propose that we should appreciate that transformative experiences can also be unchosen, occurring simply because of our subjection to the "facts of life": contingency, vulnerability and subjection. As human beings, we are all inherently vulnerable to certain unchosen experiences—such as trauma, grief or illness—and their profound phenomenological and existential effects (Ratcliffe et al. 2014; Byrne 2022b; Irarrázaval 2022; Køster 2022; Markovic 202). Irarrázaval writes, for instance, that "human vulnerability, or the possibility of being hurt, is a shared condition of human life, which includes psychical and existential dimensions" (2022, 384). In the context of grief, Køster remarks that grief involves "a confrontation with the groundlessness of existence and how our lives rest on an abysmal nothingness that resolutely can take a person we love from us" (2022).

How does one go about appreciating these facts *in our relation to the suffering others*? One might ask in what a felt appreciation differs from a propositional recognition that my world, and my affective repertoire that presupposes it, could be other than it is. I do not think this is a clear distinction, and uptake needn't be considered an absolute concept, an all-or-nothing affair. I think it is most plausible to maintain that uptake permits of degrees, and that one can give uptake to a greater or lesser degree (see also Bell 2023, 245). As such, perhaps radical empathy is a particularly sophisticated way in which one can give uptake to categories of affective experience—like shifts in existential feeling—via attempting to understand them. There might be a variety of subtler or more minimal ways of giving uptake to shifts in existential feeling which do not require understanding, such as various forms of listening (Spencer and Broome 2023). As such, perhaps one promising way to conceptualise existential humility is as a virtue to be cultivated alongside others like intellectual humility (Tanesini 2018) or curiosity (Bortolotti and Murphy-Hollies 2023).

In some cases, forms of uptake that seem subtle or minimal might be the "fullest" available. For instance, in some cases of severely depressed mood, the best way to give uptake might not be with understanding, validation or challenge, but with silence (Degerman 2024). Jae Ryeong Sul has recently developed the notion of *undemanding silence* as a means of consolation for depressed people. Sul takes a sort of humility to be built into

such silences: in the space of an undemanding silence, "one does not hastily attempt to understand other's predicament and expresses humility to the alterity of the depressed individual's despair" (2025).[17]

Conversely, perhaps the most vehement uptake denial for such affect involves a sort of existential *arrogance*: a failure to appreciate the contingency of your existential position and its susceptibility to being undermined by stress and illness. Plausibly, this might pick out some of the more aggressive forms of affective injustice against patients, where people exhibit a conviction that they are physically, mentally—and also existentially—immune to such suffering from their current position, but also crucially do not conceive of their existential position as vulnerable to being undermined to the extent that this immunity could be compromised.

This is by no means an exhaustive list of ways to give uptake to certain shifts in existential feeling found in chronic psychiatric and somatic illness, nor is it an exhaustive list of the ways to display existential humility. However, what each of the suggestions have in common is that they work towards uptake without necessarily validating the aptness of a particular emotional state in relation to its object. The concept of existential humility also, I hope, motivates the view that its opposite (existential arrogance) will consistently be a barrier to uptake in such cases.

6. Conclusion

In this paper, I have argued that the concept of affective uptake and uptake injustice can and should be broadened as to accommodate other types of affective experience which are also vulnerable to unjust uptake refusal. I argued that the denial of affective uptake is not limited to cases of discrete, episodic emotions like anger, nor to cases of affective suffering as a result of social oppression. I offered a supplement to extant work on uptake as the recognition of apt emotion by showing that other categories of affective experience, like shifts in mood and existential feeling, can also be afforded and denied uptake. I have suggested that it is not obvious that shifts in existential feeling are amenable to assessment as apt or otherwise, and so an alternative conception of uptake is required. I closed by suggesting that a feature of affective uptake of affective experiences of this kind is existential humility, which I characterise as a felt appreciation of the contingency of one's own existential position.

While Ratcliffe primarily frames radical empathy as a methodological tool that can be a way of doing phenomenology, existential humility need not be conceived this way. There is much left to explore here, and it is my intention here only to motivate the potential theoretical use of the concept. Much remains to be said about how exactly to characterise existential humility, and how it can be employed. I hope to have motivated here that continued research into ways of giving and refusing uptake of a variety of categories of emotional experience has significant ameliorative potential in many contexts.[18]

17. I'm doubtful that *existential* humility of the sort I describe is necessary for all "successful" undemanding silences which might nonetheless involve uptake. I do, however, think it's plausible that existential humility is necessary for proper acts of consolation understood in the philosophical sense as that which makes the unbearableness of human contingency bearable (Blumenberg 2006; Pavesich 2015). I also take existential arrogance to be wholly inconsistent with consolation understood in this way.

18. Thanks to audiences at Freie Universität Berlin, the University of Birmingham, the University of Tartu and the Copenhagen Research Unit for Recovery. This work was supported by Wellcome as part of the project Epistemic Injustice in Healthcare [226603/Z/22/Z].

References

Ahmed, S. 2004. "Affective Economies." *Social Text* 22 (2): 117–39.

Archer, A. and G. Mills. 2019. "Anger, Affective Injustice, and Emotion Regulation." *Philosophical Topics* 47 (2): 75–94.

Archer, A. and B. Matheson. 2022. "Commemoration and Emotional Imperialism." *Journal of Applied Philosophy* 39 (5): 761–77.

———. 2023. "Emotional Imperialism." *Philosophical Topics* 51 (1): 7–25.

Austin, J. L. 1975. *How to Do Things with Words*. 2nd ed. Oxford University Press.

Bell, M. 2023. "The Wrong of Affective Dismissal and Its Place in an Account of Affective Injustice." *Philosophical Topics* 51 (1): 239–64.

van den Berg, J. H. 1972. *A Different Existence: Principles of Phenomenological Psychopathology*. Duquesne University Press.

Blumenberg, H. 2006. *Beschreibung des Menschen*. Suhrkamp.

Bortolotti, L. and K. MurphyHollies. 2023. "Why We Should Be Curious about Each Other." *Philosophies* 8 (4): 71.

Byrne, E. A. 2022a. "Understanding Long Covid: Nosology, Social Attitudes and Stigma." *Brain, Behavior, and Immunity* 99: 17–24.

———. 2022b. "Grief in Chronic Illness: A Case Study of CFS/ME." *Journal of Consciousness Studies* 29 (9–10): 175–200.

———. 2024. "Affective Scaffolding and Chronic Illness." *Philosophical Psychology*37 (4): 921–46.

Carel, H. and I. J. Kidd. 2014. "Epistemic Injustice in Healthcare: A Philosophical Analysis." *Medicine, Health Care and Philosophy* 17: 529–40.

———. 2017. "Epistemic Injustice in Medicine and Healthcare." In *The Routledge Handbook of Epistemic Injustice*, edited by I. J. Kidd and H. Carel, 336–46. Routledge.

———. 2020. "Expanding Transformative Experience." *European Journal of Philosophy* 28 (1): 199–213.

Cherry, M. 2021. *The Case for Rage: Why Anger Is Essential to AntiRacist Struggle*. Oxford University Press.

de Gaynesford, M. 2017. "Uptake in Action." In *Interpreting J. L. Austin: Critical Essays*, edited by S. L. Tsohatzidis, 79–95. Cambridge University Press.

Degerman, D. 2024. "Experiences of Silence in Mood Disorders." *Erkenntnis* 89: 2783–802.

Fish, W. 2005. "Emotions, Moods, and Intentionality." In *Intentionality*, edited by G. Forrai and G. Kampis, 25–35. Brill.

Frye, M. 1983. *The Politics of Reality: Essays in Feminist Theory*. The Crossing Press.

Gallegos, F. 2021. "Affective Injustice and Fundamental Affective Goods." *Journal of Social Philosophy* 53 (2): 185–201.

———. 2023. "Moods and Situations." *Inquiry* 69 (2): 619–53.

Helm, B. 2009. "Emotions as Evaluative Feelings." *Emotion Review* 1 (3): 248–55.

Ireson, J., A. Taylor, E. Richardson, B. Greenfield, and G. Jones. 2022. "Exploring Invisibility and Epistemic Injustice in Long Covid—A Citizen Science Qualitative Analysis of Patient Stories." *Health Expectations* 25: 1753–65.

James, W. 1890. *The Principles of Psychology*, vol. 1. Henry Holt and Co.

———. 1902. *The Varieties of Religious Experience*. Longmans, Green and Co.

Kidd, I. J. and H. Carel. 2017. "Epistemic Injustice and Illness." *Journal of Applied Philosophy* 34 (2): 172–90.

———. 2024. "From Predicaments to Pathophobia*: Non-Ideal Approaches in Philosophy of Illness." In *The Routledge Handbook of Non-Ideal Theory*, edited by H. C. Hänel and J. M. Müller, 352–66. Routledge.

Køster, A. 2022. "SelfAlienation through the Loss of Heteronomy: The Case of Bereavement." *Philosophical Explorations* 25 (3): 386–401.

Langton, R. 1993. "Speech Acts and Unspeakable Acts." *Philosophy & Public Affairs* 22 (3–4): 293–330.

Lazarus, R. S. 1994. "The Stable and the Unstable in Emotion." In *The Nature of Emotion: Fundamental Questions*, edited by P. Ekman and R. J. Davidson, 79–85. Oxford University Press.

Lewis, C. S. 1966. *A Grief Observed*. Faber & Faber.

Lorde, A. 1987. "The Uses of Anger: Women Responding to Racism." *Women and Language* 11 (1): 4.

Lugones, M. 2003. *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions*. Rowman & Littlefield.

Markovic, J. 2024. "Transformative Grief." *European Journal of Philosophy* 32 (1): 246–59.

McNabb, K. C., A. J. Bergman, R. Smith-Wright, J. Seltzer, S. E. Slone, T. Tomiwa, A. Alharti, P. M. Davidson, Y. Commodore-Mensah, and O. Ogungbe. 2023. "'It Was Almost Like It's Set Up for People to Fail': A Qualitative Analysis of Experiences and Unmet Supportive Needs of People with Long COVID." *BMC Public Health* 23 (1): 2131.

Paul, L. A. 2014. *Transformative Experience*. Oxford: Oxford University Press.

Pavesich, V. 2015. "Hans Blumenberg: Philosophical Anthropology and the Ethics of Consolation." In *Naturalism and Philosophical Anthropology*, edited by P. Honenberger, 66–93. Palgrave Macmillan.

Paytas, T. 2024. "Aptness Isn't Enough: Why We Ought to Abandon Anger." *Ethical Theory and Moral Practice* 27: 743–59.

Ratcliffe, M. 2005. "The Feeling of Being." *Journal of Consciousness Studies* 12 (8–10): 43–60.

———. 2009. "Existential Feeling and Psychopathology." *Philosophy, Psychiatry, & Psychology* 16 (2): 179–94.

———. 2012. "Phenomenology as a Form of Empathy." *Inquiry* 55 (5): 473–95.

———. 2014. *Experiences of Depression: A Study in Phenomenology*. Oxford University Press.

———. 2019. "Emotional Intentionality." *Royal Institute of Philosophy Supplement* 85: 251–69.

———. 2020. "Existential Feelings." In *The Routledge Handbook of Phenomenology of Emotion*, edited by T. Szanto and H. Landweer, 249–60. Routledge.

Ratcliffe, M., L. Richardson, and B. Millar. 2023. "On the Appropriateness of Grief to Its Object." *Journal of the American Philosophical Association* 9 (2): 318–34.

Ratcliffe, M, M. Broome, B. Smith, and H. Bowden. 2013. "A Bad Case of the Flu? The Comparative Phenomenology of Depression and Somatic Illness." *Journal of Consciousness Studies* 20 (7–8): 198–218.

Ratcliffe, M., M. Ruddell, and B. Smith. 2014. "What Is a 'Sense of Foreshortened Future?' A Phenomenological Study of Trauma, Trust, and Time." *Frontiers in Psychology* 5: 1026.

Re'em, Y., E. A. Stelson, H. E. Davis, L. McCorkell, H. Wei, G. Assaf, and A. Akrami. 2023. "Factors Associated with Psychiatric Outcomes and Coping in Long COVID." *Nature Mental Health* 1 (5): 361–72.

Sass, L. A. 2003. "Incomprehensibility and Understanding: On the Interpretation of Severe Mental Illness." *Philosophy, Psychiatry & Psychology* 10 (2): 125–32.

Scholz, U., W. Bierbauer, and J. Lüscher. 2023. "Social Stigma, Mental Health, Stress, and HealthRelated Quality of Life in People with Long COVID." *International Journal of Environmental Research and Public Health* 20 (5): 3927.

Schütz, A. 1962. "On Multiple Realities." In *Collected Papers I: The Problem of Social Reality*, edited by M. Natanson, 207–59. Springer Netherlands.

Song, M. 2020. "Aptness of FictionDirected Emotions." *The British Journal of Aesthetics* 60 (1): 45–59.

Spencer, L and M. Broome. 2023. "The Epistemic Harms of Empathy in Phenomenological Psychopathology." *Phenomenology and the Cognitive Sciences*25: 151–72.

Srinivasan, A. 2018. "The Aptness of Anger." *Journal of Political Philosophy* 26 (2): 123–44.

Stephan, A. 2017. "On the Adequacy of Emotions and Existential Feelings." *Rivista Internazionale di Filosofia e Psicologia* 8 (1): 1–13.

Sul, J. R. 2025. "The Structure of Silence in Depression." *Synthese*205: 77.

Szanto, T. and R. R. Tietjen. 2024. "The Appropriateness of Political Emotions." *Ergo* 12 (45): 1172–204.

Tanesini, A. 2018. "Intellectual Humility as Attitude." *Philosophy and Phenomenological Research* 96 (2): 399–420.

Teroni, F. 2007. "Emotions and Formal Objects." *Dialectica* 61 (3): 395–417.

Tessman, L. 2023. "An Apology for Inapt Emotions." *Philosophical Topics* 51 (1): 189–220.

Toombs, S. K. 1995. "The Lived Experience of Disability." *Human studies* 18 (1): 9–23.

Torres, C., K. Maeda, M. Johnson, and L. A. Jason. 2024. "Understanding Experiences of Youth with Long COVID: A Qualitative Approach." *Children* 11 (3): 335.

Whitney, S. 2018a. "Byproductive Labor: A Feminist Theory of Affective Labor Beyond the Productive–Reproductive Distinction." *Philosophy & Social Criticism* 44 (6): 637–60.

———. 2018b. “Affective Intentionality and Affective Injustice: MerleauPonty and Fanon on the Body Schema as a Theory of Affect.” *The Southern Journal of Philosophy* 56 (4): 488–515.

———. 2023. “Anger and Uptake.” *Phenomenology and the Cognitive Sciences* 22 (5): 1255–79.

Wild, C., A. MacLean, S. Nettleton, K. Hunt, and S. Ziebland. 2024. “The Double Invisibility of Long Covid in Children.” *Social Science & Medicine* 347: 116770.

This work is licensed under a Creative Commons Attribution 4.0 International License.